County " (ase 103/287

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 06-02-87

| Halney 1 | ne enegor |
|--|---|
| n a Funeral, d | late, time 1000 9/3 |
| Church, Chapel, Graveside Delines | _: Mayer Mortua |
| All Funeral cars must arrive before 3:30 p.m. of regul | ar work day or an extra charge will be applie |
| and billed to undersigned. War time veteran | 63 |
| 99 3 | 2 1/ |
| ot 77 Grave 2 Rowy Se | ction Division/Block/ |
| Grave space & Care Fund Lengte | Buyil 55 |
| Additional spaces and care fund O | 1th |
| Opening/Closing & Setup | 100 90 |
| Burial Container | |
| landling Fees | |
| lower vases - Marker setting fee | |
| lecording and filing fee | Control Management Control Property (1997) |
| Compared to the property of the compared of th | |
| Sales taxes | |
| Sales taxes | 1/10 |
| 0003 10003 | Total Due |
|) Paid receipt n | Total Due |
| | Total Due |
| | Total Due |
| | Total Due |
| Paid receipt n hereby certify I am the and this is your authority to make disposition of rema | Total Due |
| Paid receipt n | Total Due |
| Paid receipt n hereby certify I am the and this is your authority to make disposition of rema | Total Due |
| Paid receipt n hereby certify I am the and this is your authority to make disposition of remainst I have the right to make this authorization and I agony liability on account of said authorization and interpretation | Total Due |
| Paid receipt n hereby certify I am the and this is your authority to make disposition of remainst I have the right to make this authorization and I agony liability on account of said authorization and interpretation | Total Due |
| Paid receipt n hereby certify I am the and this is your authority to make disposition of remainst I have the right to make this authorization and I agony liability on account of said authorization and interpretation authorize the interment in lot I gold under deed. | Total Due |
| Paid receipt n hereby certify I am the and this is your authority to make disposition of remainst I have the right to make this authorization and I agony liability on account of said authorization and interpretation authorize the interment in lot I gold under deed. | Total Due |
| Paid receipt n hereby certify I am the ind this is your authority to make disposition of rema hat I have the right to make this authorization and I as iny liability on account of said authorization and inte hereby authorize the interment in lot I hold under deed. | Total Due |
| Paid receipt n hereby certify I am the ind this is your authority to make disposition of rema hat I have the right to make this authorization and I as iny liability on account of said authorization and inte hereby authorize the interment in lot I hold under deed. | Total Due |
| hereby certify I am the | Total Due |
| hereby certify I am the | Total Due |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

E 6701

| NAME OF DECEDEN | | ey A. McGr | | | SEX Femal®e | DATE OF BIRTH | DATE OF DEATH |
|--|----------------------------------|--|--|--------------------------------------|--|--|--|
| PLACE OF DEATH- | CITY OR TOWN | | | | IOR STATE IF NOT IN CALIFORNIA | NAME AND ADDRESS | OF SPOUSE OR OTHER INFORMANT |
| | San Dieg | | _ | San Diego | | Public Admi | Transfer of the control of the contr |
| NAME AND ADDRESS OF FUNERAL DIRECTOR FOR PERSON | | Control of the State of the Sta | Markon Albanian Same Barrana Marka Salam | | 5201-A Ruff San Diego, | Charles of the Color Principle Color | |
| . 12 | | TYPE OF | PERMIT, CHECK | ONLY ONE OF | THE FOLLOWING TYPES (| OF DISPOSITION | |
| 1 BURIAL (IN | CLUDES ENTOMBA | MENT) | | SINTERMENT AND ITOMBMENT) | BURIAL IINCLUDES | B DISINTERMENT A | ND REINTERMENT OF CREMATED DES INURNMENT) |
| Marie I Marie III | | CLUDES INURNMEN | ☐ 6. DI | SINTERMENT, CRE | MATION, AND BURIAL (NT) | 9 DISINTERMENT OF | F CREMATED REMAINS AND BER THAN IN A CEMETERY |
| 4 SCIENTIFIC | 6 | N OTHER THAN IN | ☐ 7 DI | SINTERMENT, CRE THER THAN IN A C | MATION, AND DISPOSITION EMETERY | FOR COR | ONER'S USE ONLY |
| INTERMENT | Mt. Hope | Cemetery. | San Dies | zo. CA. | REMAINS ARE TO BE INTERP | į | San Diego |
| CREMATION | N/A | ESS OF CREMATOR | Y WHERE REMAIN | S ARE TO BE CREE | MATED DATE CREMATED | SIGNATURE OF PERSON | N IN CHARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY CREMATED REMAINS | N/A | EST POINT ON SHO | ortus | gian of | MATED DATE CREMATED | 1 PLACE AND <u>COUNTY</u> OF | - I (|
| CIENTIFIC | NAME AND ADD | RESS OF FACILITY | RECEIVING REMA | | ı | Singl | Count |
| ACKNOWLEDGMENT OF APPLICANT | and I hereby | e above named a | ecedent under t tresposs and t | provisions of the nuisance laws a | trol the disposition of the Health and Safety Code, pply and understand that owned by me. | SIGNATURE OF APPRICA | ANT |
| - LOCAL REGISTRAR | OF THE CALIFORNIA | UED IN ACCORDANCE HEALTH AND SAFETY E DISPOSITION SPECIF | CODE AND IS THE | 3.00 | | SIGNATURE OF TOTAL | DISTRAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT DISPOSITION WA | | 6/3/87 JENTEN DATES | SIGNATUR | OF PERSON IN COMBRE OF | | NSE NUMBER OF CREMATED REMAINS OSER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRE | SS OF REGISTRAR | OF COUNTY OF | DEATH | 0 | | |

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

| | - Controlle |
|---|--|
| | HOPE CEMETERY |
| 1 | THE THERMENT ORDER |
| (| City of San Diego |
| 1 | 0 0 0 0 |
| | ABA Dempson Date Date |
| | You are hereby authorized and instructed, subject to your fules and regulations, to inter the emains |
| | of Jean M. Treiner |
| | in a Park Vault Funeral, date, time Wed 9/3 1:30 |
| | Church, Chapel, Graveside Com Cellucy Landbody Mortuary. |
| | All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied |
| | and billed to undersigned. War time veteran |
| - | |
| | Lot 35 Grave Row Section 6 Division/Block |
| | France and |
| | Grave space & Care Fund |
| | Additional spaces and care fund |
| | Opening/Closing & Setup |
| | Burial Container JUN 2 1987 |
| • | Handling Fees |
| | Flower vases - Marker setting fe. MT. HOPE CEMETERY |
| | Recording and filling fee |
| | Sales taxes |
| | Total Due |
| | Paid receipt number 34638 342 45 |
| | 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. |
| | 12 m |
| | hereby authorize the interment in lot I signed 1 & Sign |
| | 14 8 2 0 38 19 01 |
| | Signature of recorded holder of deed OREShaw Ove 9/03 |
| | 503-16672319 |
| | 283-8167 |
| | Invesion # |
| | Work Order # E 6702 |
| | PY-663 (NEV. 8-86) |
| | |

E6702

need to call monty a Goodbade mort. W/ inside dimensions of dah ASAP-





WHITE TO CUSTOMER
CAMARY CEMETERY
PINK AUDITOR

PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

| | 204-3151 | 1 | 2 10000 | 1 |
|------------------------------|--|---|-------------------|-------|
| A A A | med La po | Date: 16-6. | 1 0.1 | 9// |
| From Lan Sugales | Address: 4/1 6.10. 03 | rect nen | un an | 97080 |
| asso nundered de | etytero and 49100 | Dollars (\$ | a fa s | 2 |
| In All Payment of | ah M. Meners | Im som | erocc | 100 |
| | | | | - |
| Lot as Grave | 7 Row s | ection 16 | Division Block | 7 |
| Invoice No. | NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 67007 20% Sales Care 77184 — | Mar Phale | 2.53 |
| Acct. No. | | 90% Sales 100 of Lots 77184 — | 10 = | |
| wo. E 6702 | THE CHARLEST THE SECOND | Opening/ 180 Classing 77181 — Barriel 100 | 105 | 00 |
| BALANCE DUE | | Containers 77182 - | 60 | 00 |
| | | Recording & 100 Misc. Fees 77183 | 35 | 50 |
| Pre-Need Lot At Need On Acct | | Pre-Need 83083 Trust 8022 - | | |
| Pre-need Trust Cash Check | 1 x nn | Sales Tex 80101 78390 — | 2 | 40 |
| AC-212 (Rev. 11-85) | ISSUED BY | TOTAL PAID \$ | 042 | 40 |

Walley J Charles J You are hereby agricorized a

MT. HOPE CEMETERY

INTERMENT ORDER

. City of San Diego

| 100 000 | N 0- 07 |
|--|--|
| mondy/ | Date 00-81 |
| 110 10// | |
| You are hereby authorized and instructed, subject | to your rules and regulations, to inter the remains |
| of Jimpson, Oly | ford wm. |
| in 8 Funera | al, date, time 0/-8-/96 9 |
| Church, Chapel, Graveside | ; Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. of re | gular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | |
| 55 7 | 11 7 |
| Lot Q ⇒ Grave — Row | Section 6 Division Black 7 |
| Grave space & Care Fund | 120- |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 8500 |
| Burial Container | 525 |
| And a Walter of Distriction | 1007 |
| Flower vases - Marker setting fee | 1967 |
| MT. HOPE CEA | METERY |
| CITY of SAN DIEA | |
| | Total Due |
| Daild seasili | or number 34637 2573 |
| raid teceip | es es |
| | Balance due |
| I hereby certify I am the | of the above named decedent |
| and this is your authority to make disposition of re that I have the right to make this authorization and | I agree to hold Mt. Hope Cemetery harmless from |
| any liability on account of said authorization and i | interment. |
| I hereby authorize the interment in lot I | abel and |
| hold under deed. | THE SWARKET |
| Signature of recorded holder of deed | Treshow One 9700 |
| | 503-667-2319 |
| 2 | 283-8167 Here in Town |
| | Invoice # |
| Work Order # E 6703 | Acct.# |
| PY-653 (REV. 6-66) | CARESCON TO THE CONTRACT OF TH |

(over)

Jan Hughes. daughter to Officed Simpson paid this bill it was mut aaid in 1969 also wants to Know where marker is she brought over in 1969-management Wouldn't install hecouse bill not paid

PERMIT FOR DISPOSITION OF HUMAN REMAINS

| | U | SE BLACK INK- | -WAKE NO ALTE | RATIONS OR ERASURE | S | C 6 10 5 |
|--|--|--|--|---|---|---|
| HAME OF DECEDEN | GREINER | | | FEMALE | DATE OF BIRTH | 5/26/87 |
| PLACE OF DEATH—CITY OR TOWN SAN DIEGO NAME AND ADDRESS OF FUNERAL DIRECTOR TOR PERSON AC | | TOTAL CONTROL OF THE STATE OF T | | | NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT JAN HUGHES DAUGHTER 1418 SOUTHWEST 23RD COURT | |
| GOODBODY FI | ORT. 5027 EL CAJON BLY | VD. SAN D | IEGO, CA | F 790 | GRESHAM | OREGON 97080 |
| 1 | TYPE OF PERA | AIT, CHECK ON | LY ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | |
| 1. BURIAL (IN | CLUDES ENTOMBMENT) | | ERMENT AND BURB IBMENT) | AL UNCLUDES | | NT AND REINTERMENT OF CREMATED NCLUDES INURNMENT) |
| | N AND BURIAL (INCLUDES INURNMENT) | | ERMENT, CREMATIC DES INURNMENT) | ON, AND BURIAL | | NT OF CREMATED REMAINS AND N OTHER THAN IN A CEMETERY |
| 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE | | 7 DISINTERMENT, CREMATION, AND DISPOSITION | | FOR CORONER'S USE ONLY | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | HERE REMAINS C | | AINS ARE TO BE INTERRE | | SAN DIEGO |
| CREMATION | NAME AND ADDRESS OF CREMATORY W GREENHOOD CREMATORY | SAN DIEG | Company of the American | JUN 2 1987 | SIGNATURE OF P | ERSON IN CHARGE OF CREMATORY |
| BURIAL AT SEA OFF DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | NA Stef 16 | INE, OR OTHER OF | escription suffice und) + (Bund. | in Place Vo | rulf (Ce | ment) ("mikel") |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest | dent under pro- espass and nuis | visions of the Hea ance laws apply | ith and Safety Code, and understand that | SIGNATURE OF A DATE SIGNED | PPLICANT |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | E AND IS THE | \$3.00 | MAY 28 1987 | | A CONTRAR ISSUING PIGMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | 3/87 ITER (DATE) | SIGNATURE OF | PERSON IN CHARGE OF E | DISPOSITION | LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEA | тн | 0 | | |

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

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

CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY SMAJEST

| | 214-3151 | n | CONTRACTOR AND ADDRESS |
|--|---|-------------------------------|--|
| From Jan Aughes | Address 1418 8 W 63 | Date: We | - 63 1087 |
| Top dundred gy | typenewant 50 | /150 - DOI | Hara (\$ 357 =) |
| Payment of 0/- | 98-1969 | 11 | Division / |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | | Block Block |
| w.o. C-6696+ E6703 | | Opening/ Closing Burial | 700 60 77 100 77 |
| BALANCE DUE | | Handling Fee Pacording & | 77182 100 77183 100 77183 |
| Pre-Need Lot At Need Or Acct Pre-need Trust Cash Check | RU | Pre-Need Trust | 83033 8022 80101 78380 |
| AC-212 (Rev. 11-86) | ISSUED BY | TOTAL PAID | 195750 |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 06-03-87

| Tou are nereby authorized and instructed, s | ubject to your rules and regulation | s, to inter the remains |
|---|-------------------------------------|-------------------------|
| of Willell | xugg | 213 |
| ins Belletiner | Funeral, date, time Thurse | -4-87 HAN |
| Church, Chapel, Graveside College | y Mly, sump | Mortuary. |
| All Funeral cars must arrive before 3:30 p.r | n. of regular work day or an extra | charge will be applied |
| and billed to undersigned. War time vetera | n | |
| 4238 | | 11 |
| | - | on/Bleek |
| Grave space & Care Fund | 4 (1971) | thenex |
| Additional spaces and care fund | | |
| Opening/Closing & Setup | | |
| Burial Container | | |
| Handling Fees | | |
| lower vases - Marker setting lee | | ····· - |
| Recording and filing fee | ! 19 | 3500 |
| Sales taxesJUN4. | 100- | |
| Mad III WE HOD | Total Due | 3500 |
| WELL AND SAN DROP | February 3465 | 35:00 |
| anne | U.CALIR. Balan | nce due |
| wy | | |
| I hereby certify I am the and this is your authority to make dispositi | of the a | bove named decedent |
| that I have the right to make this authorizati | on and I agree to hold Mt. Hope Co | metery harmless from |
| any liability on account of said authorization | n and interment. | |
| hereby authorize the interment in lot I | Signature | |
| hold under deed. | 1000 | |
| Signature of recorded holder of deed | Address | 2.500 |
| | Sunta | Zip Code |
| | Telephone | |
| | | |
| E 6704 | Invoice # | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| - | V and the same |
|----|----------------|
| 1- | 107011 |
| 0 | are of |

| NAME OF DECEDENT | | | SEX | DATE OF BIRTH | DATE OF DEATH |
|--|--|---|-------------------------|---|--|
| HARRIET MARIE SUOG | | | Pensak . | | June 02, 1987 |
| PLACE OF DEATH—CITY OR TOWN San Diego | | PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIAI San Diego | | NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT James 8. Sugg (Son) | |
| NAME AND ADDRES | SS OF FUNERAL DIRECTOR (OR PEASON A | CTING AS SUCHO. CAL | FORNIA LICENSE NUMBER | 4580 Miagara A | vesue |
| Humphrey C | hula Vista Mortuary- | hula Vista, CA | 1 -964 | San Diego, CA | 92107 |
| | TYPE OF PER | MIT, CHECK ONLY ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | |
| 1. BURIAL (INCLUDES ENTOMBMENT) 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | | 5 DISINTERMENT AND BURI ENTOMBMENT) | AL IINCLUDES | 0 DISINTERMENT AND REI | NTERMENT OF CREMATED URNMENT) |
| | | 6 DISINTERMENT, CREMATIC (INCLUDES INURNMENT) | ON, AND BURIAL | 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY | |
| 3 CREMATIO CEMETERY | N AND DISPOSITION OTHER THAN IN A | O a propertional confession | | ron conourn | VO LIGHT BANKY |
| 4 SCIENTIFIC USE | | 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | TO DISPOSITION PENDING | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | AINS ARE TO BE INTERRE | 100 | n Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | WHERE REMAINS ARE TO BE CREMATE | D DATE CREMATED | SIGNATURE OF PERSON IN CH | HARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CHEMATED REMAINS | ADDRESS, NEAREST POINT ON SHORE | INE, OR OTHER DESCRIPTION SUFFIC | CIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DISPO | SITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | |
| ACKNOWLEDGMENT OF APPLICANT This is to certify that I am the person having the right to control the disposition remains of the above named decedent under provisions of the Health and Safety and I hereby acknowledge that trespass and nuisance laws apply and understand this permit gives no right of unrestricted access to property not awned by me. | | Ith and Safety Code, | | | |
| | | | | 827754080343 | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IN THE | DATE PERMIT ISSUED | SIGNATURE OF LOCAL PIECE | RAR ISSUING MIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | | LEUN IN CHARGE OF T | POSITION LICENSE NU DISPOSER. | IMBER OF CREMATED REMAINS IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | | 0 | | y S |

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

MT, HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 06-04-87

| in a Bell henry Fu | neral, date, time | Ani) 6/2 | 1100 |
|---|----------------------------|--|---|
| Church, Chapel, Graveside | 15 | Roger | ✓ Mortuar |
| All Funeral cars must arrive before 3:30 p.m. | of regular work da | ay or an extra char | rge will be applie |
| any billed to undersigned. War time veteran . | | | |
| Lot 223 Grave Row | Section | 3_Division/ | Brock_8 |
| Grave space & Care Fund C -026 | 0(1963 | 3) | Theneo |
| Additional spaces and care fund | | <u></u> | === |
| Opening/Closing & Setup | A-1-12 | T | 3205 |
| Burial Container Lesser | AID | · | 1000 |
| Handling Fees | IN 5 1987 | | 145 |
| lower vases - Marker setting fee | | | |
| Recording and filling fee | BPE CEMETE SAN DIEGO.CA | RY | <u>35 </u> |
| Sales taxes | 2001 200007-00 | === ================================= | 600 |
| ia Wenn Beshop | Total | ol Due | 606 |
| | eceipt number 👱 | 3466S | 606 |
| | | Balance | due |
| hereby certify I am the | | of the abou | e named decede |
| and this is your authority to make disposition that I have the right to make this authorization | of remains as abo | ove indicated. I cer | rtify and represe |
| any liability on account of said authorization a | and interment. | o Mic. Hopo Centor | ory marriness iro |
| hereby authorize the interment in lot I | | | |
| nold under deed. | Signature | | |
| Signature of recorded holder of deed | Address | | |
| | Stele | | Zip Co |
| | Telephone | | |
| | | | |
| North Order # E 6705 | Invoice # | | - 21_ |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | 1-6705 |
|---|---------------|
| | DATE OF DEATH |
| ~ | T 0 3000 |

| NAME OF DECEDEN | ILIA LILLY | BROYLES | | | Female | July 31, | 1907 | June 2, 1987 |
|---|--|---|-----------------------------------|---------------------------------|--|-----------------------------|------------------------|--|
| PLACE OF DEATH— La Koss NAME, AND ADDRES | • | ECTOR ION PERSON A | San | Diego | OR STATE IF NOT IN CALIFORNIA CALIFORNIA LICENSE NUMBER | Garage San | mderso | OUSE OR OTHER INFORMANT DEUghter |
| | | University | | | 69 | Spring 1 | falley, | CA 92077 |
| , N 9 | | TYPE OF PERA | MIT, CHECK ON | ILY ONE OF | THE FOLLOWING TYPES O | OF DISPOSITION | | |
| 1 BURIAL IIN | CLUDES ENTOMBM | ENT) | | ERMENT AND MBMENT) | BURIAL IINCLUDES | | ENT AND REI | INTERMENT OF CREMATED URNMENT) |
| === | N. 1 - N. | LUDES INURNMENT) | | ERMENT, CREN | IATION, AND BURIAL NT) | | | MATED REMAINS AND IAN IN A CEMETERY |
| 3 CREMATIO CEMETERY 4 SCIENTIFIC | | NOTHER THAN IN A | | ERMENT, CREN THAN IN A C | ATION, AND DISPOSITION METERY | FOR In DISPOSITION | , december loss states | R'S USE ONLY |
| INTERMENT | | | | | REMAINS ARE TO BE INTERP | | Sa | n Diego |
| CREMATION | NAME AND ADDRE | ESS OF CREMATORY W | HERE REMAINS A | RE TO BE CREM | ATED DATE CREMATED | SIGNATURE OF I | PERSON IN C | HARGE OF CREMATORY |
| BUHIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | H/A | ST POINT ON SHOREL | INE, OR OTHER C | DESCRIPTION S | JEFICIENT TO IDENTIFY FINA | L PLACE AND COUN | ITY OF DISPO | OSITION |
| SCIENTIFIC USE | | ESS OF FACILITY REC | EIVING REMAINS | | | | | |
| ACKNOWLEDGMENT DF APPLICANT | remains of the and I hereby a | above named dece | dent under pro espass and nuis | visions of the lance laws ap | rol the disposition of the Health and Safety Code, ply and understand that owned by me. | SIGNATURE OF A DATE SIGNED | IPPLICANT | |
| * LOCAL REGISTRAR | OF THE CALIFORNIA | ED IN ACCORDANCE WITH HEALTH AND SAFETY COL DISPOSITION SPECIFIED I | DE AND IS THE | * 3.90 | JUN 4 198 | | A REGIS | TRAR ISSUING PERMIT |
| CERTIFICATION OF ERSON IN CHARGE SOF DISPOSITION | I CERTIFY THAT T DISPOSITION WAS | MADE ON | S/87 | SIGNATIONE | OF PERSON INTEGRAPSE OF | DISPOSITION | | UMBER OF CREMATED REMAINS IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRES | SS OF REGISTRAR OF | COUNTY OF DEA | THE | 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 FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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

| From: Marty Klenderse | MOUNT HOPE CEMETERY 264-3151 Address: 19a7 Flan S | Date: 06-0 - 40 10 9 | 25 102 |
|--|---|--|-------------------------------------|
| In Sull Payment of | Mulla Grayles | O- Dollars | , 606 = 1 |
| Lot 723 Grave | RowS | ection 3 | Division 8 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CAREDIT 87707 87707 87707 87707 8770 8770 8770 | 320 00 160 00 145 00 35 00 |
| AC-212 (Rev. 11-80) | ISSUED BY | TOTAL PAID \$ | 606 00 |

Credit Cale

INTERMENT ORDER

City of San Diego

Date 6/4/87

| in a NONE and appendi, fatte, time | |
|--|--|
| Church, Chapel, Graveside;; | Mortuary |
| All Funeral cars must arrive before 3:30 p.m. of regular work da | y or an extra charge will be applied |
| and billed to undersigned. War time veteran | And broade Held Medical Supplies (Administration |
| 120 10 | 1 13 |
| ot /d Grave 10 Row Section | Division/Block / |
| Grave space & Care Fund Sp Ycau - | 3950 |
| Additional spaces and care fund | none |
| Opening/Closing & Setup | 0.0 |
| | anary for |
| Burial Container | 1.1.0 |
| landling Fees | 6/4/8/ |
| lower vases - Marker setting fee | |
| Recording and filing fee | |
| Sales taxes | 50.7 |
| Total | 1 Dug 3950 |
| Pard receipt number | 24654 100 |
| UN IN | Balance due 3860 |
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| hereby certify I an the and this is your aut hority to make disposition of remains as about that I have the right to make this authorization and I agree to hold | of the above named decede |
| | ve indicated. I certify and represe IMt. Hope Cemetery harmless fro |
| any liability on account of said authorization and interment. | •lac |
| hereby authorize the interment in lot I | 7 |
| hold under deed. | |
| Address Signature of recorded holder of dead | 11.000 |
| State | Zip Ca |
| Telephone | |
| 2000-04-21 | |
| Nork Order # E 6706 Invoice # _ Acct. # _ | |
| | |

365 00 7-2-87 34764 34885 8-5-87 26500 3,050 75.0 9/18 1900 35078 9/30 18,500 105,00 10/22 35199

| OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK. AUDITOR From: Dele Brown In Separation Payment of C | Address: | Dete: 6/ | Nº - 34654 4/87.18 10 ° - 1 |
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| Involce No. Acct. No. W.O. F - 670 6 BALANCE DUE 385 05 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." | of Lots 7731 Opening/ 11 Closing 7711 Surial 11 Contained 7711 | 000 |

CANARY TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA-PROPERTY DEPARTMENT 264-3151

MOUNT HOPE CEMETERY Dollars 50 Division Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 20% Sales Care 7718 Invoice No. 80% Sales of Lots 7718 Acct. No. Opening/ Closing Surial Containers Hendling Fee Recording & 77183 Pre-Need B5003 Pre-Need Lot Trust Pre-need Trust Cash Sales Tax 60101 TOTAL PAID AC-212 (Rev. 11-86)

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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| | 284-3151 | Date: 8 | -5 | | .87 |
|-------------------------------|---|---|--|-------------------|------|
| From: OBie Brown Seventy d | Address: SD. | 12200 | Service Contraction | 7000 | |
| In Coupon Payment of Cr | edit SAIC - Coupon | 15 #4, | 5, 6, | 7,8. | 19 |
| Lot Grave | | ection | The same | Division Block | 1883 |
| Invoice No | NOTVALID FOR PURPOSE STATED UNLESS STAMPED TRAID' IN THIS SPACE | CREDIT 20% Sales Cars 80% Sales of Lots Opening/ Closing Burial Containers Hendling Ese Recording & Misc. Fees Fre-Need Trust | 57007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77183 — 100 77183 — 100 83033 — 9022 — | 70 | 00 |
| Pre-need Trust | ISSUED BY 30. | TOTAL PAID | 60101 78390 — | 70 | 00 |



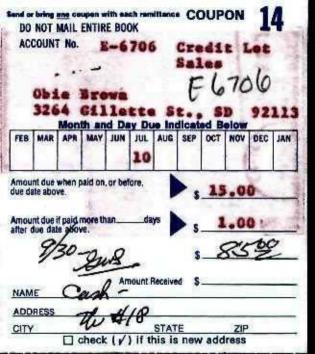
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Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6706 Credit Lot Sales Obie Brown Month and Day Due Indicated Below SEP OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG Amount due when paid on, or before, \$ 15.00 due date above Amount due if paid more than, after due date above. NAME OBIC PROUNT Received \$ 15.00 ADDRESS 3064 Gillette St SO. STATE CA- ZIP 92113 CITY ☐ check (✓) if this is new address

| OFFICIAL RECEIPT WHATE TO CUSTOMER CANABY CEMETERY PINK AUDITOR From: Busine of the Control of | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3161 Address 3264 Sell Oo # 14 th 18 | pate 1/2 | Nº 350 30/87 # 92//3 | 19. |
|--|--|--|--|-----|
| Lot 127 Grave 1 Invoice No. F 120 6 | 10 | 80% Sales of Lots Opening/ | Division / Sleet / Sle | 12 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (New: 11-98) | ISSUED BY LEONING THE | Burlet Containers Handling Fee Recording & Misc. Fees Prs-Need Trust | 100 77183 100 77183 100 77183 100 77183 83030 9022 00101 78380 | 00 |



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CITY OF SAN DIEGO, CALIFORNIA

| CANALTY CEMETERY AUDITOR | MOUNT HOPE CEMETERY 204-3181 | | (O) >* |
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| Acct. No. E-6706 | Salahir - | 80% Sales 100 of Lates 77184 - Opening/ 100 Closing 77181 - | 75,00 |
| BALANCE DUE | | Burtel 100 Containers 77182 - 100 Hendling Fee 77183 - Paccycline & 100 | |
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| AC-212 (Rev. 11-88) | ISSUED BY THE A CO | AMAL PAID S | 7500 |

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12-6

MT. HORE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/4/87

| You are hereby authorized and instructed, subject to | |
|---|-----------------------------|
| of VOVLENA | MOORE |
| in a Constitution Funeral. | date, time MON - 1PM - 6/8 |
| Church, Chapel, Graveside | : Rassale Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. of reg | |
| | |
| and brited to undersigned. War time veteran | 4. |
| Lot 3778 Grave Row Z S | section / Division/Block 9 |
| Lot = 7 Cd Grave now s | DIVISION DIOCK |
| Grave space & Care Fund | 100= |
| Additional spaces and care fund | |
| | Inne |
| Opening/Closing & Setup | Ma of |
| Burial Container | 3110 |
| Handling Fees | <u>&1, 6</u> 0 |
| Flower vases - Marker setting fee | |
| Recording and filling fee | 3500 |
| IDAID | 2.40 |
| Sale taxes | \$ 2-a. |
| 1 to 2 | Total Due |
| Paid receipt | number 34656 |
| MT. HOPE LEME CHY | Balance due 379-00 |
| CITY of SAN DIEGO, LALIF | P |
| I hereby certify I am the | of the above named decedent |
| and this is your authority to make disposition of ren that I have the right to make this authorization and I | |
| any liability on account of said authorization and in | terment, |
| | Key W. M. M. F. C. |
| I hereby authorize the interment in lot I hold under deed. | Bigneture (Turk) |
| | 23/7 Cospus ore |
| Signature of recorded holder of deet | Forgand CA. 90816 |
| | (2/3) 427-6959 |
| | Telephone |
| | |
| Work Order # E 6707 | Invoice # |
| Work Order # E 0 1 U 1 | Acct. # |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES NAME OF DECEDENT DATE OF BIRTH DATE OF DEATH l'Oviesa Menette TERCE OF DEATH-CITY OR TOWN PLACE OF DEATH-COUNTY (OR STATE IF NOT IN CALIFORNIA) NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT etta Stephens - Mother an Diese San Dieco NAME AND ADDRESS OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH 5167 Horania Street CALIFORNIA LICENSE NUMBER Bless, California 32114 1323 TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION ☐ 5 DISINTERMENT AND BURIAL IINCLUDES □ 8 DISINTERMENT AND REINTERMENT OF CREMATED 1 BURIAL (INCLUDES ENTOMBMENT) ENTOMBMENT REMAINS (INCLUDES INURNMENT) 2 CREMATION AND BURIAL (INCLUDES INURNMENT) 6 DISINTERMENT, CREMATION, AND BURIAL DISINTERMENT OF CREMATED REMAINS AND (INCLUDES INURNMENT) DISPOSITION OTHER THAN IN A CEMETERY 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 7 DISINTERMENT, CREMATION, AND DISPOSITION FOR CORONER'S USE ONLY OTHER THAN IN A CEMETERY 4. SCIENTIFIC USE ☐ 10 DISPOSITION PENDING NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED COUNTY INTERMENT metery: 1751 Market Street: NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED. DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY CREMATION E/A BURIAL AT SEA ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION POSITION OTHER IN A CEMETERY M/A REMATED REMAINS NAME AND ADDRESS OF FACILITY RECEIVING REMAINS SCIENTIFIC E/A USE SIGNATURE OF APPLICANT This is to certify that I am the person having the right to control the disposition of the ACKNOWLEDGMENT remains of the above named decedent under provisions of the Health and Safety Code. and I hereby acknowledge that trespess and nuisance laws apply and understand that DATE SIGNED APPLICANT this permit gives no right of unrestricted access to property not owned by me. DATE PERMIT ISSUED AMOUNT OF FEE PAID SIGNATUR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS. LOCAL 8 1987 OF THE CALIFORNIA HEALTH AND SAFETY CODE, AND IS THE REGISTRAR AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS FRANT PERSONAN CHARGE OF DISPOSITION SIGNATURE OF LICENSE NUMBER OF CREMATED REMAINS CERTIFICATION I CERTIFY THAT THE SPECIFIED DISPOSER, IF APPLICABLE OF PERSON IN CHARGE DISPOSITION WAS MADE ON IENTER DATE! OF DISPOSITION INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY 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.

AC-212 (Flav. 11-80)

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

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

Roy

MOTVALID FOR PURPOSE STATED UNLESS STAMPED Invoice No. "PAID" IN THIS SPACE. Acct. No. **BALANCE DUE** Pro-need Trust



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/4/87

| hime - c | uneral, date, time | 10N-2:30 | - 6/8 |
|---|-------------------------------|---------------------|---------------|
| Church, Chapel, Graveside Hawese | n | assdale | — Mortue |
| All Funeral cars must arrive before 3:30 p.m | ANGLES Y FROM THE PORT OF THE | | |
| and billed to undersigned. War time veteran | | or arrextra charge | мин од арри |
| / // | | ri. | 0 |
| ot 64 / Grave Row | Section | Division/81 | ock |
| Grave space & Care Fund | 00 | 180 | 100 |
| Additional spaces and care fund | | | |
| Opening/Closing & Setup | | | 100 |
| Burial Container | | | .1 |
| landling Fees | | | 21. |
| lower vases - Marker setting fee | | | |
| Recording and filling fee | | | 31 |
| Sales taxes A 197 | - I | | 7 / |
| + dillario non | Total I | | 299 |
| Than Har ad | eceipt number | 1 669801 | 299 |
| 12 45 Puff 212 324 Paid | Walkwan ! | Rucket | -0 |
| 54500 9105-53 | Moura | Balance du | 8, |
| hereby certify I am the | - 5 - 5 - 5 | of the above n | amed deced |
| ind this is your authority to make disposition hat I have the right to make this authorization | of remains as above | indicated. I certif | y and represe |
| ny liability on account of said authorization | | | |
| | | | |
| harehy sutherize the interment in lot I | | | |
| hereby authorize the interment in lot I old under deed. | Signature | | |
| hereby authorize the interment in lot I old under deed. | Address | | |
| hereby authorize the interment in lot I sold under deed. | 2000000 | | Zip |
| hereby authorize the interment in lot I sold under deed. | Address | | Zip |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

SEX

DATE OF BIRTH

E6608

| | MI CHAEL EDMAN | D WELLER | Mala | Feb. 16, 1 | 587 June 3, 1987 | | |
|--|---|---|--|----------------------------------|---|--|--|
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH-COUNTY | IOR STATE IF NOT IN CALIFORNIAL | NAME AND ADDRES | SS OF SPOUSE OR OTHER INFORMANT | | |
| San Diego | | Sen Diego | | Angelite Jackson - Nother | | | |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR TOR PERSON A | CTING AS SUCH) | CALIFORNIA LICENSE NUMBER | 2128 Oce | anviou Blvd. | | |
| Anderson-Re | egsdale Mort.: S\$8581 | ST. Call Horala | 1329 | San Dieg | o, California 92113 | | |
| 1 BURIAL IIN 2 CREMATION 3 CREMATION | TYPE OF PERI CLUDES ENTOMBMENTI N AND BURIAL IINCLUDES INURNMENTI N AND DISPOSITION OTHER THAN IN A | 5 DISINTERMENT AND ENTOMBMENT) 6 DISINTERMENT, CRE UNCLUDES INURNM | THE FOLLOWING TYPES OF BURIAL (INCLUDES MATION, AND BURIAL ENT) | B DISINTERMENT REMAINS (INCI | AND REINTERMENT OF CREMATED LUDES INLINMENT! OF CREMATED REMAINS AND THER THAN IN A CEMETERY | | |
| 4 SCIENTIFIC | CANDO LINE | 7 DISINTERMENT, CRE | | FOR CO | DRONER'S USE ONLY PENDING | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | HERE REMAINS OR CREMATED | | california | COUNTY Sen Diego | | |
| CREMATION | NAME AND ADDRESS OF CREMATORY Y | | | | SON IN CHARGE OF CREMATORY | | |
| BURIAL AT SEA OR DISPOSITION OTHER SEN IN A CEMETERY MATED REMAINS | M 24 | LINE, OR OTHER DESCRIPTION : | SUFFICIENT TO IDENTIFY FINAL | PLACE AND COUNTY | OF DISPOSITION | | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the pe remains of the above named dece and I hereby acknowledge that to this permit gives no right of unres | dent under provisions of the espass and nuisance laws a | Health and Safety Code, pply and understand that owned by me. | SIGNATURE OF APPL DATE SIGNED | LICANT | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED I | DE AND IS THE | JUN 8 1987 | SIGNATURE OF LOC | LEGISMAN ISSUING PERMIT | | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | SIGNATUS | or PERSON IN CHARGE OF C | DISPOSITION LI | CENSE NUMBER OF CREMATED REMAINS ISPOSER, IF APPLICABLE | | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 6 | | ~ | | |

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

NAME OF DECEDENT

Preneed :

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 06-05-87

| of Joseph | Alaced and an and accept |
|--|--|
| Vault/Liner | uneral, date, time |
| Church, Chapel, Graveside | Mortua |
| All Funeral cars must arrive before 3:30 p.m | n. of regular work day or an extra charge will be applie |
| and billed to undersigned. War time veteran | 1—. / |
| ot 19 Grave 3 Row | Section 4 Division/84eck 6 |
| ot / Grave Row _ | Section Division/Bleck |
| irave space & Care Fund | #rense |
| dditional spaces and care fund | AND THE RESIDENCE OF THE PROPERTY OF THE PROPE |
| pening/Closing & Setup | 320 |
| urial Container PA | 100 |
| andling Fees | 145 |
| I IIIN | 7 1987 |
| lower vases - Marker setting fee | 20 |
| ecording and filing fee | CEMETERY |
| OTTY -J SAN | DEPO CALID |
| OTTY - JEAN | DESCRIPTION / 6 |
| OTTY - JEAN | Total Due OOLO |
| Sales taxes | BESSA CALLED |
| ales taxes | Total Due |
| Sales taxes | Total Due |
| OF-16-87 (E6603) hereby certify I am the | receipt number 34437 336 Balance due 270 of the above named decede |
| hereby certify I am the not this is your authority to make disposition that I have the right to make this authorization | Total Due |
| hereby certify I am the | Total Due |
| hereby certify I am the not I have the right to make disposition by liability on account of said authorization hereby authorize the interment in lot I | Total Due |
| hereby certify I am the not I have the right to make disposition by liability on account of said authorization hereby authorize the interment in lot I | Total Due |
| hereby certify I am the | Total Due |
| hereby certify I am the | Total Due |
| hereby certify I am the | Total Due |
| hereby certify I am the | Total Due |

Y

5 54

. 1.0. 13 ox 637 Hydesville, Cold. June 1, 1987 mount Hope Cemetery Barbara Tang: Enclosed is a money order for the Preneed Trust Lot 19-Drave 3 - Sec. 4 - Div. 6, For I ofthe Tate. The balance should be 170 00 after this money order. Randy maples check for 33600 was for this trust.
Dry Sinculy martha Walasheld

| S. Same | WOUTE | TO CUST |
|------------|--------|---------|
| | CANARY | CEM |
| The second | PINK | AU |
| | | |
| | | |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINKAUDITOR | MOUNT HOPE CEMETERY | STATE OF THE STATE | | |
|------------------------------|---|--|-----------------------|-----------------|
| | 9552 | 6 Date: 04 | 1-16. | . 1987 |
| From: Kandy Maple | Address: 48 Kundaw | n acres | Gudgio | elle (|
| Three Mundred | Mesty and and | ng 100 00 | ollers (\$ _SS) | 031 |
| In Payment of #116 | need ourst dep | Joset | 1 | No. of the last |
| Lot 19 Grave | 3 now se | ection 4 | Division | 6 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Balos Care | 87007 77184 | |
| Acct. No. | | 60% Sales of Lots Opening/ Closing | 77184 100 | |
| W.O. E 6603 | | Gioeing Burial Containers | 77181 100 77182 | |
| BALANCE DUE # 1024 00 | | Handling Fee | 77188 100 | 100 |
| Pre-Need Lot At Need On Acct | | Recording & Misc. Fees Pre-Meed Trust | 77183 33 83033 33 | 3600 |
| Pre-need Trust Cash Check | Bana | Salma Tax | 80101 | |
| AC-212 (Rev. 11-66) | IBSUED BY JOING | TOTAL PAID | 33 | 600 |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORMA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| | 284-3151 | 1/ | 1- 0 | |
|------------------------------|---|--------------------------------------|-------------------|----|
| Warthy Walan | LE Address PO Sty 627 | Date: (10- | 10 1/2 955 | 4 |
| One punduda | ud-nefor - | Dolla | n 15 /10 00 | - |
| In Act Payment of P | reneed trust d | part | | |
| Lot 19 Grave 3 | Row | sotion 4 | Division 6 | |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | | 184 | |
| W.O. Elde 03 + E6709 | | of Lets 77 Opening/ Closing 77 | 100 | 1 |
| BALANCE DUE \$ 1703 | | Containers 77 | 100 102 100 | 1 |
| Pre-Need Lot At Need On Acct | | Misc. Fees 77 Pre-Need 63 | 183 /00 0 | 0 |
| Pre-need Trust Cash Check | ISSUED BY LONANG | Sales Tax 607 | 101 | 7) |
| AC-212 (Rev. 11-86) | | The state of the | - 100 0 | ~ |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| PINK | MOUNT HOPE CEMETERY 264-3151 | | |
|---|--|--|--|
| From The Willister | E Address O. Pex 637 | Date: | 6-17 87 |
| ne hundred ~ | sevent oo / | Dolla | ara (\$ 170 -) |
| In Payment of Luc | wood Just you | hezeph 1 | ite |
| | The state of the state of | | |
| Lot 19 Grave | 3/ Rows | ection 4 | Division 6 |
| Invoice No. Acct. No. W.O. E -6709 BALANCE DUE Pre-Need Lot At Need On Acct | NOTVALID FOR PURPOSE STATED UNLESS STANPED "PAID" IN THIS SPACE. | 80% Sales of Lote 7 Opening/ Closing 7 Surial Containers 7 Hendling Fee 7 Feconding & Mice. Fees 7 | 7007 7184 160 7184 100 7181 100 7182 100 7183 100 7183 100 7183 |
| Pre-need Trust ♥ Cash □ Check ▼ AC-212 (Rev. 11-86) 7862997917 | Judy Ward | The second district of the second second | 170 - |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6/5/87

| | S EED AN VA | VV.C VV. | |
|--|--|--|---|
| You are hereby authorized and instructed, sub | | | er the remains |
| of from Care | Jenkin | no . | 1/2 |
| ina Bell Lines Fu | neral, date, time | er I/Am | 6/9 |
| Church, Chapel, Graveside Chapel | 185 A | assdale | Mortuary. |
| The State of the S | of the last day of | 0 | |
| All Funeral cars must arrive before 3:30 p.m. | 16 | an extra charge v | will be applied |
| and billed to undersigned. War time veteran . | , , , , , , , , , , , , , , , , , , , | 20 | 20 |
| Lot 65 Grave 10 Row | Section d | Z Division/Bloc | k_//_ |
| | | | 420 |
| Grave space & Care Fund | | | d002 |
| Additional spaces and care fund | / | none | |
| Opening/Closing & Setup | | | 3200 |
| D 00 | T 5 | _ | 1000 |
| Burial Container | | ···· | 14/00 |
| Hendling Fees | ······································ | 1.X1 | 175 |
| Flower vases - Marker setting fee | N | | 2000 |
| Recording and filing fee | 0117 | l | Ob z |
| Sples taxes A | | | 600 |
| 4 (m) 38 days | Total Di | | 8560 |
| Sales taxes 38 days | | 10 | |
| Paid re | ceipt number | | *************************************** |
| | 0 | Balance due | |
| Wat | the sel | 002HOA 5 000HD 5-000X | a supposit from contract |
| and this is your authority to make disposition | of remains as above i | _ of the above na ndicated. I certify | |
| that I have the right to make this authorization | and lagree to hold Mi | | |
| any liability on account of said authorization (| and interment. | 20 - 1000 - 1000 | VIDAR - 250 |
| I hereby authorize the interment in lot I | Mard | cetha he | Line |
| hold under deed. | Signature 3 /50 | 1/2 Webs | ter as |
| | Address /1. | . 0. 1 . | 01113 |
| Signature of recentled helder of deed | Ser IV | 10-2/ | Zip Gode |
| | 237. 6 | 050601 | 1-000000 |
| | 1 majorita | | - |
| tale organization | Inventor | 5 700 | |
| Work Order # E 6710 | | 72 27 | A COUNTY |
| PY-603 (REV. 8-95) | Acct. | | |

W.O. NO. E6710

NOTE-STRAIGHT

| 000 5 | San Diego, Californi | | |
|--|---|--|---|
| We Week Commission | | e received, the undersigned maker(s) p | promise(s) to pay to |
| nt. nope cemetery | or San Diego City Treasu | rer | |
| | | | or order |
| 3751 Martin Luthe | King Way, San Diego, C | A 92102 | |
| the sum of Court | funda feftetey | d /100 | DOLLARS! |
| with interest from | Dy 6, 1987-0 | on the unpaid pri | ncipal at the rate of |
| 12 per cent per an | num payable on demand | | n, |
| interest when due, the whole sum holder of this note, interest after ma United States. Each maker will be ju hereof before, at or after maturity, ar person who signs this note agrees t | en due, it shall thereafter bear like interest of principal and accrued interest shall become furify will accrue at the rate indicated above bintly and severally liable and consents to red waives presentment, demand and protest hat recourse may be had against his/her side undersigned promise(s) to pay such sum | ome immediately due, without notice e. Principal and interest are payable in enewals, replacements and extensions i and the right to assert any statute of life eparate property for any obligation cont | at the option of the lawful money of the of time for payment mitations. A married tained herein. If any |
| | <u> </u> | 3/50/2 We Leter a | 2000 |
| | | 11 SO TO WELLE W | ul |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

E6710

| | | DOL BUTCH HAR-MARE NO | ALIERATIONS OR ERASOR | | 0 0 1.0 |
|---|---|--|--|--|--|
| ROBERT EAR | | - | MALE | OCT 04, 19 | JUNE 01, 1987 |
| PLACE OF DEATH- INGLEWOOD | CITY OR TOWN | PLACE OF DEATH—COUNTY & | OR STATE IF NOT IN CALIFORNIAL | | S OF SPOUSE OR OTHER INFORMANT THA JENKINS - MOTHER |
| RAGSDALE-50 | SS OF FUNERAL DIRECTOR (OR PERSON A) | EGO, CALIFORNIA | CALIFORNIA LICENSE NUMBER F 1329 | 1.75 A 2015 A T 1.00 L 1.00 S A 2015 | STER AVENUE , CALIFORNIA 92113 |
| | TYPE OF PER | MIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES O | F DISPOSITION | |
| 1. BURIAL (IN | CLUDES ENTOMBMENT) | 5. DISINTERMENT AND I | BURIAL (INCLUDES | B. DISINTERMENT REMAINS (INCL) | AND REINTERMENT OF CREMATED UDES INURNMENT! |
| | N AND BURIAL (INCLUDES INURNMENT) | 6. DISINTERMENT, CREM | | | OF CREMATED REMAINS AND THER THAN IN A CEMETERY |
| 3. CREMATION CEMETERY 4. SCIENTIFIC | | D) DISINTERMENT, CREM OTHER THAN IN A CE | MATION, AND DISPOSITION EMETERY | FOR CO | RONER'S USE ONLY |
| INTERMENT | NAME AND ADDRESS OF CEMETERY VI | WHERE REMAINS OR CREMATED | | The state of the s | SAN DIEGO |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | VHERE REMAINS ARE TO BE CREM | DATE CREMATED | SIGNATURE OF PERS | ON IN CHARGE OF CREMATORY |
| BURIAL AT SEA OR ASPOSITION OTHER HAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | Blue arbyto | | PLACE AND COUNTY | OF DISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | CEIVING REMAINS | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the pe remains of the above named dece and I hereby acknowledge that to this permit gives no right of unres | ident under provisions of the espass and nuisance laws ap | Health and Safety Code, ply and understand that | SIGNATURE OF APPL DATE SIGNED | N/A |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE | JUN 0 5 1987 | | AL REGISTRAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | | OF PERSON INCHARGE OF | DISPOSITION LIC | ENSE NUMBER OF CREMATED REMAINS SPOSER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | 313 | AL RECORDS NORTH FIGUEROA ANGELES, CALLE | T. D. Control of the | |

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

10:30 host

MT. HOTE CEMETERY INTERMENT ORDER

City of San Diego

| Choebe Saul | 11.6 | ons, to inter the remain |
|--|---|--|
| Value/Liner - | Funeral, date, time 6/1/8 | 1- AM The |
| ildicit, Crioper, Citavealde | MONLY Sarling Fin | Mortua |
| All Funeral cars must arrive before 3:30 p. | m of regular work day or an extr | a charge will be applie |
| and billed to undersigned. War time vetera | ID | |
| 193 | . 3 | 8 |
| ot 2 / 2 GraveRow | Section Div | ision/Risek |
| irave space & Care Fund Que heel | B-9319 | |
| Additional spaces and care fund | (| |
| Z I F J F INGROS STREET, STREET, STREET, ARESTO CONTROL STREET | | 2 20 00 |
| Opening/Closing & Setup | Λ± | 100 |
| turial Container | · G | 1/5 - |
| landling Fees | | 170 - |
| lower vases - Marker setting Po A | | |
| tecording and filing fee | | 350 |
| ales taxes | 1 1997 | 10.1 |
| A Co. | 5 1 (4 × 1 5 2 1 2 1 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 | 710 0 |
| MT. HOPE C | | 200 |
| CITY of SAND | COO CALLED 270 | 03 7/0.3 |
| | Ba | lance due |
| hereby certify I am the | on of remains as above indicate ion and I agree to hold Mt. Hope (| a above named deceded. I certify and represented the certify and represented the certify and represented the certification and the c |
| hereby authorize the interment in lot I old under deed. | Significant B. N. Ad | -Sp80 |
| gnature of recorded holder of deed | Seen Jan. C States 408-227- Tologhorn | 6 95/27 6578 |
| Work Order # E 6711 | Invoice # | 122 2011 123 2011 |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES AME OF DECEDENT SEX DATE OF BIRTH DATE OF DEATH May 21,1893 Female June 6. HOEBE PAULSON E OF DEATH-CITY OR TOWN NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT PLACE OF DEATH-COUNTY (OR STATE IF NOT IN CALIFORNIA) Shirley Miner - dght. Los Gatos NAME AND ADDRESS OF FUNERAL DIRECTOR PERSONALITY SELECT CTUE A VALIFORNIA LICENSE NUMBER 195 Blosson Hill Rd Sp.90 San Jose, CA 95123 Los Gatos, CA 95030 CHAPEL OF THE HILLS. TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION BURIAL IINCLUDES ENTOMBMENTI 5 DISINTERMENT AND BURIAL (INCLUDES □ 8 DISINTERMENT AND REINTERMENT OF CREMATED ENTOMBMENT) REMAINS (INCLUDES INURNMENT) 2. CREMATION AND BURIAL (INCLUDES INURNMENT) ☐ 6 DISINTERMENT, CREMATION, AND BURIAL 9 DISINTERMENT OF CREMATED REMAINS AND (INCLUDES INURNMENT) DISPOSITION OTHER THAN IN A CEMETERY 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 7 DISINTERMENT, CREMATION, AND DISPOSITION FOR CORONER'S USE ONLY OTHER THAN IN A CEMETERY A SCIENTIFIC USE ☐ 10. DISPOSITION PENDING COUNTY NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED INTERMENT San Diego Co. Mt. Hope Cemetery, San Diego. NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED TO THE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY CREMATION Stel Batter Service St. FICIEND TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION BURIAL AT SEA ADDRESS, NEAREST POINT ON SHORELINE, OR O SPOSITION OTHER AN IN A CEMETERY CREMATED REMAINS NAME AND ADDRESS OF FACILITY RECEIVING R SCIENTIFIC USE SIGNATURE OF APPLICANT This is to certify that I am the person having the right to control the disposition of the ACKNOWLEDGMENT remains of the above named decedent under provisions of the Health and Safety Code. OF and I hereby adknowledge that tresposs and nuisance laws apply and understand that DATE SIGNED APPLICANT this permit gives no right of unrestricted occess to property not owned by me. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS AMOUNT OF FEE PAID DATE PERMIT ISSUED SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT LOCAL OF THE CALIFORNIA HEALTH AND SAFETY CODE/AND IS THE 3.00 1987 JUN 8 REGISTRAR AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT CERTIFICATION SIGNATURE OF PERSON AL CHARGE OF DISPOSITION I CERTIFY THAT THE SPECIFIED LICENSE NUMBER OF CREMATED REMAINS 593-3-8 DISPOSER, IF APPLICABLE F PERSON IN CHARGE OF DISPOSITION INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH, IF DISPOSITION IS Santa Clara Co. Health Dept. 2220 Moorpark Av. San Jose, CA 95128 TO OCCUR IN ANOTHER COUNTY

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

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| PINKAUDITON | 284-3151 | Date: 6 | 111 | .,, | 87 |
|--|---|---|--|--|----|
| seven hunds | del ten delloes | 54100° | ollars (\$ _ | 710.50 | 新 |
| InPayment of | | | 100 | F25. | |
| Lot 593 Greve_ | RowS | ection 3 | 634 | Division 8 | XX |
| Acct. No | NOT VALID FOR PURPOSE STATED UMLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Cars 90% Sales of Lots Opening/ Closing Burist Containers Handling Fee | 67007 77154 — 100 77184 — 100 77181 — 100 77182 — 100 77183 — | The second secon | 00 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 11-86) | 18 18 18 Ward Ward | Recording & Miles: Face Pro-Mood Trust Gaise Tex | 77183 — 6022 — 9022 — 902101 76390 — | 10 | 50 |

MT. HOPE COMETERY

INTERMENT ORDER

City of San Diego

| You are heraby authorized and instructed, su | 100 E | regulations, to inte | er the remains |
|--|---|--|---------------------------|
| YOUR LETTER A 1/4 | uneral, date, time | THE PERSON NAMED IN COLUMN 1 | - 2:30 |
| All Funeral cars must arrive before 3:30 p.m. | 1/2 01 | | Mortuary. will be applied |
| / / | Section Too | F Division/Bloc | * 43 |
| Grave space & Care Fund | d | <u>il</u> | _28 |
| Additional spaces and care fund | asket - | 33 X 14X 30 | 45 |
| Burial Container | المداهات | | |
| Flower vases - Marker setting fee | Pul 6/1/87 | ······································ | - |
| The second secon | 28Y | | |
| P.A. mark Hostetter | Total D |)ue | " " |
| # 103-1759 | eceipt number | Balance due | 732 |
| Thereby certify I am the | n of remains as above n and lagree to hold M | of the above na indicated. I certify It. Hope Cemetery I | and represent |

any liability on account of said authorization and interment.

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

Zip Code

Invoice #

Work Order # E 6712

Signature of recorded holder of deed

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

| - | , , | JSE BLACK INK-MAKE NO | ALTERATIONS OR ERASUR | RES | 00110 |
|---|---|--|--|-----------------------|---|
| OF DECEDEN | ţ — | | SEX | DATE OF BIRTH | DATE OF DEATH |
| YOLAMBA UR | TRE . | | PERMIT | JUNE 1, 1967 | JUNE 1, 1987 |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH-COUNTY | OR STATE IF NOT IN CALIFORNIA | NAME AND ADDRESS O | OF SPOUSE OR OTHER INFORMANT |
| KSCOMDIDO | | SAN DINGO | | MARIA JESUS | URIBE (MOTHER) |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR FOR PERSON AS | TING AS SUCHI | CALIFORNIA LICENSE NUMBER | 240 CHINABER | • |
| 716 L VAL | | 30, CA | T299 | SAM MARCOS. | CA 92069 |
| • | TYPE OF PERA | WIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES C | OF DISPOSITION | |
| D 1 BURIAL (IN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND ENTOMBMENT) | BURIAL (INCLUDES | 8 DISINTERMENT AN | D REINTERMENT OF CREMATED ES INURNMENT) |
| ## - PE - SE | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CREMINCLUDES INVENIME | MATION, AND BURIAL NTI | | CREMATED REMAINS AND |
| 2 CREMATION CEMETERY | N AND DISPOSITION OTHER THAN IN A | 7 DISINTERMENT, CREA | ALTION AND DISPOSITION | FOR 6000 | NEDIC HOE ONLY |
| A SCIENTIFIC | USE | OTHER THAN IN A C | EMETERY | 10 DISPOSITION PEN | DNER'S USE ONLY DING |
| | NAME AND ADDRESS OF CEMETERY W | HERE REMAINS OR CREMATED | REMAINS ARE TO BE INTERE | ED. | COUNTY |
| INTERMENT | MT. HOPE CHOKTERY, 37 | STATE OF THE STATE | The state of the s | 1 | SAN DINGO |
| | NAME AND ADDRESS OF CREMATORY W | | | SIGNATURE OF PERSON | IN CHARGE OF CREMATORY |
| CREMATION | MA . | 0 | | 2 42 | |
| BURIAL AT SEA OR DISPOSITION OTHER VAN IN A CEMETERY CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | that - 2-0 | UFFICIENT TO IDENTIFY FINA | L PLACE AND COUNTY OF | DISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | |
| | This is to certify that I am the person having the right to control the disposition of the | | NT | | |
| ACKNOWLEDGMENT OF | remains of the above named dece | dent under provisions of the | Health and Safety Code, | > | |
| APPLICANT | and I hereby acknowledge that to this permit gives no right of unrest | [[[[[[[[[[[[[[[[[[[[[| | DATE SIGNED | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COU AUTHORITY FOR THE DISPOSITION SPECIFIED IN | SE AND ID THE | | 10 MO C. | CONTRAR ISSUING PERMIT |
| CERTIFICATION OF PERSONNIN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | SKINAY UNE | UUN 0 9 198' OF PERSON INCHARGE OF | DISPOSITION LICEN | SE NUMBER OF CREMATED REMAINS SER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | d | | . 1 |

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

MT. HOPE CEMETERY

INTERMENT ORDER



ashin Vault

Date 6/9/87

| of Johanna Es | maskacholes eral, date, rime Mon - 16/15 | 1:30 |
|--|--|--|
| Church, Chapel, Graveside Lawred | e : Pendban | Mortuary |
| All Funeral cars must 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 Setup | |
| Lon 3050 Grave Row | Section Division/Pig | 10 |
| Ø | Pail | |
| Crave space & Care rund | A . A | ne - |
| Additional spaces and care fund | | Inco |
| Opening/Closing & Setup | ash Veult | 4000 |
| Handling Fees | | 600 |
| 1 | | ~ |
| Recording and Ming fee | | 350 |
| Sales taxe | | 24 |
| | | 2424 |
| 111N 8 1987 | Total Dup ., | |
| MT. HOPE CEMETERY | | 242.41 |
| Service Servic | | 242.41 |
| MT. MOPE CEMETERYING COLUMN | eipt number 34 677 Balance due | MARKET THE |
| MT. HOPE CEMETERY | Balance due Balance due of the above indicated. I certifind agree to hold Mt. Hope Cametery | amed deceden |
| hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization and the said | Balance due Balance due of the above indicated. I certifind agree to hold Mt. Hope Cametery | amed deceden |
| hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization and thereby authorize the interment in lot I | Balance due Balance due of the above indicated. I certifind agree to hold Mt. Hope Cametery | amed deceden |
| I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization a | Balance due Balance due of the above indicated. I certifind agree to hold Mt. Hope Cametery | armed decedent y and represent harmless from Sty |
| hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization and hereby authorize the interment in lot I hold under deed. | Balance due Of the above no remains as above indicated. I certifind I agree to hold Mt. Hope Cemetery d interment. Signature 5 (1 Autout | amed decedent y and represent harmless from |
| hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization and thereby authorize the interment in lot I hold under deed. | Balance due Of the above no remains as above indicated. I certifind I agree to hold Mt. Hope Cemetery d interment. Signature 5 (1 Autout | amed deceden y and represen harmless from Sty |
| hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization and hereby authorize the interment in lot I hold under deed. | Balance due Of the above no remains as above indicated. I certifind I agree to hold Mt. Hope Cemetery d interment. Signature 5 (1 Autout | amed deceden y and represen harmless from Stock St. Zecom |

PERMIT FOR DEDITION OF MAN REMAINS

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| | H6 11 | SE BLACK INK-MAKE P | NO ALIEKAT | IONS OR EKASUKE | 5 | 6// | 2 | |
|---|--|---|--------------|---|--------------------------|----------------------------|--------------------------------|---------|
| NAME OF DECEDEN | The state of the s | | | PENLE | DATE OF BIRTH | - | DATE OF DEATH | , |
| PLACE OF DEATH | CITY OR TOWN | PLACE OF DEATH-COUNT | TY IOR STATE | IF NOT IN CALIFORNIAI | the second second second | RESS OF SPOU | ISE OR OTHER INFO | RMANT |
| NAME AND ADDRES | SS OF FUNERAL DIRECTOR, IOR PERSON A | | 1 | A LICENSE NUMBER | denominal, | CV MUR | 2 | |
| | TYPE OF PER | WIT, CHECK ONLY ONE | OF THE FOL | LOWING TYPES OF | DISPOSITION | | | |
| ☐ 1. BURIAL (IN | CLUDES ENTOMBMENT) | 5 DISINTERMENT A ENTOMBMENT) | NO BURIAL (I | NCLUDES | | ENT AND REINT | TERMENT OF CREMA | TED |
| 2 CREMATION AND BURIAL (INCLUDES INURNMENT) 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE | | DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY FOR CORONER'S USE ONLY | | | | |
| | | | | | | | - 4 SCIENTIFIC | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | TED REMAINS | ARE TO BE INTERRE | D | COUNTY | 550 91000 | |
| CREMATION | NAME AND ADDRESS OF CREMATORY Y | to a material water | | OATE CREMATED JUN 1 10 1987 | 10 21 | 1 Ko | ARGE OF CREMATOR | |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREI | ine. OB OTHER DESCRIPTION as | N SUFFICIENT | IDENTIFY FINAL | PLACE AND COUN | ITY OF DISPOS | ITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | | | | |
| ACKNOWLEDGMENT remains of the above named deced | | on having the right to control the disposition of the ent under provisions of the Health and Safety Code, | | SIGNATURE OF APPLICANT | | | | |
| APPLICANT | and I hereby acknowledge that to this permit gives no right of unres | 이번 생각 아니는 아니다 아니는 아니는 아니는 아니는 아니는 아니는 아니는 것이다. | | | DATE SIGNED | | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE | FEE PAID | IUN 0 9 1987 | SIGNATURE OF L | OCAL REGISTRA | AR ISSUING PERMIT | Ca |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED 6/1 | 5/87 SIGNA | OF PERS | SON IN CHARGE OF D | SPOSITION | LICENSE NUM DISPOSER IF | MBER OF CREMATED APPLICABLE | REMAINS |
| # DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | | | | | | |

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/9/87

| of Trossie P | was , |
|--|--|
| in a Vertage | harmand for |
| 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. |
| 21 2 | A 11 |
| Lot Grave Row Row | Section Division/PL |
| Grave space & Care Fund | 250 € |
| Additional spaces and care fund Revice | p3 for yu |
| Opening/Closing & Setup | N 02 |
| Burial Container | |
| Handling Fees | 1101 000 |
| Flower vases - Marker setting fee | |
| Recording and filing fee | MARKUNO IN MARKUNU ARRAN MARKANIA MARKA |
| 200 (190 PM) | |
| 710 h | Total Due #256 ** |
| Market Market | 10. Dup |
| Paid re | aceipt number |
| | Balance due |
| I hereby certify I am the | of the above named decedent |
| and this is your authority to make disposition that I have the right to make this authorization | offemains as above indicated. I certify and represent and lagree to hold Mt. Hope Cemetery harmless from |
| any liability on account of said authorization | and interment. |
| I hereby authorize the interment in lot I | 17-7 |
| hold under deed. | Synmy 7062 madrone |
| Signature of recorded holder of deed | 12. 92114 |
| | 262 - 8/93 Ep Cod |
| | Telephone |
| | 7. (7) 7 |
| Work Order # E 6714 | Invoice # |
| Work Order # | Acct. # |

creditfale

INTERMENT ORDER

City of San Diego

Date 6/9/87

| no non ann | meral, date, time |
|--|---|
| Veutz/Uner Church, Chapel, Graveside | Mortue |
| All Funeral cars must arrive before 3:3 | O p.m. of regular work day or an extra charge will be appli |
| nd billed to undersigned. War time ve | 10 (129) 40 PC |
| 195 2 | 2 // |
| ot 7 Grave Row | Section Division/B |
| irave space & Care Fund | <u> 250</u> |
| dditional spaces and care fund | 295-7-2-11 fol by |
| pening/Closing & Setup | |
| urial Container | |
| andling Fees | or Raid. |
| lower vases - Marker setting fee | |
| acording and filing fee | |
| iales taxes 0 | |
| O. There | Total Due 250 |
| WELL | Paid receipt number 34678 50 |
| | Balance due 25 |
| | |
| hereby certify I am the | of the above named deced |
| hat I have the right to make this author ny liability on account of said authoris | rization and I agree to hold Mt. Hope Cemetery harmless fr |
| | 7 7 |
| hereby authorize the interment in lot old under deed. | Signatury 10 1 1 1 0 1 |
| | 448141 |
| gnature of recorded holder of deed | State 7 7 1/3 |
| | 261-6825 |
| MCCC. | |
| Vork Order # E 6715 | Invoice # |
| AND THE PROPERTY OF THE PROPER | Acet. # |

24500 34800 1000 7-9-87 23500 9-1087 35019 22500 10-9-87 - 35/44 11-10-87 35284 21500 205 35522 1-7-88 20,00 185.00

CITY OF SAN DIEGO, CALIFORNIA

| GAMARY CEMETERY AUDITOR | MOUNT HOPE CEMETERY 284-3151 | Date: 6/9 | 187 .18 |
|--|---|---|--|
| From: Deolora for | Address: 4481 T | Dollar Dollar | Buy (5-00) |
| Liot 95 Grave | 2 AOW ~ Se | oction 2 | Division // |
| Acct. No. E 6715 | MOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | 80% Sales of Lots 7 Opening/ Closing 7 | 7007 7184 100 7181 500 7181 |
| BALANCE DUE 245 04 | JUN 11 1987 | Handling Fee 7 Repording & 84led Fees 7 | 100 7188 100 7185 100 7185 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check O | ISSUES JEONE | Trust | 0000 0000 0000 0000 0000 0000 0000 0000 0000 |

| | 10 0 to 40 TW | 1000 | ENTIR | | | ittano | · C | OUP | ON | | 2 |
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| AC | COUN | T No. | E- | -67 | 15 | 1 | ot | Sa | le | 5 | |
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| | - | | th an | 70-05 | | | | | | | |
| FÉB | MAR | APR | MAY | NUL | JUL 10 | AUG | SEP | ОСТ | NOV | DEC | JAN |
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| Amou after | nt due due da Du | ve. If paid i | more th | ian _ | da | lys) | s s | _10 1 11 | N ES | | |
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| ALL REAL PROPERTY. | 44 | 81 | "T | | tr | 2 | | 6 | . 7- | | and a |
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| MAN. | AFR | MAT | JUN | JUL | AUG | l-O | 10 | HUV | DEC | JAN | FEE |
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| | or bring NOT | 200 | | | | nittano | • C | OUP | ON | | 4 |
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| | Ge | 010 | ra | Jo | ne | 8 | Ser. | F | 6 | 715 | |
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| APR | MAY | | | AUG | | | | | | | MAR |
| | int due ate abo | | paid or | n, or be | fore, | 1 | , | 10 | .0 | 0 | |
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| NAM ADD | NE & | D | 2 | 200 900 | | Receiv | ed S | | | | |
| CITY | | | | | | STA | | | ZIF | | |



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| ALEST | OF | FOR | 1 |
|-------|----|-----|---|
| 16 | 33 | 522 | 4 |

| From Leelan Longs | MOUNT HOPE CEMETERY 264-3151 Address: 4/8/ To | Date: | /- SX | 7 | . 80 3 |
|--------------------------------|--|---|--|-------------------|-----------|
| Twenty do | epor 5 to Cre | let o | ollars (\$ _ | 20.0 | 5, |
| Lot 95 Grave | A Flow Se | ction 2 | 67007 | Division Block | Z |
| Acct. No | *PAID' IN THIS SPACE 006581 | 20% Seles Care 80% Sales of Lots Opening/ Closing Surial | 77184 | 20 | 00 |
| BALANCE DUE 185.00 | CITY AUDITOR | Containers Handling Fee Recording & Mac. Fees | 77182 —— 100 77185 —— 100 77183 —— | | |
| Pre-Need Lot At Need On Acct O | JAN 13 1988 | Pro-Need Tough Come Ton | 83033 9022 80101 78390 | | |
| AC-212 (Rev. 10-87) | MARIED BY WALL COME | CHOTAL PAID | 100 | 20 | 00 |

| | Ge | 010 | ra | Jo | ne | 2 | | E | 67 | 15 | 7 |
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| MG OF | ite abo | ve. | 1 | | 40 | | S | | .0 | | |
| fler (| lue da | if paid i te abov | | 100 | da nount F | | \$ s | _ | .0 | 0 | **** |
| MAM | lue da | | | 100 | 90 | | S s | _ | 0 | 0 | *** |

| DO | NOT COUN Ge | MAIL T No. | ENTIF | -6: J | OK 715 one | - | Lo | 3 : | al | 70 | 5 |
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| | Sa | 1000 | Di s | T. Carrie | - | Nav- | | 11 | elow | | - 17 |
| MAY | JUN | | AUG | | | | DEC | | FEB | MAR | APR |
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| Amou after o | nt due due da | if paid te abo | more t | han | d | ays) | S | | 1.0 | 0 | |
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| ADD | RESS | | | | | | _ | | | | _ |
| | | | | | | STAT | | | ZIF | | |

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

Nº 35755

| From Secure And | Address: | Dete: | -23 .1088 |
|--|--|---|----------------------|
| In Payment of City | Mars no/10 | Cical T | 2000 |
| Lot 25 Grave | 2 Row Se | action 2 | Division // |
| Invoice No | NOT VALID FOR PURPOSESTATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 6700 20% Sales Care 7718 60% Sales 10 | 0 2000 |
| W.O. E-6715 | CITY AUDITOR | of Lots 7718 Opening/ 16 Closing 7718 Surial 10 Containers 7718 | 000 000 |
| BALANCE DUE 163.00 | FEB 26 1988 | Handling Fee 7718 Recording & 10 Mind. Fees 7718 | 00 85 00 83 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check C | ISSUED BY India Wa | Pre-Need 8302 True 903 Sales Tax 6010 7835 | H |

| - | | | | | ne | | М | 6 | 0 | 115 | • |
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| AUG | SEP | | | | JAN | | | | | | JUL |
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| mou de da | nt due rte abo | when p | oaid on | or bet | ore, | | > 5 | 10 | .0 | 0 | - |
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| mou liter | nt due due da | ve f paid | more th | 18/1 | W | | s | | | | |
| mou ofter o | nt due due da | ve f paid | more th | 18/1 | da | | s | | | | |

| AC | Ge 44 | 7 No. | E | -67 | ne itr | eet | | | 6 | 115 | * |
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| JUL | AUG | Mon | | NOV | | JAN | FEB | MAR | APR | MAY | JUN |
| | Trans. | SZH. | 2007 | 20.00 | | 10 | 10 | 100000 | Listatica | eseta. | 3770 |
| lue di | int due ate abo int due due dai | ve if paid | more ti | 2550 | lore, | nys) | s s | 10 | 0 | 0 | |
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| | E | | | Ап | nount l | Receive | ad \$ | - | | | _ |
| NAM | - | | | | | | | | | | |
| ADD | RESS | | | | | | | | | | |

| DO AC | NOT COUN Get | MAIL T No. | ENTIF | -67 | 15 ner | L | ot E | 5.6 | 7 | 15 | 0 |
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| lue da | nt due ste abo nt due due da | ve. If paid | moret | | | ys) | 3 | 10 | | | 15 |
| NAM | E | PARISO | | An | nount (| Receive | s or \$ | _ | | | |
| ADD | RESS | | | | | | | | | | |
| CITY | | П | check | c () |) if t | STAT | | / add | ZIF | | |

| AC | Ge 44 | 81 | E T | Je | 15 ne | eet | t | 113 | 7 | 15 | - |
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| SEP | OCT | NOV | DEC DEC | JAN | FEB | MAR | APR | MAY | JUN | _ | AUG |
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| Amou | nt due due da | etuction | more t | han | d | ays | \$ | -10 | | 0 | |
| NAM | - Wicker | 6 | | A | mount | Receive | ed \$ | | | | _ |
| ADD | | | | | | | | | | | |

| | OFFICIAL RECEIPT WAITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 | | Nº 3 | 6162 |
|---|--|---|---|--|-------|
| | From Seolora Jon | (d) Address: 4481 J | Days 5 | 7 SD Mars (\$ 20, 0 | 92/13 |
| | InPayment ofCd | 2 ROW_ SI | Culator 6 | Z Division | |
| | Acct. No. E-6715 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CITY AUDITOR | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtal | 67007 77184 100 77184 100 77181 100 | 000 |
| 0 | Pre-Need Lot At Need C On Acct C | MAY 20 1988 | Containers Hearding Fee Hecording & Mind. Fees Pre-Need Trust | 77182 100 77185 100 77183 43038 83038 80022 | |
| | Pre-need Trust Cash Check | ISSUED BY BASIA MAS | TOTAL PAID | \$ 20 | 00 |

| mount due vue date abov | | FEB | MAR | APR | MAY | | | AUG | - | ост |
|-------------------------|--------|---------|--------|------|---------|-----------|------|-----|---|-----|
| ue date abov | | aid on | or bel | | 10 | 10- | HETT | | | |
| | paid i | more th | | ore. | nys | s s | 16 | | 0 | |
| 9 IAME | 210 | 201 | car | L | Receive | s d \$ | | * | | |
| ADDRESS | - 5 | - | 500 | | | | | | | |

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| and the | Ge | T No. | ta | Je | 15 | | Ľ | 6 | 7/ | - | - |
|---------|------------------|-----------|---------|-------------|----|---|--------------|-----|--------|--|-----|
| | 44 | 81 a T | "T | " 5 go, | C | A | 92 | 113 | E VIII | 1 | |
| DEC | JAN | | MAR | | | | | | | THE OWNER OF THE OWNER, | NOV |
| mou | | | 2000 | All to E.P. | | | 100 | - | | | |
| noui | nt due lue da | t paid i | more tr | 800 | da | U | \$ 5 \$ d \$ | _10 | .0 | 0 | 0 |

Nº 36448

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY

| | 264-3151 | , | -75 80 |
|----------------------------------|---|---|--|
| From: Sealona one | Address: 4481 | 7 Heret | 19 |
| twent ne | troo | Dollars (| s 80,00, |
| InPayment of | Myzn 13914 | (prodet | Lat |
| | | | |
| Lot 75 Grave | Row | Section 2 | Division // |
| Invoice No. | MOT VALID FOR PURPOSE STATED UNLESS STAND | | 70 |
| Acct. No. | 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | of Late 77184 | 00 00 |
| wo E-6/13 | 29 | 1988 Opening/ 1900 Closing 77161 Burial 100 Containers 77182 | |
| BALANCE DUE 105-00 | 000908 | Handling Fee 77185 | Control of the |
| Pre-Need Lot At Need D On Acct D | | Recording & 100 Misc. Fees 77183 Pre-Meed 83033 | |
| Pre-Need Lot At Need On Acct O | 1/1/1 | Pre-bleed 83033 Truel 9022 Salare Tax 80101 76390 | The same of the sa |
| ACC19/Bar 10-83 | ISSUED OF MARIE W | ELAGOTAL PAID \$ | 80 00 |

| mount due whe we date above. | exth au | Jo S S S Od Da | tri Gray De JUL 10 | set T | 921 dicat | | elow | | IN |
|---|-----------------|----------------------------|-----------------------------|----------|---------------|-------------|------|-----|----|
| MAR AP mount due whe ue date above: mount due if pai ter due date ak | MAY Pied or | M S | UL 10 | T In | 921 dicat | L13 ed B | elow | | LN |
| MAR AP mount due whe te date above. mount due if pai ter due date ak | nth ar R MAY | nd Da | JUL 10 | ue Inc | dicat | ed B | elow | | \N |
| mount due whe the date above mount due if pai ter due date ab | mth au R MAY | NO DE | JUL 10 | ue Inc | | | _ | | IN |
| mount due whe ue date above mount due if pai ter due date at | n paid or | | 10 | AUG | SEP | OCT | NOV | DEG | AN |
| mount due whe ue date above. mount due if pai fter due date at | | n, or bet | tore, | | > s | 10 | | E . | 1 |
| ue date above. mount due if pai fter due date at | | n, or bel | fore. | |) , | 10 | | A. | |
| mount due if pai ter due date at | | | | | \$ | | | | |
| fter due date at | | | | 10 | 16 | AV | 4.41 | - | - |
| | d more t | han | da | lys | > 5 | 1 | .00 | 3 | |
| | N | Ca | 1 | | S 977 | | No. | - | |
| , , | 7/10 | 18 | - | | \$ | _ | | | _ |
| 0 | . (|) An | nount l | Receive | d S | | _ | | |
| NAME JE | IM | 7 | | 10 | | | - | _ | - |
| ADDRESS | | | | | _ | | _ | | _ |

| DO | NOT | MAIL T No. | ENTIFE ENTIFE | -67 | 15 | *** | Log | 6 | 7 | 5 | 3 |
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| JAN | FEB | MAR | - | with the last of the last | - | _ | _ | - | - | _ | DEC |
| due da | ite abo | if paid it about | 18 | 8 | ak. | ys) | > s | | 0 | 0 | |
| NAM ADD | AESS | w. | 7 | An | nount l | Receiv | ed \$ | | | | |
| CITY | 6 | П. | hac | (V | 16 4 | STAT | - | , 9,4 | ZIF | | |

WHITE TO CUSTOMER CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

No 36734

| PINKAUDITOR | 284-3151 | | |
|--|--|--|-------------|
| | 2000 | Date: 9- | 27 1988 |
| From: Septold Jones | Address: 448 | "Theet, | SD 92/13 |
| twent n | 0/100 | Dollars (\$ | 20,00 |
| In Payment of | go 13 \$ 16 | mad La | |
| Lot 95 Grave | 2 Row_s | Section_2 | Division // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. CATY AUDITOR | 20% Sales Core 77184 | 20 0) |
| w.o. E-67/5 | SEP 29 1988 | Of Lots 77184 — Opening/ 100 Closing 77181 — Burial 100 Confainers 77182 — | |
| BALANCE DUE 80,00 | | Handling Fee 77185 - Recording & 100 Miss. Fees 77183 - | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | 16.11 | Pre-Need 83033 Trust 9022 - Seles Tax 80101 78390 - | |
| AG-212 (Rev. 10-57) | ISSUED BY TANALLA CAND | TOTAL PAID 5 | 100 |

| DO NO | IT MAII | ENTI | RE BO | OK 115 | | | OUF | | | 15 | |
|-------------------------|-----------------------|---------|---------|-----------|---------|------|-------|-----|-----|-----|--|
| G. | 601 681 | ora | Je s | tr | eot | 2 | | 7/ | 15 | | |
| MAR AP | R MAY | JUN | JUL | AUG | SEP | OCT | Nov | DEC | JAN | FEB | |
| | | | - | | 10 | | 41114 | | N. | | |
| kmount di lue date a | ie when bave, | paid on | , or be | tore, | | s | 10 | .0 | 0 | | |
| mount de fter due | e if paid tate abo | more th | 180 | da | ys D | \$ | _1 | .0 | 0 | | |
| | | | | X | | \$ | | - | _ | _ | |
| NAME | | | Ar | nount F | Receive | d \$ | | | | | |
| ADDRES | s | -37 = | | | | | | | | | |
| CITY | | | | | STAT | E . | | ZIF | 1 | | |

| DO | NOT | | | WITH 00 | | HILLMIC | • 0 | JUP | ON | 1 | 6 |
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| AC | COUNT | No. | E | -67 | 15 | L | 30. | 5 | le | • | 63 |
| | Geo | 10 | Ta | Jo | ne | | 1 | -1 | . 7 | 1- | 200 |
| | 448 | 1 | - | . 5 | - | et | l | 4 | 71 | 2 | |
| | San | D | 10 | go, | C. | A | 92 | 113 | 1 | | + |
| | | Mon | th a | nd D | y D | ue In | dicat | ed B | elow | | 1 |
| APR | MAN | NUC | JUL | AUG | SEP 10 | act | NOV | DEC | JAN | FES | MAR |
| | | | paid or | n or be | fore. | - 4 | N . | | | _ | |
| we d | int due v ate abov int due i due dat | re. f paid | moret | | 23500 | iys | | | .0 | | |
| ue d | ate abov | re. f paid | moret | han | da | | S | | | | - |
| mounter | ate abov | re. f paid | moret | han | da | nys Receiv | S | | | | *** |
| mounter | ate abov | re. f paid | moret | han | da | | S | | | | 100 |

OFFICIAL RECEIPT Nº 37032 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 264-3151 From: Dollars (Division Row Section Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT Invoice No. Acct. No. 7718 BALANCE DUE Handling Fee 7718 On Acct At Need Pre-need Trust Sales Tax TOTAL PAID AC-212 (Rev. 10-87)

| | NOT | | | | | ittano | · C | OUP | ON | 1 | 7 |
|---------------|-------------------|------------------|---------|-------|--------|---------|-------|-------|-----|-----|-----|
| AC | COUNT | No. | E | -67 | 15 | | Lo | 2 2 | al | - | |
| | Ge | ole | STE | | ne | | - | 1 | 10 | 7/3 | - |
| | Sa | Mon | th ar | | y D | de in | - | | | | |
| MAY | JUN. | | AUG | | | | | | | MAR | AFR |
| | nt due | | paid on | or be | ore. | | > 5 | 21 | 0.0 | 0 | |
| Amou after | nt due due dat | f paid te abo | more ti | nan_ | | lys) | > 8 | | 1.0 | 0 | |
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| NAM | E | | | An | nount | Receive | ed \$ | _ | | | |
| ADD | RESS | | | | | | | | | | |
| CITY | | | check | (I V |) if t | STAT | | v add | ZIF | _ | - |

| | | | | | | ittance | CC | DUP | ON | 1 | 8 |
|-----------------|-------------------|-------------------|-------------|--------|---------|----------|----------|--------|------|-----|-----|
| 10000 | NOT | _ | | | | L | 30 | 58 | le | 1 | |
| | 44 | 81 | ra "T | " S | tr | s uet | 921 | | 107 | 7/5 | - |
| | | | | | | e Inc | licat | ed B | elow | | 1 |
| JUN | 701. | 200 | - | _ | | DEC | _ | _ | MAR | | MAY |
| | nt due ite abo | | no biso | or bel | are | | > s | 10 | .0 | 0 | |
| Amou after o | nt due lue da | if paid te abo | more ti | ian | da | y= | s | 1 | .0 | 0 | 100 |
| | | | | | | | s | - | - | - | _ |
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| NAM | E | - | - | - | - | - | - | - | - | - | - |
| ADD | RESS | - | _ | _ | - | - | - | - | - | _ | - |
| CITY | | | The same of | | | STAT | | and pr | ZIP | _ | |
| | | 111 | meci | ALC: N | 7 11 1 | his is | HEW | auc | 1028 | | |

| CHESTON. | NOT I | MAIL | ENTIR | | | | | JUP | ON | 1 | 9 |
|----------|--------------------|-----------|----------|------|-------|------------|-------------|-------------|------|-----|-----|
| AC | COUNT | No. | E | -67 | 15 | | Le | 5 | al | | 1 |
| | Ge. | ole 81 | Ta | Jo | ne | eat | 1 | 1 | 17 | 7/3 | - |
| | San | Mon | i i e | a d | y Di | A ue In | 92 dicat | 113 ed B | elow | | |
| JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| due di | int due ate abo | ve. | isine-co | | 59 | iys 1 | 5 | _10 | .0 | 0 | |
| | due da | | | 1011 | | 74 | 5 | | .0 | 0 | |
| 11001 | | | | | | | S | <u> </u> | | | |
| NAM | IE | 13 | | Ar | nount | Receivi | S 00 \$ | ¥ | | | |
| NAM | IE PRESS | | | Ar | nount | Receivi | S ed \$ | | | | |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY



Nº 37419

| | 204-3151 | | 3- : | 2 | 09 |
|---|--|--|-------------------------------------|-------------|----------|
| | | Date: | | , 19 | 01 |
| From: Lorda done | Address: | COMPLETE. | W B | | |
| - there poly | 0 | BOOK A | Dollars (\$ _ | 20-40 |) |
| InPayment of | wan 20 22 | · Olla | 110 | 4 | |
| T Symun O | | | PASE | 4 | |
| Lot 95 Grave | 2 Row Se | etion | 2 | Division // | |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT | 67007 | 25 | 10 |
| Acct. No. | | 20% Sales Care 80% Sales of Lots | 100 | 85 | 50 |
| 2-6716 | CITY A | Opening/ | 77181 | | |
| W.O. 25 (1) | 14. 的复数图像上型图像图像 | Containers | 77182 | | 1 |
| BALANCE DUE 20, CC | MAR 1 | 1000 fee | 77185 | | No. |
| Pra-Need Lot At Need D On Arts D | | Niet Fees Pre-Need | 100 77183 | | TE |
| Pre-Need Lot At Need On April Pre-need Trust Cash Check | | Trust Sales Tex | 83033 9022 — 60101 76390 — | THE PARTY | The same |
| | ISSUED BY MINICE LOS | TOTAL PAID | 76390 — | 20 | 00) |
| AC-212 (Rev. 10-67) | | | STATE OF THE PARTY NAMED IN | ~ | |

| 10000 | NOT | MAIL | 4203000 | E BO | | | 100 | DOTA SO | ON | Z | U |
|-----------------|-------------------|-------------------|---------|-----------|----------|-----------|----------|----------|------|---|------|
| | Ge: | ole Bl | Ta | Je " S | nec | not | E | 11000 | 7/ | | |
| | | the same of | 1000 | TO- 188 | - Caledo | e Inc | licat | ed B | slow | | أنني |
| AUG | SEP | | | | | FEB | | | | | JUL |
| | nt due rte abo | | paid or | or bet | lore. | | . | | .0 | | |
| Amou ifter d | nt due Jue da | if paid le abo | more t | nan | - | ys . | > s | _1 | | | |
| Amou after d | nt due lue da | if paid te abo | more t | nan | | ys | S | | . 0 | 3 | |
| Amou after d | lue da | if paid le abo | more t | | | Receive | s | <u> </u> | .00 | | |
| NAM | lue da | if paid le abo | more t | | | Sec. 1074 | s | <u> </u> | .00 | | |

| | 2000 | MAIL | WOOD DW | | | ittance | C | DUP | ON | 2 | 1 |
|------|--------------------|--------------------|---------------|----------|-------|----------|-------|----------|-----|---|-----|
| AC | COUN | T No. | E | -67 | 15 | | | . 5 | | | 1 |
| | Ge. 44 Se | olo S1 | "T | Je S | EF | eet A | 92 | 6 | | | |
| SEP | ост | NOV | | | | | | | | | AUG |
| | int due ate abo | when p | paid or | n, or be | fore. | 4 | > s | 10 | | 0 | 1 |
| Amou | nt due due da | if paid ite abo | more t ve. | han | d | ays | 5 | _1 | .0 | 0 | |
| | | | | | | | | | | _ | |
| NAN | E | | | Ar | nount | Receiv | ed \$ | <u> </u> | | | |
| ADD | RESS | | | | | | | | | | |
| CITY | | | | | | STA | TE | | ZIF | | |

| | - Company | 1. 1. Carlotte (1) | Service Services | E BO | ch rem OK | ittance | CC | UP | ON | 2 | 2 |
|--------------|-----------|--------------------|------------------|-----------|--------------|---------|----------|------------------|-----------|---|-----------|
| ACCC | TAUC | No. | E. | -67 | 15 | L | et | Se | 10 | | - |
| 4 | 44 | 11 | "T | Je " S | 22 | et | | N-910. | 71 | 5 | VIE E |
| | | | 00000 | | C Du | | 921 | | | | |
| OCT I | | | | | MAR | | | | JUL | | SEP |
| - | 4 | - | * | 1778.0 | 10 | 19983 | *7**¥243 | * (2,025) | N. Common | E | |
| vnount | t due it | f paid | more t | han | da | ys | \$ | _1 | .0 | 8 | Harry No. |
| | | | | | Mount ! | Receivi | ed S | | | | |
| NAME | Same | | | | mount | eccar) | iu: 0 | | _ | | |
| NAME ADDR | Same | | - | | mant | STAT | 0,0 | | ZIF | | |

| DO | NOT COUN | MAIL T No. | ENTIF | E BOO | 115 | ** | Le 92 | 11: | E | 6 | 715 |
|--------|-------------|---------------|-------|-----------|-------|---------|-------|-----|-------|---|-----|
| NOV | DEC | JAN | _ | MAR | | _ | _ | _ | 7 | _ | OCT |
| due da | nte abo | ve. | moret | n, or bel | | iys) | > s | | 1.6 | | |
| NAM | Ε | | | An | naunt | Receivi | sd S | | | | |
| ADD | RESS | | | _ | _ | VI-1200 | C/-S | | 120.0 | × | - |
| CITY | | | | | | STAT | - | | ZIF | - | |

| 4 | 4 S | le | Ta "T | Je " S | tr. | s not | 92 | 113 ed B | ATP-O | Bully | 0 11 |
|---|------------------|-------|----------|------------|------|----------|----------|-------------|-------|-------|---------------------------------------|
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| mount d ue date a | un set Jetore | en p | aid pin | or bel | ore. | | s | 15 | .0 | 0 | (|
| imount d us date a knount d flor due | ione. ue il g | ald o | nore th | | | 5 | s | 15 1 | . 0 | 0 | |
| we date a | ione. ue il g | ald o | nore th | 813 | | | s | 1 | . 0 | 0 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 37841

| 264-3151 | THE PARTY OF | 19 09 |
|--|--|---|
| 100 U45/ 7 | - Date: | 199/ |
| 1 d // d) | Dollars (8 | 15.00. |
| 19th 237 24 | 1 Olas | det |
| J The State of the | | |
| Row So | ection 2 | Division // |
| NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 67007 20% Sales Care 77184 — | 2500 |
| CITY | 80% Sales 100 of Lots 77184 — Opening/ 100 | |
| , AUD | Closing 77181 — 100 — 10 | the state |
| MAY 3 0 10 | Handling Fee 77185 — | A STATE OF THE STA |
| 11111 | | |
| NA / | Sales Tax 60101 78390 — | |
| ISSUED BY TOTAL 1 | CHOTAL PAID S_ | 0500 |
| | Row Some Service City Audi May 3 0 19 | Date: Dollars (\$ Dollars |

| DDRESS 4 | 481 T Street, San Diego, Ca 92113 | RATING | LIMIT | E-6715 |
|----------|---|--------|--------|-------------|
| DATE | ITEMS | DEBIT | CREDIT | BALANCE |
| 87 | Lot 95, Grave 2, Section 2, Division 11 | 250.00 | 65 00 | 1000 |
| 23 88 | Couper 748, Receipt # 35 | | 65 00 | 165 00 |
| 2/88 | Coursen 9810 Periot # 3 | E38 | 3000 | 1000 |
| 16 88 | Causas 11412 Facult | ,070 | 2000 | 1250 |
| 25 88 | Neuron 13 814 Alexant 3 | 6448 | 2000 | 1050 |
| 27. 88 | Quelo 15 \$16, Gerest 36 | 234 | 2000 | 8500 |
| -2 99 | Vacaro 17, 18, 19 Joseph 3 | 732 | 3000 | 550 |
| -289 | Cardon 20-22 Percept 3 | 7419 | 3000 | 250 |
| 19 89 | Causon 23-34, Recept 37 | 841 | 2500 | 0 |
| | <u> </u> | | | |
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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

| And Man | Date |
|--|---|
| You are hereby suthorized and instructed out | biject to your reles and regulations, to inter the remains |
| 0 0 | ineral, date, time 4/1/87-Thur 2PM |
| Church, Chapel, Graveside | ofregular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | |
| Lot 46 Grave 4 Row | Section 3 Division/Alex |
| Grave space & Care Fund . Que hue | 1 D8412 Pl |
| Additional spaces and care fund | on |
| Opening/Closing & Setup | 2 hed 136+95.80 |
| Handling Fees | Pail - 08422 |
| Flower vases - Marker setting fee | |
| Recording and filing fee | 35,000 |
| Seles texes | Total Due 3500 |
| Paid re | eceipt number 154 BS 00 |
| for status | DA / Balince due |
| I hereby certify I am the F. D. L | Seed Treng of the above named decedent |
| | of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment. |
| I hereby authorize the interment in lot I hold under deed. | Signature |
| Signature of recorded holder of dead | Address |
| 8 - minter 4 les. | State Zip Code |
| | Talephone |
| E 0710 | Invoice # |
| Work Order # E 6716 | Acot. # |
| Les | al Suped |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

66716

| | 9 | SE BLACK MAN-MAKE NO ALTER | ALIONS ON ENASORE | .3 | C Q III Q |
|--|---|--|--|--|---|
| E OF DECEDEN | Robert Drake Boyd | 海沙市公安市市安全 电影社 | sex Mala | May 28, 1919 | June 8, 1987 |
| NAME AND ADDRES | Diego SS OF FUNERAL DIRECTOR ION PERSONS | | TE IF NOT IN CALIFORNIA) ORNIA LICENSE NUMBER | What was a second | SPOUSE OR OTHER INFORMANT |
| 5.00 S | **** | AIT, CHECK ONLY ONE OF THE F | OLLOWING TYPES OF | AND | REINTERMENT OF CREMATED |
| 2 CREMATIO | IN AND BURIAL IINCLUDES INURNMENTI | ENTOMBMENTI B DISINTERMENT, CREMATION (INCLUDES INURNMENT) 7 DISINTERMENT, CREMATION OTHER THAN IN A CEMETE | I, AND BURIAL | PEMAINS INCLUDES 9 DISINTERMENT OF CI- DISPOSITION OTHER FOR CORON | THURNMENT) REMATED REMAINS AND THAN IN A CEMETERY ER'S USE ONLY |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | THE STATE OF THE PERSON OF THE | ALE STREET, ST | Colores and the second section of the last | unty San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO BE CREMATED | DATE CREMATED | SIGNATURE OF PERSON IN | CHARGE OF CREMATORY |
| BURIAL AT SEA OR ASPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHORE | | NT TO IDENTIFY FINAL | PLACE AND COUNTY OF DE | SPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECI | EIVING REMAINS | | | - |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that tre this permit gives no right of unrest | dent under provisions of the Healt espass and nuisance laws apply a | h and Safety Code, nd understand that | SIGNATURE OF APPLICANT DATE SIGNED | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | STAND IS THE | UN 10 1907 | SIGNATURE OF LOCAL BE | BAR ISSUING MEDIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED 6/11 | SIGNATURE OF P | ERSON IN CHARGE OF | DISPOSITION LICENSE DISPOSE | NUMBER OF CREMATED REMAINS R, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | , A | 3 | |

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

WHITE TO GUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY | | |
|--|--|--|---|
| | - 12/ | Date: 7-/ | 187 |
| From ances Mento | ca fadres 5600 avent | Of Carein | GI SA |
| Thirt - Live . | dellar | Dollars (| 35- 92/21 |
| In Payment of Ware | lling Fees Car | Mobert Dx | und |
| Services | 0 | | |
| Lot_46 Grave_ | 4 Row | action 3 | Division / 2 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED TRAID IN THIS SPACE. | CREDIT 67007 20% Sales Care 77184 | A STATE |
| Acct. No. | | 60% Sales 100 of Lots 77194 - | No. |
| w.o. E -6716 | | Glosing 77181 - | CONTRACTOR OF THE PARTY OF THE |
| BALANCE DUE | | Containers 77182 - 100 Handling Fee 77183 - | |
| | | Recording & 100 Misc. Fees 77183 | 35 - |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | N. 1. 11. | Pre-Need 63083 Trust 9022 - Sales Tax 60101 76390 - | OR WINGSHIP WAY |
| AC-212 (Rev. 11-80) 679773 | IBBUED BY STREET WOULD | TOTAL PAID \$ | 35 - |

MT. HOPE-CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/9/87

| | Da | 11/0 | |
|---|--|-------------------------------------|------------------|
| You are hereby sethorized and instructed, sub | ject to your rules and re | agulations, to inte | er the remains |
| of terry Well | -(53) | | 11000 |
| ina Rell O Fu | neral, date, time | x. 6/1 | 5 1p.m |
| Church, Chapel, Graveside | 8 Hag | alale | Mortuary |
| All Funeral cars must arrive before 3:30 p.m. | of recular work day or | an avtra charna | - S/AB/ - W. (A) |
| and billed to undersigned. War time veteran | | 2 - | min be applied |
| and billed to undersigned, war time veterall | | | 37.6 |
| Lot 105 Grave 11 Row | Section 2_ | Division/Bloc | :k_//_ |
| | | | 2600 |
| Grave space & Care Fund | | | 930 |
| Additional spaces and care fund | ····· | man | 22 00 |
| Opening/Closing & Setup | | | 300- |
| Burial Container | | | 1000 |
| Handling Fees | | | 14500 |
| Flower vases - Marker setting fee | | | |
| Recording and filing fee | ************************************** | enter to the consequence of the | 3500 |
| THE SALE STREET, SALES AND ADDRESS OF THE PROPERTY OF THE | | | 6 6 |
| oday nite | Total Du | | 856 20 |
| | eceipt number 34 | 692 | 856 00 |
| | everbi maniber | Balance due | 9 |
| | 04, | Balance due | |
| I hereby certify I am the | hee | of the above na | med decedent |
| and this is your authority to make disposition that I have the right to make this authorization | and lagree to hold Mt. | dicated. I certify Hope Cemetery | and represent |
| any liability on account of said authorization | and interment. | • • | 1011 |
| I hereby authorize the interment in lot I | ~ 100 | une of | Vehl |
| hold under deed. | Signeture 242 | 3/128.11 | 5th Pac |
| Signature of recorded holder of deed | Address LOS | ANGELE | S CA GNO |
| | Stely 23 | FU 11 | 720 Zap Carda |
| | Tologhore | JACO C | م مرد م |
| | DW1/SCHOOLSOW/ | | |
| Work Order # E 6717 | Invoice # | | |
| Work Order # = UIII | Acct. # | | - |
| 15 | | | |
| | | | |

W.O. NO. E-6717

NOTE-STRAIGHT

| with interest from | | The second secon | The state of the s | |
|--|--|--|--|-------------------------------------|
| Mt. Hope Gemetery or San Diego City Treasurer or order at 3751 Martin Luther King Way, San Diego, CA 92102 the sum of San Diego City Treasurer 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, toterest 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 marriero 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 fig as attorney's fees **X**** **X***** **X***** **All **All **** **All **All **** **All **** **All ***** **All **** **A | \$ 856 3 | San Diego, Cali | Junia June | 9 1087 |
| Mt. Hope Gemetery or San Diego City Treasurer | ~ 30- | | | ned maker(s) promise(s) to pay to |
| the sum of | Mt. Hope Cemetery or | | | the manufay promise(s) to pay to |
| with interest from | | | | , or order |
| with interest from | at 3751 Martin Luther | King Way, San Diego | CA 92102 | |
| 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 aftorney's fees **X*** **X**** **Author*** **Auth | the sum of Fight hun | and fifty seif o | 200 = | DOLLARS. |
| 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, loterest 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*** | with interest from | 4 10, 1800 | or | the unpaid principal at the rate 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 **XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 12 per cent per annu | n. payable on demand | | • |
| 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 **XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Should interest not be paid when | due, it shall thereafter bear like int | erest as the principal. Sho | old default be made in payment of |
| 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 ***XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | holder of this note. Interest after matur | ity will accrue at the rate indicated a | bove. Principal and interest | are payable in lawfu! money of the |
| 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 ***XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | | |
| 2423/2 8.115/2 PL LA CA 9005° | person who signs this note agrees that | recourse may be had against his/he | er separate property for any | obligation contained herein. If any |
| | action be insurated on this note, the t | matisigned promise(s) to pay soon | x / Come 3 | VAL |
| | A STATE OF THE STA | | 2423/2 511 | HOULLA CO CAME |
| | MAKE ALL PAYMENTS AT | MT. HOPE CEMETERY | | Mailing Address |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

SEX

Male

E6717

June 7, 1987

DATE OF BIRTH

Nov. 21, 1933

| NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON Anderson-Ragsdale Nor | | Orange | Y IOR STATE IF NOT IN CALIFORNIA) | Albert W | | | |
|---|--|---|---|--|---|--|--|
| | | CTING AS SUCHI | CALIFORNIA LICENSE NUMBER | | 17th St. Apt. 203 o, CA 92113 | | |
| 2 CREMATIO | NCLUDES ENTOMBMENT! ON AND BURIAL (INCLUDES INURNMENT) ON AND DISPOSITION OTHER THAN IN A | 5. DISINTERMENT AT ENTOMBMENT! 6. DISINTERMENT, COUNCLUDES INURN | REMATION, AND BURIAL MENT) | B DISINTERMEN REMAINS (INC | IT AND REINTERMENT OF CREMATED CLUDES INURNMENT) IT OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY ORONER'S USE ONLY PENDING | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | ED REMAINS ARE TO BE INTERRE | | San Diego | | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | | | | RSON IN CHARGE OF CREMATORY | | |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY JEMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | INF OR OTHER DISCRIPTION | N SUFFICIENT TO IDENTIFY FINAL | PLACE AND COUNT | Y OF DISPOSITION | | |
| SCIENTIFIC | NAME AND ADDRESS OF FACILITATING | Elving remains | | | 1 1/2 | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest | dent under provisions of t espass and nuisance laws | he Health and Safety Code; apply and understand that | SIGNATURE OF API | | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II | DE AND IS THE \$3.00 | DATE PERMIT ISSUED JUN 1 5 198 | SIGNATURE OF O | AL DISTRAR ISSUITED FEMALE | | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | VIER DATE | OF PERSON IN CHARGE OF | The second secon | CICENSE NUMBER OF CREMATED REMAIN DISPOSER, IF APPLICABLE | | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | Openge County Dept. | | Santa Ana, CA | | | | |

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

NAME OF DECEDENT

Perry Webb

| | WHITE. | 200 | . TO | CUSTOME | B |
|---|--------|-----|------|---------|---|
| V | CANAR' | ٧ | | CEMETER | P |

CITY OF SAN DIEGO, CALIFORNIA

| From: Albert Webb | MOUNT HOPE CEMETERY 284-3151 Address: 1335 S. U | 7-46-4-1 | 6/12 1087 -203 S.D. |
|-------------------|--|---|--|
| In Payment of | lift - six solow | ection 2 | Division // |
| Invoice No | NOTVALIDED RUPIPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT 20% Sales Carn 20% Sales of Lots Opening/ Closing Burial Corminers Handling Fee Pleoording & Mac. Feee Pre-Need Trust Sales Tax TOTAL PAID | 87077 50 — 77184 200 — 100 200 — 77181 320 — 100 100 — 77182 100 77183 100 77183 100 77183 100 17183 100 17183 17183 188 |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6/10/87

| You are hereby authorized and instructed, subje | Ct to your rules and re | gulations, to inter | the remains |
|--|-------------------------|--|---|
| 0 200 | Descrip | - 101 | 11/1 |
| in a Bell Lines Fund | eral, date, time | - /r.m. | 6/12 |
| Church, Chapel, Graveside Mauesel | · Love | Colonal | _ Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. of | regular work day or a | n extra charge w | ill be applied |
| and billed to undersigned. War time veteran _ | NO. | | |
| 13/43 Grave - ROW - | Section / | _ Division/Block | 9 |
| Alana How | SectionA | _ DIVISION/ B IOCK | 10 |
| Grave space & Care Fund | | | 100- |
| Additional spaces and care fund | ne | | |
| Opening/Closing & Setup | | | 10000 |
| Burial Container Consultation | بند | | |
| | Line | | 6400 |
| TOTAL TO MENTER ON THE CONTROL OF TH | | *********** | - |
| Flower vases - Marker setting fee | | | 2/00 |
| Recording and filing fee | | | 30 C |
| Sales taxes | | | |
| 2 Park | Total Due | | 2993 |
| day hate | eipt number 347 | 121 | 2999 |
| ran roo | apr nomber = | 100 | 2 |
| 0 0 | 7 . | Balance due | |
| 1. 12 | w | AS P . BANKS PARTY OF THE STATE | municipal material control condition on the |
| I hereby certify I am the and this is your authority to make disposition of | remains as above ind | of the above nam licated. I certify a | nd represent |
| that I have the right to make this authorization a any liability on account of said authorization an | | lope Cemetery ha | ermless from |
| arry neomity on account of said administration on | | -01 | / |
| I hereby authorize the interment in lot I | XX Cion | 2. / Jek | ens |
| hold under deed. | (2458 | FOGG 51 | 7. |
| Signature of recorded heider of deed | Antiress D | | 0710 |
| SAGRAGUES OF FECOTOGG ROUGES OF GROOD | State Co. | INGO VA | Zip Code |
| | x +10-7 | 447 | 1,000,000 |
| | MARKETON (I | | |
| Name and the second second | Invoice # | and the latest designation of the latest des | WANT. |
| Wast Order # E 6718 | W. 1990 | | |
| Work Order # = U 1 1 0 | ACCL II | | |
| 17 | | | |
| | | | |

| W. | 0. | NO | | |
|----|----|----|--|-------|
| | | | | _ |
| | | | | _ |

NOTE-STRAIGHT

E-6718

| · 299 00 | San Diego, | California, Cun | v 10 | 1989 |
|---|--|---|--|---|
| Mt. Hope Cemetery o | days_after date. | for value received, the und | ersigned maker(s) promi | se(s) to pay to |
| | F | 1 01 00100 | | , or order |
| at 3751 Martin Luther the sum of | while hintynen | i on)00 | on the unpaid principa | DOLLARS. |
| . Should interest not be paid when | um, payable on demand | interest as the principal. | Should default be made | in payment of |
| interest when due, the whole sum of holder of this note. Interest after matu United States. Each maker will be join hereof before, at or after maturity, and person who signs this note agrees the action be instituted on this note, the | I principal and accrued interest sh urity will accrue at the rate indicate ntly and severally liable and conseit waives presentment, demand and at recourse may be had against his | half become immediately did above. Principal and intents to renewals, replaceme protest and the right to assist her separate property for | re, without notice, at the rest are payable in lawfurnts and extensions of time sert any statute of limitative any obligation contained fix as attorney's fees | e option of the ill money of the ne for payment ons. A marties |
| MAKE ALL PAYMENTS A | T MT. HOPE CEMETER | OFFICE | Mailing Add | ress |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

E6718

| NAME OF DECEDEN | LEON EUGENE BENREMS | II | SEX Pale | June 8, 1987 | June 8, 1987 | | |
|--|--|---|-----------------------------------|---|---|--|--|
| PLACE OF DEATH— | CITY OR TOWN | PLACE OF DEATH—COUNTY | (OR STATE IF NOT IN CALIFORNIA) | Leon E. Behrens - father | | | |
| The state of the s | ss of funeral director gospow | THE A SELECT BLY CALIFORNIA LICENSE NUMBER P-480 | | 2458 Fogy Street San Diego, CA 92109 | | | |
| - · | TYPE OF PER | MIT, CHECK ONLY ONE O | F THE FOLLOWING TYPES O | F DISPOSITION | | | |
| BURNAL (IN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AN | D BURIAL IINCLUDES | B DISINTERMENT AN | D REINTERMENT OF CREMATED ES INURNMENT) | | |
| | N AND BURIAL (INCLUDES INURNMENT) | ☐ 6 DISINTERMENT, CR (INCLUDES INURNA | | | CREMATED REMAINS AND ER THAN IN A CEMETERY | | |
| 3 CREMATION CEMETERY 4 SCIENTIFIC | | | EMATION, AND DISPOSITION CEMETERY | FOR CORC | ONER'S USE ONLY | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY OF MOUNT Bope Cemetery | | | 57540 LENGTH 1940 | COUNTY San Diego | | |
| CREMATION | NAME AND ADDRESS OF CREMATORY | WHERE REMAINS ARE TO BE CR | EMATED DATE CREMATED | SIGNATURE OF PERSON | IN CHARGE OF CREMATORY | | |
| BURIAL AT SEA DR DISPOSITION OTHER IN A CEMETERY MATED REMAINS | 1/4 | LINE OR OTHER DESCRIPTION | SUFFICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF | DISPOSITION | | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RE | CEIVING REMAINS | | | 1 | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the po remains of the above named dec and I hereby acknowledge that t this permit gives no right of unre | ne Health and Safety Code, apply and understand that | | | | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE | DATE PERMIT ISSUED | | POMPOS MAN | | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED 6/ | | COMMUNICATION | DISPOSITION LICEN | SE NUMBER OF CREMATED REMAINS SER, IF APPLICABLE | | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0. | | | | |

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

CITY OF SAN DIEGO, CALIFORNIA

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 204-3181 | | Walt to |
|---|---|---|-----------------------|
| From Mr. Lichsen | Address 2458 Fore | Date: 6- | 19 1987 S. D. 1987 |
| Two fundred | Maty - new - 00 | Dottar | 1299.00 |
| In Payment of SUL | | · · | |
| Lot 3/43 Grave_ | Flow Se | oction | Division 9 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 670 20% Salas Cars 771 80% Salas 1 | 00 XOIT |
| W.O. E -6712 | 第16 年 [1] | of Lots 771 Opening/ 1 Closting 771 Buriss 1 | 100 |
| BALANCE DUE | | Containers 775 Hendling Fee 775 | 80 64 - |
| Pre-Need Lot At Need Of On Acct | 1 11 | Recording & 1 Misc. Fees 771 Pre-Need 638 Trust 90 | |
| Pre-need Trust Cash Check AC-212 (Rev. 11-88) | issues ordia Vac | Salsa Tax 801 780 TOTAL PAID | |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

| 110 Delicas | Address: 2458 7 | Date: 4- | # 55 92/ |
|--|---|---|----------|
| From: 1104. Seguer S | -K 10 X 20 7 | Dollars (\$ | 80.00 |
| Payment of A | lot for de | ix Box | Sex III |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 87007 20% Sales Care 77184 - | -Black |
| Acct. No. E-62/8 | CITY AUBITOR | 90% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 — | |
| BALANCE DUE | APR 6 1988 | Burial 100 Containers 77182 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 | 80 00 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | 10/12 | Pre-Need 63033 Trust 9022 -) Sales Tax 60101 | |
| AC-212 (Rev. 10-87) | ISSUED BY GRANAL OLD | TOTAL PAID 1 | 80 08 |

Pre heed

MT. HOPE CEMETERY



INTERMENT ORDER

City of San Diego

| You are hereby authorized and instructed of Pour Jo Hours | DUA | Lew | - N | | 100015 |
|---|--|---|-------------------------|--------------------------------|--|
| na DOUBLE CRYPT | _ Funeral, | data, time | | 1 | |
| Church, Chapel, Graveside | wit | man | eged | 11 | Mortuary. |
| All Funeral cars must arrive before 3:30 | p.m. of reg | ular work d | ay or an o | extra ch | arge will be applied |
| and billed to undersigned. War time vete | ran US | savy- | for | file | |
| ot 117_ Grave 8 Row_ | s | ection | /_ | Divisio | 11 |
| Grave space & Care Fund . Souble | Cuppt | Ifface | ٠ | | 495.00 |
| Additional spaces and care fund | , | m | one | | |
| Opening/Closing & Setup | J. Brins | closin | 7 | | 640.00 |
| Burial Container Souble | Crypt | ٠ ۲ | | | 330,00 |
| fandling Fees | | | | | 320.00 |
| lower vases - Marker setting fee | | ,,,,,,,,,, | | | |
| tecording and filling fee 2 recover | 1/files | 9 fees | ····· | | 70,00 |
| Sales taxes | | | | | 19.80 |
| | | Tot | al Due . | | 1874.80 |
| Pr | aid receipt | number 35 | 1583 | | 1000,00 |
| .7. | | 01 | 340 | Balanc 690 | e due 874.80 |
| hereby certify I am the and this is your authority to make disposi- that I have the right to make this authoriza any liability on account of said authorizat | ition of ren etion and in ion and in | sins as aborderment | of ove indicated Mt. Ho | the abo eted. I d pe Cem | ove named decedent certify and represent etery harmless from |
| CARROLL TO AND A CHARLES AND | | + Pe | lly | 000 | (alles) |
| hereby authorize the interment in lot I hold under deed. | | Address, | 54 | car | relyater |
| | | Address, State 58 | 54 2-6 | 10 | Calif 92 120 |
| nold under deed. | | Address State State Telephone Invoice # | 54° 28° 2-6 | 10: | Calif 92 120 |

E6719

| CRI.12-44 ERLIS, Lorie Garlion Standburger Piret Class V-4, URBS. Leiy 48th 5t. | 1950 ID 71 AMF PRIMO, OMLIF. | |
|--|--|--------------------|
| Say Mago, Galif. | | |
| 1 Carl 1 C | Too 6-40-30 Levelady, Course Secretar So. | 4 |
| Brurton, Jones, & | arris Co. 1710 Which St. Houston, Tomas Barris | - 43 |
| 0-0-0- | 13-15-41 Of 00 Is | |
| San Inting Souther # 18421 | Bourton, Texas; Barrie County | N. 55. W |
| Birchauer Lieuwice | Acts ages acts(r) | |
| Burnh, Sch. For Cylogis, in. | SAY PROS. MRY COM., SAM, NEW CHILDRING, TA., 1 UNITY PRINCE RANDOM, S.M., 1807 REG. MANT #100 | 1 |
| 是是在 本面接触 1 1 Y | THE PRO TE BEFOR MAIN DECEMBER, T.R. | 100 |
| | Maria Control of the | 15.00 |
| | A SECTION ASSESSMENT OF PARTY AND ADDRESS OF PERSONS ASSESSMENT AND ADDRESS OF PARTY AND ADDR | 心差 |
| | | |
| 2 plan 121 45 15 15 15 15 15 15 15 15 15 15 15 15 15 | \$100.00 Lt. s. L. comp. (per) | 2000年 |
| Sing Sandart Hotal | \$100.00 Iz. a. I. comp. (par) | THE REAL PROPERTY. |
| Spec Sembort Hotel American Area Actions Postfile Flatnery Medal May 12 | The second of th | |
| Since Sendort Model Speed Sendort Model American Serve Selectio Posifie | \$100.00 Iz. a. I. comp. (par) | |
| Soul Conduct Hotel American Area Section Area Section Area Section Section France Forter Hotel North May 12 Point System Section Sec | a. La. Jan lite. | |
| Soul Sandard Hodal Sandard Stole Anistic Positio Fainty West World Way II Point Syrtem | a. in, In alter | |
| South Section Section States Section S | A. In., Ing Libe A. In., Ing Libe Jan. 19-98 Clerk, Georgi Office 18-91 J-08-00 | |
| Speed Sembary Model American Area Semble Sembles Seed Sembles Seed Sembles Seed Sembles Seed Seed Seed Seed Seed Seed Seed Se | A. In, long | |
| Spee Sendon't Model America's Area Sendon Senson Area Sendon's Parister Policy Policy North War II Feder Syrtem Sendon, Joseph Senson S | A. In., Ing Libe A. In., Ing Libe Jan. 19-98 Clerk, Georgi Office 18-91 J-08-00 | |
| Speed Sembary Model American Area Semble Sembles Seed Sembles Seed Sembles Seed Sembles Seed Seed Seed Seed Seed Seed Seed Se | A. In., log Comm (pd) and | |
| Speed Sembary Model American Area Semble Sembles Seed Sembles Seed Sembles Seed Sembles Seed Seed Seed Seed Seed Seed Seed Se | A. In, long | |
| Speed Sembary Model American Area Semble Sembles Seed Sembles Seed Sembles Seed Sembles Seed Seed Seed Seed Seed Seed Seed Se | A. In., log Comm (pd) and | |
| Speed Sembary Model American Area Semble Sembles Seed Sembles Seed Sembles Seed Sembles Seed Seed Seed Seed Seed Seed Seed Se | A. In, long | |

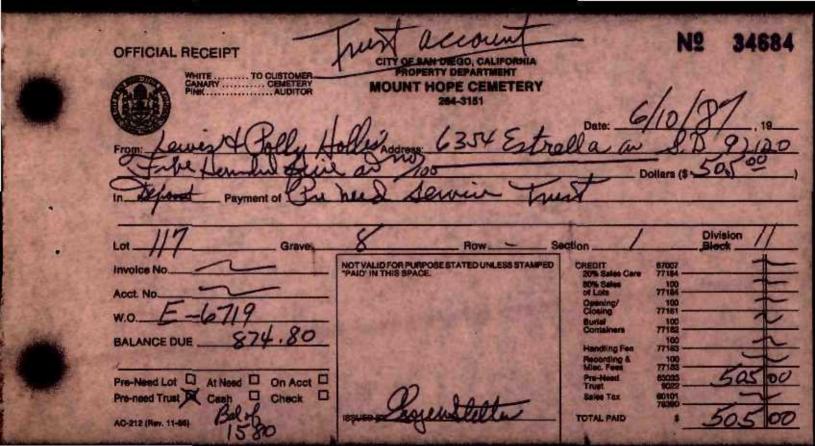
E67-19





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

| | | Date: 6-10 | 1887 |
|--------------------------------|---|--------------------------------------|-------------|
| From: LEWIS C. HOLLIS | Address:6354 ESTRELL | A AVE, S. D. | CA 92120 |
| Touchendul Neutr | Sui as m)100 | Dollars | 49500 |
| in Jule Payment of | Que lot Pu hee | l has | |
| Lunga | + Wales - | analy co | works - |
| Lot 117 Grave | 8 Row | ection / | Division // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED | CREENT 87007 20% Sales Care 77184 | 99 00 |
| Acct. No ~ | | 50% Sales 100 of Lots 77184 | 7 7 7 |
| wo F-6719 | | Opening/ 100 Olosing 77181 | |
| BALANCE DUE | | Surisi 100 Containers 77182 | |
| | The same age of the | Recording & 100 Misc. Fees 77183 | |
| Pre-Need Lot X At Need On Acct | | Pre-Heed 63033 | |
| Pre-need Trust Cash Check | ISSUED BY Wend Do League | Salse Tax 80101 78360 | 6 |
| AC-212 (Plan. 11-80) | ISSUED BY WELL AND ALAGUES | TOTAL PAID | 495 00 |



MT. HOPE CEMETERY INTERMENT ORDER

| TOTAL CONTRACTOR AND ADDRESS OF THE PARTY OF | See All Sections of the Section of t | |
|--|--|-------------------|
| City | of San Diego | -1 |
| | Date 6/10/8" | / |
| ebine 15 at Waste, Journal Charles of their Laderic Co. of the Co. Galles of the Co. | LOVE | |
| You are hereby authorized and instructed, su | bject to your rules and regulations, to inter the | e remains |
| of water I | 200c, W. | 14 |
| in a South Liner F | uneral, date, time fw-6/12-11 | MM |
| Church, Chapel, Graveside | Es. Kagstell | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m | of regular work day or an extra charge will t | pe applied |
| and billed to undersigned. War time veteran | year V. h | |
| // - /0 - | | /1 |
| Lot Grave Row | Section Division/Block | 4 |
| Grave space & Care Fund | 5 | 19500 |
| Additional spaces and care fund | Double Cush | (Leastern Street) |
| Opening/Closing & Setup | · // 3 | 2000 |
| Burial Container Double Culs | * 3 | 2000 |
| /1 | | 3000 |
| Handling Fees | <u>-</u> | |
| Flower uses Wrke Aetting f | | 2/00 |
| Recording and filing fee | ······································ | 10.00 |
| Sales teles) | | 100 |
| MT. HOPE CEMETERY | Total Due | 77.80 |
| CITY of SAN DIEGO, CALIF. | receipt number 346/9 /0/ | 9.80 |
| | Balance due | -6- |
| 11/2/ | | |
| I hereby certify I am the and this is your authority to make disposition | of the above named n of remains as above indicated. I certify and | represent |
| any liability on account of said authorization | n and I agree to hold Mt. Hope Cemetery harm and interment. | niess from |
| 20 200 | 80.17x.0 | |
| I hereby authorize the interment in lot I hold under deed. | Signatures 5-3 | 7 |
| | Address - Nac | artean |
| Signature of recorded helder of deed | sand lyoc | ely gy |
| | 79-7-876. | |
| | Section 1 | |
| | Invoice # | |
| Work Order # E 6720 | Acct. # | |
| DM 600 (DEN D OE) | A STOREST CHARLES | |

PERMIT DISPOSITION OF HUM. REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

SEX

DATE OF BIRTH

E6720

| * | Welter Earl | Love, Sr. | • | | Male | June 5, | 1932 | June 7, 1987 |
|---|--|---|---------------------------------|--|--|--------------------------|---------------------------------|---|
| PLACE OF DEATH | CITY OR TOWN Diago SS OF FUNERAL DIREC | TOP IOP DEBEON | Sac | n Olego | TATE IF NOT IN CALIFORNIA) | Peerl S | DDRESS OF SP LOVE LOVE AV | |
| Anderso | n-Aggsdale | Hortuery: | 5050 Fe San Dia | derel Blvd. po, CA-92102 | 1329 | | go, CA | C PRODUCT IN THESE |
| | | TYPE OF PER | MIT, CHECK | ONLY ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | | |
| I BURIAL IIN | CLUDES ENTOMBMENT | 0 | D 5 DI | SINTERMENT AND BUR | IAL (INCLUDES | | MENT AND RE | INTERMENT OF CREMATED URNMENT) |
| Market - Market III & | N AND BURIAL (INCLUI | | LI 6 D | SINTERMENT, CREMATI | ON, AND BURIAL | | | MATED REMAINS AND IAN IN A CEMETERY |
| 3. CREMATIO CEMETERY 4 SCIENTIFIC | | THER THAN IN A | □ 7 DI | SINTERMENT, CREMATI THER THAN IN A CEME | ON, AND DISPOSITION TERY | FOID DISPOSE | | R'S USE ONLY |
| INTERMENT | A STATE OF THE PARTY OF THE PAR | economistra formatival | | NS OR CREMATED REM | AINS ARE TO BE INTERRE | CA CA | COUN | nty en Diego |
| CREMATION | | OF CREMATORY | WHERE REMAI | NS ARE TO BE CREMATE | es l'especialiste de la companya del la companya de | No. | PERSON IN C | HARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST | infor | Blue | ER DESCRIPTION SUFFI | CIENT TO INCAPITY FINAL | PLACE AND CO | UNTY OF DISP | OSITION |
| SCIENTIFIC USE | NAME AND ADDRESS | mile mile | CEIVING REMA | ins | | XI | | |
| ACKNOWLEDGMENT OF APPLICANT | remains of the ab and I hereby ackr | ove named dec sowledge that t | edent under respass and | provisions of the Hec | the disposition of the alth and Safety Code, and understand that and by me | SIGNATURE OF DATE SIGNED | APPLICANT | - |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED OF THE CALIFORNIA HEA AUTHORITY FOR THE DIS | IN ACCORDANCE WIT LITH AND SAFETY CO | TH PROVISIONS DOE AND IS THE | AMOUNT OF FEE PAID | JUN 1 0 1987 | SIGNATURE OF | OLL.C | TRAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE DISPOSITION WAS M | ADE ON | 12/87 ENTER DATE! | SIGNATURE OF | PERSON IN CHURGE OF E | DISPOSITION | | UMBER OF CREMATED REMAIN IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS | OF REGISTRAR OF | COUNTY OF | DEATH 0 | | | | |

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

NAME OF DECEDENT

MT. HOPE CEMETERY

INTERMENT ORDER City of San Diego நிized and instructed, seliject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied nd billed to undersigned. War time veteran Section Additional spaces and care fund Opening/Closing & Setup ... Burial Container ... Handling Fees Flower vases - Marker setting fee Recording and filing fee ... Iso for May Ella Compare 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 gimeins as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cametery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded header of dead Zio Cede Invoice # Acct. #

PY-593 (REV. 8-85)

fromMT. HOPE CEMETERY F6721 San Diego, CA 92102 Mary Ella Compare - Ollie B. allen 14317 Cohitas are Compton, Ca 90220 213-6357417-Received from "

MT: HOPE CEMETERY INTERMENT ORDER City of San Diego

PY-593 (REV. 8-85)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Peral, date, time - Rec 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 Walow of Viteran 16 Grave 9 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 I hereby certify I am the . of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Zie Con Invoice # E 6722 Work Order # Acct. #

7-21-87 34843 495 00 41.26 453.74 34889 8-5-87 433.74 9-8-87 35005 413.74 35701 10-5-87 39 3.74 11-5-87 352 50 20.00 12-4-87 35361 3\$3.74

| WHITE TO CUSTOME CANARY CEMETER PINK AUDITO | FYR |
|---|-----|
|---|-----|

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINK AUGITOR | MOUNT HOPE CEMETERY | | 1000年 | |
|---|---|---|-----------------------|---------|
| Illatti Pon | 1 739 5 | Poto: | - 2/51 | . 19.87 |
| forte-che | 26 Address: 12 1 0 . J | 00 | illers # 41.2 | 26, |
| In Payment of | ugen 18d UI | alt O | W.T | |
| Lot Grave | 9 Rowse | ection/ | Division Block | 11 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | GREDIT 20% Sales Care | 67007 77184 | 131 |
| Acct. No. | | 80% Sales of Lots Opening/ Olesing | 77184 | 26 |
| W.O. 25 195371 | | Burtal Containers | 77182 | 1 |
| BALANCE DUE 900/4 | | Henciling Fee Recording & Misc. Fees | 77183 100 77183 | 100 |
| Pre-Need Lot At Need On Acct Pre-need Tourt Chack | 2/0/1 | Pre-Need Trust Sales Tex | 83033 9022 | |
| Pre-need Trust Cash Check X | Issued Wardy Wied | TOTAL PAID | 100101 | 26 |

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| ue da | nt due | ve. If paid i | nore ti | 910 | 24.52 | ys | s s | | L.0 | | |
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| | | | | |) :t +b | | | | ZIP | 921 | 13 |



WHITE TO CUSTOMER CANARY CEMETERY FINK AUDITOR

PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

| From: Mattie | Brand | Address: SD | Date: | 8-5 | | 183 |
|---|------------|--|---|--|-------------------|-----|
| AT EN LINE | Twenty Cre | Management of the second secon | 7#3 | Dollars (\$ 4 | 20.00 | |
| Lot | Grave_ | Row | Section | 1982 | Division Block | |
| Acct. No | 2 | NOT VALID FOR PURPOSE STATED UNLESS STAMPS PAID IN THIS SPACE. | 20% Seise Care 50% Saise of Lots Opening/ Closing #urier Centainers | 77184 — 77181 — 77181 — 77182 — | 20 | 00 |
| Pre-Need Lot At Nee Pre-need Trust Cash AC-212 (Rev. 11-80) 276 | Check A | ISSUED SY | Handling File Recording & Miles, Face Pre-Need Trust Sales Tax TOTAL PAID | 77183 — 100 77183 — 62033 8022 — 60101 78380 — | 30 | 000 |

| | o au | D: | ieg | 0, | CA | | | 13 | 7 | 2 | 9 |
|-----|-------------------|-------|--------|-------|-------|-------|----------|------|------|-----|-----|
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| | 10000 | | | | | 2.5 | | - | 1.0 | 0 | |
| | nt due due da | | | han | da | ys | s | | | | |
| WEB | 339'A' | SKUPS | | | | - 6 | | 87 | | | |
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WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY PINK | MOUNT HOPE CEMETERY 264-3151 | | |
|------------------------------|---|---|-------------------|
| From Statto S. Dran | NO Address 729 5 33 | Dato: 10- | 5 .1087 |
| - Hoest dall | ess The | Dollars (\$ | 20.00 |
| In Payment of | ences ount | 101 | Carrie C |
| Lot// Grave | 9 Row8 | action | Division // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 87007 77184 - | |
| Acct. No. | | 60% Sales 100 of Lots 77184 - Opening/ 100 Closing 77181 - | 20 - |
| W.O. E-6/22 | | Ciosing 77181 - Surial 100 Containers 77182 - | |
| BALANCE DUE 99.19 | | Handling Fee 77183 - | |
| Pre-Need Lot At Need On Acct | | Ascording \$ 100 Miso. Fees 77183 - Pre-Need 63033 Trust 9022 - | |
| Pre-need Trust Cash Check | | Trust 9022 - Bolos Tax 80161 76380 - | The second second |
| AC-212 (Park. 11-65) 306 | IBBUED BY A MAN | TOTAL PAID \$ | 20 |

| DO | NOT COUNT 729 | MAIL | ENJI E S | ue 32 | Br | 4 | ch | | E | 67 | 0 |
|------|---------------------|-----------------------------|-------------|----------|---------|---------|-------|------|------|------|-----|
| | | Mon | th ar | od D | ay Du | ie Inc | dical | ed B | elow | Ry 4 | |
| JUN | JUL | AUG | SEP | | 140 | | | FE8 | | | MAY |
| lmou | nt due lue da | ve. if paid i te abov | more ti | han | da | ys | s | -2 | 1.6 | 3 | |
| NAM | ε | | | Ar | nount f | Receive | sd S | _ | | | |
| ADD | RESS | | | | | | | | | | |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

4 65 5

| From: MATTIE S. BRANCH LWESTY Dollars - | Address: 729 S. 32nd | | | . 10. 87 |
|--|---|---|--|----------|
| In part Payment of Grave | | ection / | Division Black | n // |
| Pre-Need Lot At Need On Acct Deck Deck Deck Deck Deck Deck Deck Deck | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burler Containers Hendling Fee Recording 8 Miss. Thes Pro-Need Trust Sales Tex | 77184 100 77181 100 77182 100 77183 100 77183 63033 9022 60101 77580 | 0 00 |
| AC-212 (Rev. 11-06) 329 | ISSUED BY Bruce Morrison | TOTAL PAID | 1 20 | 00 |

| AC | NOT MAN 729 | MAIL | ENTII e i | Sue 32 | B: | ran S | ch tre | et | | a | 5 a |
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| NAM | C | | | | | | | | | | |
| | RESS | | | | | | | | | | |

OFFICIAL RECEIPT

WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR

PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY

| PINK AUDITOR | 264-3151 | 2000年2月2日 | 05 | - |
|--|--|--|--|------|
| Hollin Syn | ach 739 0 | Date: | 19-8 | 202 |
| from fulle salle | Address: | - n | gliars (\$ 20.0 | () |
| In Payment of Care | Jen # 4 Vilde | toot | | 0000 |
| Lot 1/6 Grave | 9 Row_s | ection | Division | 11 |
| Pre-Need Lot At Need On Acct Pre-need Trust Ceah Check | NOT VALID FOR PURIPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lote Opening/ Closing Buriel Containers Handling Fee Recording & Micc. Face Pre-Mod Trust Sales Tax | 67007 77184 100 77184 100 77181 100 77182 100 77183 100 77183 100 77183 100 77183 100 77183 | |
| AC-212 (Fin. 11-66) 289 | Media By Wed | TOTAL PAID | 20 | - |

| DO AC | NOT COUNT 129 | MAIL | S S | ue, | Br | and | red ch | it t (| Lo | | 72: |
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| | | | Secretary. | nd Da | | | dieni | ad D | alow | | |
| APR | MAY | | | AUG | | | | | - | FEB | MAR |
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| lue da | nt due ite abo nt due lue dat | ve. | | n, or bef | ore. da | ys) | > s | | 1.0 | 0 | |
| NAM | Ē | | | Ап | nount f | Receiv | ed \$ | | _ | | _ |
| ADD | RESS | | | | | dell'oc | 107 | - | Vest | - | 70_ |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| | 204-3151 | COLUMN TO | | | 1 |
|--------------------------------|--|---|----------------------------------|------------|----|
| From Mallie Sue De | ex aladoress 729 S. 3 | Date: | 4 1 | ande | 19 |
| Cast - one 26/ | 100 | THE PART OF THE PARTY. | ollars (\$. | 41.2 | 6 |
| In Payment of Description | pen # 829 0 | colita | 201 | | 13 |
| Lot 116 Grave | 9 Row So | action | 7 | Division / | " |
| Invoice No. | NOTVALID FOR PURPOSE STATED HESS STAMPED PAID IN THIS SPACE AUGITO | CREDIT 20% Seles Care 60% Seles | 67007 77164 — 100 | 41 | 26 |
| W.O. E-6722 | JAN 1 1 1988 | of Lots Opening/ Closing Burist | 77184 — 100 77181 — 100 | | |
| BALANCE DUE 3/2.48 | JAN 1 | Containers Handling Fee Recordings 5 | 77182 100 77185 | | |
| Pre-Need Lot At Need On Acct O | 1 11 | Recording & Misc. Fees Pre-Need Trust Sales Tax | 77183 — 83033 — 9022 — | | 1 |
| AC-212 (Rev. 10-87) 367 | town or branch a Way | TOTAL PAID | 80101 78390 — | 41 | 26 |

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AC-212 (Rev. 10-87)

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY P. CEMETERY PINKAUDITOR | MOUNT HOPE CEMETERY 264-3151 | 1 E 2 2 2 3 3 5 E | | LESS. |
|--------------------------------|---|---|--|-------|
| Matter Sucha | not no land | Han Da | 1/1000 | 1988 |
| Forty- one dollar | D & 36/100 | Dollars | 115 4/21 | 0) |
| In PAUT Payment of CO | all sales coupons | 10.511 | | OF IX |
| Lot /// Grave | 9 Row s | ection | Division Block | |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 6700 20% Sales Care 7718 80% Sales 10 | | 1260 |
| Acct. No. E-6728 | CITY AUDITOR | of Lots 7718 Opening/ 10 Closing 7718 | 10 THE TOTAL THE | DAG |
| BALANCE DUE 27/28 | FEB 0 8 1988 | Burial 10 Containers 7718 10 Handling Fee 7718 | 12 XO | |
| Pre-Need Lot At Need On Acct | | Recording & 10 Misc, Fees 7718 Pre-Need 8303 Truet 902 | 13 | |
| Pre-need Trust Cash Check A | ISSUED BY HOLD Black | Seles Tax 8010 7839 TOTAL PAID | H | 2/ |
| AC-212 (Rev. 10-87) | MODEO DI TANTONIO | TO THE CHIE | 41 | DO |

| an | 100 | - | _ | E | S | 7 | 6 | 7 | #/ | 1 |
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| | due w | Mon DEC JAN due when p a above | Month at DEC JAN FEB due when paid on above due if paid more tie date above. | due when paid on, or bef above due if paid more than e date above. | Month and Day Do DEC JAN FEB MAR APR due when paid on, or before, above due if paid more than da e date above. Amount F | Month and Day Due Inc DEC JAN FEB MAR APR MAN due when paid on, or before, above due if paid more thandays e date above. | Month and Day Due Indicat DEC JAN FEB MAR APR MAN JUN due when paid on, or before, a above studie if paid more thandays e date above. S Amount Received S | Month and Day Due Indicated B DEC JAN FEB MAR APR MAN JUN JUL due when paid on, or before, a above subject to the second of th | Month and Day Due Indicated Below DEC JAN FEB MAR APR MAN JUN JUL AUG due when paid on, or before, above state above. S Amount Received S | Month and Day Due Indicated Below DEC JAN FEB MAR APR MAN JUN JUL AUG SEP due when paid on, or before, above studie if paid more thandays e date above. Amount Received S |

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| due da | nt due ite abor | ve. | | 4 | | | s | | 1.0 | 10 | |
| Amou after c | nt due i lue dat | f paid i e abov | more ti ve. | han . | da V | ys | \$ | 2 | 1.6 | 3 | 1 - 20 1 - 20 |
| NAM | E | | | Ar | nount F | Receive | 1 \$ | | .12 | | |
| ADD | RESS | | | | | | | | | | |
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OFFICIAL RECEIPT NE 35809 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 284-3151 Dollars (\$ Division Row Section Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 77184 Invoice No 20% Sales Care RDM, Sales CITY AUDITOR Acct. No of Late Opening/ Closing 100 77181 Buriel MAR 08 1988 Containers BALANCE DUE Handling Fee 77185 Recording & 100 9022 On Acct Pre-Need Lot Pre-need Trust Check 80101 78390 TOTAL PAID AC-212 (Rev. 10-87)

| ACC | 29 | S. | COLUMN PA | | Br | SE | 92 | 11 | | a | |
|-----------------|---------|----------|-----------|-------|---------|---------|------------|-----|--------------|-------------|-----|
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| - COMO | NAME OF | | | Dogga | 7.77000 | - | | | The state of | 100 | |
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OFFICIAL RECEIPT

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| | WHITE TO GUSTOMEF CANARY CEMETER'S PINK AUDITOR | í |
| STATE OF | THAT | è |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 254-3151 | | 15-11 | 877 |
|-----------------------------------|---|---|----------------|----------|
| From Hattie Brosch | Address: 7895. 30 | 2nd | tuel | 180/ |
| twenty doll | ess 117 Page | 0.4. | 1199 (\$ 20 | .00 |
| In Payment of | igin # / Cita | u oa | | |
| Lot Grave | 9 Row Se | ection | Divi | ision // |
| Pre-Need Lot 19. At Need On Acct. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need | 87007 77184 | 20 - |
| Pre-need Trust Cash Check C | Jandy Ward | Trust Sales Tex TOTAL PAID | 80101 78380 | 20 - |

| AC | 729 | S | e : | | Bi nd. | s | ch | 111 | 27,072 | 2 | <u>ا</u> م |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-2151

Nº 36124

| | 264-3181 | San | | | 00 |
|--|--|---|--|-----------|----|
| From Mallie Suc S | Garales 729 S. | 32 14 J | treet. | J/19 4 | 50 |
| Coti-ac | 26/100- | 114 1-9 | ollars (5 7 | 41.26 | _, |
| InPayment of | ages 16 9 17 | ouget _ | Ox-1 | To all | A. |
| Lot _// Grave | 7 Rows | ection | DI | vision // | |
| Involce No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 50% Sales | 67007 77184 | 4/10 | 7 |
| Acct. No | CITY AUBITOR | of Lots Opening/ Closing | 77164 ———————————————————————————————————— | // ~ | _ |
| BALANCE DUE 148.70 | The state of the s | Gurial Containers | 77182 ———————————————————————————————————— | | 50 |
| | MAY 12 1988 | Handling Fee Recording & Misc. Fees | 77185 100 77183 | STEELS IV | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | . //// | Pre-Need Trust" Sales/Yex | 83683 9022 60101 78390 | | |
| AC-212 (MAN. 10-07) 459 | ISSUED BY AIREA M | PARAL PAID | • | 4/12 | 6 |

| AC | 729 8 es | 3 | | 32 | nd. | S | 921 | E | 10- | 72 | 3 |
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| MAY | JUN | | | | | 100 | | | | MAR | APR |
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| APR | MAY | THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE | | | 8EP | | NOV | | JAN | - | MAR |
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| mou fter o | nt due i | ve. I paid i | more t | | da | | \$ \$ \$ \$ d \$ | 2 | 6 | 3 | |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| PINKAUDITOR | 264-3151 | | 60 |
|-----------------------------------|---|--|--------------------|
| From: Matthe See S | Bensky 729 5 | 3221 S | D 921/3 |
| Cott-one 20 | 1150 - | Dollars (\$ | 41,26 |
| In Payment of | upon 18\$19 | Cudet 1 | lof- |
| Lot 1/6 Grave | 9 Row Si | ection / | Division // |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | - CREDIT 67007 20% Sales Care 77184 - 00% Sales 100 | 4/ 2/ |
| NO. E-6/22 | CITY AUDITOR | of Lots 77184 - Opening/ 100 Closing 77181 - | |
| BALANCE DUE 107-44 | JUN 13 1988 | Surial 100 Containers 77182 - 100 Handling Fee 77185 - | |
| Pre-Need Lot At Need O On Acct. O | | Recording 6. 100 Miss. Fees 77183 - Pre-Need 83033 Trust 9022 - | THE PARTY NAMED IN |
| Pre-need Trust Cash Check | ISSUED BY Jankea he | Salas Tax 60101 78390 - | 41126 |
| AC-212 (Rav. 10-87) 4/00 | | The state of the s | 1100 |

| AC | 729 | | . 5 | ua 32: | BE C | - | cee | 1 | 3 - | 7 | 8 |
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| | | Mon | th ac | wi De | u Di | e In | 311 | Sec. | elow | - 3 | |
| JUN | JUL | AUG | | _ | 19h | 100.00 | JAN | FEB | | APR | MAY |
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| we da | te abo | when p ve. if paid t te abov | nore t | | fore, | ys) | s s | _2 | 1.0 | 3 | 7 |
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| www. | <u> </u> | | | Ar | nount f | Receive | od 5 | | -4 | | 4 |
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| ter i | IE. | | | An | nount l | Receive | 18.7 | | | | |
| IAN | IE RESS | | | An | nount (| Receive | 18.7 | | | | |

| OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY GENETIERY | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY | | N | 9 36 | 354 |
|--|---|--------------------------------|---------------------------|------------|------|
| PINK, AUDITOR | 284-3151 | Date: | 7-5 | | .88 |
| From Mallie Storeh | Address: 729 5. | 3210 | It, | 20 | |
| paray - one de | upon 20 \$ 21 | Cres | ollars (\$ | 81.9 | 9 |
| | | | | State Law | |
| *Lot Grave | | ection | 1 | Division / | 1 |
| Invoice No | NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | . CREDIT 20% Sales Care | 67007 77184 — | 32 | 82 |
| Acct: No. | CITY AUDITOR | 80% Sales of Lots | 77184 — 100 | 8 | 99 |
| wo E-6733 | | Opening/ Closing Buriel | 77181 | | |
| BALANCE DUE 661/8 | , not 11 1981 | Containers Handling Fee | 77182 — 100 77185 — | 13/22 | 2.8 |
| - V | 1 | Recording & Misc. Fees | 77183 | 100 | |
| Pre-Need Lot At Need On Acct O | 1/1/ | Fro-Meed Trust Sales Tex | 83033 9022 50101 | | 1000 |
| AC-212 (Rev. 10-87) 489 | ISSUED BY FRANKE WOR | TOTAL PAID | 78390 | 41 | 26 |

| AQ | 29 29 | Se | | 32: | BE | | | 111 | 10- | 12 | 2 |
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| | | Mon | th ar | d De | IV. DU | e In | dicat | ed B | elow | | . 9 |
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| ue da moul | nt due | ve. | naid on more th | | ore, | s) | > s > s | 21 | 1.6 | 0 | Y |
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| IAM | _ | | | | | | | | | | |
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| 729 So. 32nd. Street San Biego, CA 92113 E6722 | |
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| Month and Day Due Indicated Below | - 6 |
| | AUG |
| Amount due when paid on, or before, due date above. Amount due if paid more thandays after due date above. | |
| SAmount Received S | 1 |
| ADDRESS | 7 |
| CITY STATE ZIP | = |

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY Nº 36503

| | 284-3151 | 0 | 11 11 |
|--|---|---|-------------|
| From: Mattie L. Bra | 12/hours 239 S. | Date: 1 | Hier |
| July One | - tellers 4 | 3//Mollars (| 41.26 |
| haynest of | weder Fr | 4 | The same |
| Lot 1/6 Grave | Coupor 22+13 | action | Division // |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED -PAID: IN THIS SPACE. | CREDIT 87007 20% Sales Core 77184 - 80% Sales 100 | 11/27 |
| W.O. E - 6722 | CITY AUDITOR | 80% Saine 100 of Lots 77184 - Opening/ 100 Closing 77181 - Burtal 100 Containers 77182 - | |
| BALANCE DUE | AUG 09 1988 | Handling Fee 77185 - Prespecting & 100 Miles, Fees 77183 - | |
| Pre-Need Lot Al Need On Acct Pre-need Trust Cash Check | 1001111 | Pre-Need 53033 Trust 9022 - Sales Tax 80101 78360 - | |
| AC-212 (May, 10-87) //9/ | ISSOED BY TOU SHILL | TOTAL PAID . | 41 26 |

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| mou | nt due | If paid | more t | han | days | . | 10 | 1 | 63 | |
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| 29 S. 32nd Street, San Diego, Ca 92113 RAT | TING | | LIMIT | |
|--|---|--|---|---|
| ITEMS | DEBIT | 1 | CREDIT | BALANCE |
| Lot 116, Grave 9, Section 1, Division 11 | 495 00 | 1 | 141 26 | 353 74 |
| couper 10;11, Recupt #35650 | | | 4/36 | 2712 |
| Caupon 148/5 Speciet 35958 | | # | 4124 | 1899 |
| Cause 18719, Legerst 36252 | | | 4126 | 1074 |
| Compon 23+23 Receipt 36503 | | | 4/26 | 149 |
| Releept 36616 | | | 2992 | 249 |
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| | Lot 116, Grave 9, Section 1, Division 11 Coupen 8 \$ 9 Recept #35500 COUPEN 10; 11, Recept #35650 Coupen 12 \$ 13, Recept #35869 Coupen 14 \$ 15 Against #35958 Lougen 16 \$ 17, Recept 36124 Coupen 18 \$ 19, Legent 36252 Junion 20 \$ 21 Accept 36354 | Lot 116, Grave 9, Section 1, Division 11 495 000 (Oursen 8 \$ 9 | Lot 116, Grave 9, Section 1, Division 11 495 00 Coupen 8 \$ 9 Receipt #35500 Coupen 12 \$ 13, Leoupt #35(650 Coupen 12 \$ 13, Leoupt #3589 Coupen 14 \$ 15 Equat 35958 Lougen 16 \$ 17, Teacht 36/24 Coupen 18 \$ 19, Leoupt 36/252 Value on 18 \$ 19, Leoupt 36/252 Value on 20 \$ 21 Eccupt 36354 Coupen 23+23 Receipt 36803 | Lot 116, Grave 9, Section 1, Division 11 495 00 141 26 Coupen 8 \$ 9 |

OFFICIAL RECEIPT No 36616 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY TO CUSTOMER MOUNT HOPE CEMETERY 264-3151 Division Section Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Invoice No 20% Sales Care 80% Salea of Lots Acct. No. 100 BALANCE DUE 100 77183 63033 Pre-Need Lot At Need On Acct

TOTAL PAID

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

MT. HOPE CEMSTERY

INTERMENT ORDER

City of San Diego

| - | | 100 | |
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| • | | 1 | 1 |
| | - | / | lan |

| | | Date 10/10 | x/or |
|--|--|------------------------|---|
| You are hereby authorized and instruct | ted, subject to your rule | es and regulations, to | inter the remains |
| Maria J (eg illa | 1 Zavalo | ν) . | 1,60 |
| X D. C. U.T | | 1/12/2 | 7 - |
| Vault/Liner Vault/Liner | Funeral, date, tim | e 6/1/10 | - |
| Church/Chapel, Graveside | OPA. | Mayer | Mortuary. |
| All Funeral cars must arrive before 3:3 | 30 p.m. of regular work | day or an extra chai | ge will be applied |
| and billed to undersigned. War time v | ateran 16 | 100 | 21 |
| Line and a second | ina/ | _ | 11 |
| Lot 118 Grave S Row | Section _ | Division/ | Block // |
| | | 3.1. | 2/10 |
| Grave space & Care Fund | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | a30 - |
| Additional saaces and care fund | no | | 0.0000000000000000000000000000000000000 |
| | 7 6 | 2.11 | 3200 |
| Opening/Clasing Stu |)t | | > 20 °C |
| Burial Container | | | 320 |
| Handling Fees 11.IN-1-2-1987 | | | <u>330 ~</u> |
| Flower vases - Marker setting fee | | | ~ |
| MT. HOPE CEMET | ERY | | 300 |
| Recording FRETTY OF SAN DIEGO, C. | ALIR. | | 19.80 |
| Sales taxes | | | 127/2 |
| | 7 | otal Due | 12/4.80 |
| | Paid receipt number . | 34696 | 1274.80 |
| | -50000001802-00-00-00-00-00-00-00-00-00-00-00-00-0 | Balance | tua 0 |
| 9 | 01 | balanca (| |
| I hereby certify I am the | rughter | of the above | named decedent |
| and this is your authority to make disp | osition of remains as | sbove indicated. I cer | tify and represent |
| that I have the right to make this authori any liability on account of said authori | | iola Mt. Hope Cemet | ary narmiess from |
| | ^ | | Talento I |
| I hereby authorize the interment in lot | 1 - | inuc | may. |
| hold under deed. | 2 | 273/200 | Sulab S |
| Signature of recorded holder of deed | - Address | 178 | 92110 |
| | State | Diag | A J Zip Code |
| | Telephone | ADIEROC | HLIF. |
| | tisenitti | 571-50 | 497 |
| (722) | Invoice | # | |
| Wat 24 # E 6723 | | N/G+1 | N |
| Work Order # U U U U | _ Acct.# | | |
| 0.0000000000000000000000000000000000000 | 1 1 | | |

PERMIT FOR POSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

SEX

| 1 5/ | 1.700 |
|---------------|---------------|
| | 0125 |
| DATE OF BIRTH | DATE OF DEATH |

| | Meria J. Aguilar | | Female | May 25, | 1909 June 12, 198 | 7± |
|---|--|--|--|-----------------|---|-------|
| PLACE OF DEATH- | Sen Diego | PLACE OF DEATH—COUNTY & | | | DRESS OF SPOUSE OR OTHER INFORM | IANT |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR FOR PERSON AS | | CALIFORNIA LICENSE NUMBER | | alop Street #8 | |
| Mayer Mor | tuary 2859 Adams Av. | San Diego. CA. | 1424 | | , CA. 92116 | |
| | TYPE OF PERA | MIT, CHECK ONLY ONE OF I | THE FOLLOWING TYPES O | F DISPOSITION | | |
| XXXX1 BURIAL IIN | CLUDES ENTOMBMENTI | 9. DISINTERMENT AND E | BURIAL (INCLUDES | | MENT AND REINTERMENT OF CREMATE (INCLUDES INURNMENT) | D |
| 2 CREMATION | N AND BURIAL (INCLUDES INURNMENT) | 6. DISINTERMENT, CREM | | | MENT OF CREMATED REMAINS AND ON OTHER THAN IN A CEMETERY | |
| 3 CREMATION CEMETERY 4 SCIENTIFIC | | 7 DISINTERMENT, CREM OTHER THAN IN A CE | ATION, AND DISPOSITION METERY | FOR | CORONER'S USE ONLY | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W. Mt. Hopp Cemetery, S | where remains on chemated in Diego, CA. | REMAINS ARE TO BE INTERN | ED | Sen Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | There remains are to be crem | DATE CHEMATED | SIGNATURE OF | PERSON IN CHARGE OF CREMATORY | |
| BURIAL AT SEA OR DISPOSITION OTHER TRAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHORE | netal - 209 | PROBLEM TO A STATE OF THE PROPERTY OF THE PARTY OF THE PA | L PLACE AND COU | NTY OF DISPOSITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | | |
| This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code and I health asked that the same and pulsaries have supply and understand the | | | | | | |
| APPLICANT | this permit gives no right of unrest | | | 1 | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED UTHIS PERMIT 3.00 DATE PERMIT ISSUED SIGNABLE DESIGNABLE DESIGNABLE SIGNABLE DESIGNABLE SIGNABLE DESIGNABLE SIGNABLE DESIGNABLE SIGNABLE DESIGNABLE SIGNABLE SIGNAB | | | | | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | // 0 / | PERSON IN CHARGE OF | DISPOSITION | LICENSE NUMBER OF CREMATED REDISPOSER, IF APPLICABLE | MAINS |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | | |

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

NAME OF DECEDENT

OFFICIAL RECEIPT

| | WHITE TO CUST |
|--------|---------------|
| | GANARY CEM |
| 的面书月 | MAN |
| 是 化二十二 | |
| 2000 | |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY | THE STORY | 1 | / | |
|------------------------------|--|--------------------------|----------------|-------------|-----|
| | 264-3151 | / | 119 | 177 | |
| Du . () | 2 | Date: | 100 | 0/11 | 9 |
| From Juneau C | MAN MESS 22 73/2 1 | unly It aft | 48-3 | DIRILE | |
| Trivelve Herely Se | wentersular 8/00 | participal de | silers (\$ | 1274 8 | 70 |
| in Lull Payment of And | to the mains | Caul. | 13 | nivelas | A0- |
| Payment of Car | The state of the s | 0 | Total Co | | |
| 110 | | | 100 | Division -/ | 11 |
| Lot //8 Grave | 3 Row 2 St | ection 2 | ESV | Division / | 1- |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT 20% Sales Care | 67007 77184 | .50 | 00 |
| Acct. No. | | 60% Sales of Lots | 100 | 200 | 00 |
| F-(753) | 011626 | Opening/ Closing | 100 | 320 | 00 |
| W.O. F -6/23 | TAY AND THE TAX AND ADDRESS. | Surial Containers | 77182 | 320 | 00 |
| BALANCE DUE | CITY AUBITOR | Handling Fee | 77180 | 330 | 00 |
| | | Pleoording & | 77183 | 35 | 00 |
| Pre-Need Lot At Need On Acct | JUN 17 1987 | Pre-Hond Trust | 80003 | 7 | 1 |
| Pre-need Trust Cash Check C | (D. 10+AL | Sales 7ex | 76300 - | 19 | 80_ |
| AC-212 (Rev. 11-86) | ISSUED BY LENGTH XILLIU | TOTAL PAID | | 274 | 80 |

MT. HOPE CEMETERY

INTERMENT ORDER

| 2.0 | City of San Diego |
|---|---|
| ABELL | Date 6/15/87 |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | subject to your rules and regulations, to inter the remains |
| in a Bell | Funeral, date, time Thew 2P.M. 6/18 |
| Church, Chapel, Graveside | l-420; Ragsdale_Mortuery |
| | p.m. of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veter | ran 770. |
| Lot JS & Grave JO Row _ | Section Division/Black |
| Grave space & Care Fund | Dan 4 Can 3/6 3800 |
| Additional spaces and care fund | 24 11 100 mg = 200 |
| Opening/Closing & Setup | u 2 10000 |
| Handling Fees | N 168 14505 |
| Flower vases - Marker setting fee | |
| Recording and filing fee | |
| Sales taxes | - lac/oc |
| Oddy Mar | Total Due |
| | Balance due |
| | 260) |
| I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization yields any liability on account of said authorization. | of the above named decedent ition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from tion and interment. |
| I hereby authorize the interment in lot I | Herretta Shills |
| hold under deed. | Address of a cocton view Bl |
| Signature of recorded helder of deed | 23 -1414 |
| | Telogiscone |
| F 6794 | Invoice# |
| Work Order # E 6724 | Acct. II |

PY-693 (NEV. 8-86)

NOTE-STRAIGHT San Diego. California days after date, for value received, the undersigned maker(s) promise(s) to pay to Mr. Hope Cemetery or San Diego City Treasurer at 3751 Martin Luther King Way, San Diego, CA 92102 the sum of BOLLARS. with interest from on the unpaid principal at the rate of 12 on demand per cent per annum, payable Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the cotion of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

W.O. NO.

PERMIT FOR SITION OF MAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

E6724

| NAME OF DECEDEN | | 10 | SEX Mala | March 17. | 1012 | June 12, 1987 |
|--|--|---|----------------------------|-----------------------------|-------------------------|--|
| PLACE OF DEATH- | Abell Shields | PLACE OF DEATH—COUNTY ID | | | | OUSE OR OTHER INFORMANT |
| PEACE OF DEATH | 1944 (ASIA ASIA) | | STATE IF NOT IN CACIFORNIA | | | ds - Wife |
| NAME AND ADDRES | San Diego SS OF FUNERAL DIRECTOR (OR PERSON AC | San Diego | ALIFORNIA LICENSE NUMBER | 2888 Ocea | | |
| | | Eggeral Bladen | | San Diego | | 47-107-1-107-1-107-1-1 |
| Angerson | Ragsdale Mortuary: "Sai | Diego, LA 32104 | 1329 | san Diego | , | 72117 |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF TH | E FOLLOWING TYPES O | F DISPOSITION | | |
| 1 BURIAL (IN | ICLUDES ENTOMBMENT) | 5 DISINTERMENT AND BU | URIAL (INCLUDES | 8 DISINTERME REMAINS (IN | | INTERMENT OF CREMATED URNMENT) |
| 6231 | N AND BURIAL INCLUDES INURNMENT) | 6 DISINTERMENT, CREMA | | | | MATED REMAINS AND IAN IN A CEMETERY |
| 3 CREMATIO CEMETERY | N AND DISPOSITION OTHER THAN IN A | T | | FOD. | CORONER | VO. HOT ANILY |
| A SCIENTIFIC | | 7 DISINTERMENT, CREMA OTHER THAN IN A CEN | HETERY | □ 10. DISPOSITION | | R'S USE ONLY |
| | NAME AND ADDRESS OF CEMETERY W | HERE REMAINS OR CREMATED RE | EMAINS ARE TO BE INTERRI | ED | COUN | TY |
| INTERMENT | Mt. Home Cometeryt 37 | 51 Market Street | San Blego, (| :A | | an Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO BE CREMA | | | | HARGE OF CREMATORY |
| BURIAL AT SEA | ADDRESS NEAREST POINT ON SHOREL | NE de orane production sur | FICIENT TO IDENTIFY FINAL | PLACE AND COUNT | TY OF DISPO | OSITION |
| OR THEN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | to | | | | |
| SCIENTIFIC | NAME AND ADDRESS OF FACILITY BECK | EIVING REMAINS | | | | |
| USE | 9/8 | | | | | |
| ACKNOWLEDGMENT OF | This is to certify that I am the per remains of the above named dece | dent under provisions of the H | lealth and Safety Code, | SIGNATURE OF A | PPLICANT | |
| APPLICANT | and I hereby acknowledge that tre this permit gives no right of unrest | | | DATE SIGNED | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COC AUTHORITY FOR THE DISPOSITION SPECIFIED | E AND IS THE \$3.00 | JUN 1 7 1987 | Marall | Le. | TRAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | SIGNATURE | F PERSON IN CHARGE OF | DEPOSITION | LICENSE NI DISPOSER, | UMBER OF CREMATED REMAINS IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 7 | | | |

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

| OFFICIAL RECEIPT WHITE TO CUSTOM CAMARY CEMETI PINK AUDIT | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT | Nº 35119 |
|--|---|---|
| From Invietta | Meel Saddrass: 2888 (Re | Date: 10-6 87 |
| InPayment of | Theod Heiles | Jesven (\$6000) |
| Lot Gra | NOT VALID FOR PURPOSE STATED UNLESS STAMPED | Section / Division / 5 |
| Acct. No | CITY AUDITOR | 80% Salpe 100 of Lots 77194 Opening/ 100 Closing 77181 |
| BALANCE DUE 433, 25 | OCT 9 1987 | Containers 77182 100 Handling Fee 77183 100 Handling & 100 Handling & 77183 100 Handling & 77183 100 Handling & 77183 100 Handling & 100 |
| Pre-Need Lot At Need On At Pre-need Trust Cash Check AC-212 (Rev. 11-86) | out a way lack | Prys Negl 83883 Trust 90007 Sales Tax 90007 TOTAL PAID \$ |

w

MT. HOPE CEMETERY

INTERMENT ORDER

| | , | < | 2 |
|---|---|---|-----|
| 1 | (| 1 | 1 |
| (|) | (| J |
| 3 | - | | 232 |

Ber 42487

Date 6/15/87

| You are hereby authorized and instructed, subject to your rules and regulations, | to inter the remains |
|--|--|
| of Stella Mo Webber & | 1 looks |
| in a _ ash Vault Funeral, date, time NONE | A / |
| Church, Chapel, Graveside G.O. P. Rollevy Hope | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra ch | arge will be applied |
| and billed to undersigned. War time veteran | |
| Lot 145 Grave Row Section 3 Division | 19 Jack 8 |
| Grave space & Care Fund Ruhul B 8781 | <u>-</u> |
| 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 | <u>~</u> |
| Total Due | 35:00 |
| Paid receipt number 34729 | _ 35.00 |
| Balance | due 1 |
| 0 /- 1.100. Vist | loue. |
| I hereby certify I am the | we named decedent ertify and represent etery harmless from |
| any naturally on account of said authorization and interment. | 20 |
| I hereby authorize the interment in lot I hold under deed. | Che |
| Signature of recorded holder of deed Sals Olto | |
| 415-321-1515 Telephore | Z _p C _{mb} |
| E cmor | |
| Work Order # E 6725 Acct. # | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

| | | JSE BLACK INK- | -MAKE NO ALTER | ATIONS OR ERASURE | s | | 6677 | |
|--|---|------------------|--|----------------------------|---------------------|---|---|--|
| NAME OF DECEDEN | Mabel Webber | | | sex Female | Peb 15, | | DATE OF DEATH June 12, 1987 | |
| PLACE OF DEATH—PALO AL | | | Clara | TE IF NOT IN CALIFORNIA | T.C. We | | POUSE OR OTHER INFORMANT | |
| | s of funeral director for merson accord Timbey 980 Middlef | | CALIFO | RNIA LICENSE NUMBER 132 | 536 Add Palc Al | | ., 94301 | |
| • • | paio Alto, Ca. Type of PER | MIT, CHECK ONL | Y ONE OF THE F | OLLOWING TYPES OF | DISPOSITION | | | |
| 1. BURIAL UN | CLUDES ENTOMBMENTI | 5 DISINTE | RMENT AND BURIAL BMENT) | . (INCLUDES | 8 DISINTERM | ENT AND RE | EINTERMENT OF CREMATED | |
| <u>ج</u> | N AND BURIAL IINCLUDES INURNMENT) | | B DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INVRNMENT) | | | 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY | | |
| CEMETERY 4 SCIENTIFIC | A CONCENT | 7. DISINTE | RMENT, CREMATION THAN IN A CEMETE | RY | FOR 10. DISPOSITION | | R'S USE ONLY | |
| TERMENT | Mtn. Hope Cemetery | HERE REMAINS OF | CREMATED REMAI | NS ARE TO BE INTERRE | D | COU | NTY San Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W Alta Mesa, Palo Alto | | E TO BE CREMATED | 6-17-87 | SIGNATURE OF | ERSON IN | CHARGE OF CREMATORY | |
| BURIAL AY SEA OR DISPOSITION OTHER THAN IN A CEMETERY EMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | INE, OR OTHER DE | SCRIPTION SUFFICE | NT TO IDENTIFY FINAL | PLACE AND COU | ITY OF DISA | POSITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | | | | |
| ACKNOWLEDGMENT | This is to certify that I am the per remains of the above named dece | dent under prov | isions of the Healt | h and Safety Code, | SIGNATURE OF | IPPLICANT | | |
| APPLICANT | and I hereby acknowledge that to this permit gives no right of unrest | | | | DATE SIGNED | | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COI AUTHORITY FOR THE DISPOSITION SPECIFIED IS | DE JANO IS TYPE | 3.00 | 6/16/86 | S LOPPLE | OCAL PEGIS | COM THE STATE | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED OISPOSITION WAS MADE ON | 29/87 | SIGNATURE OF PE | ERSON IN CHARGE OF D | | LICENSE N | IUMBER OF CREMATED REMAINS IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | NDICATE ADDRESS OF REGISTRAR OF 2220 Moorpark Ave. San Jose, Ca., 9512 | | 0 | | | | 6 | |
| COPY 1 OF THE | PERMIT ACCOMPANIES THE REMAIN RE PERMIT AND FORWARDING THE CO | S TO THE STATE | ED PLACE OF DISP | POSITION THE PERSO | IN IN CHARGE O | F DISPOSI | TION IS RESPONSIBLE FOR | |

ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

TION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY

OFFICIAL RECEIPT

| WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR |
|--|
| PINK AUDITOR |

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

| | 264-3161 | | |
|------------------------------|---|--|------------|
| Frence (1) lele | Address -0- St 813 | Dates (elli | 6 CA 9130 |
| Mity fine - | | Dollars (| 35.00 |
| In Payment of | Corners Stee. 7 | o Sun | Military T |
| Lot Grave | Row Se | oction | Block 8 |
| Invoice No | NOT VALID FOR AURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. CITY AUBITOR JUN 2 5 1987 | CHECKT 87007 20% Selen Care 77184 - 20% Selen Care 77185 - 20% Selen | 35- |
| Pre-need Trust Cash Check PA | 180 party Weel | Sales Tax 80101 78380 - TOTAL PAID | 35 - |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/15/87

| | 700 - Control of the | 77 | 2049 84 |
|---|---|----------------------|-------------------|
| You are hereby authorized and instructed, subject | to your rules and | regulations, to inte | er the remains |
| in B Tokseel Vault Funer | al, date, time | 1 -/2 Now | - 4/17 |
| | 8. Cla | unost | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. of re | | | will be applied |
| and billed to undersigned. War time veteran | lo Nos | whip | |
| Lot 124 Grave Row | Section — | Division/8lo | ck_//_ |
| Grave space & Care Fund | | | 2 0- |
| Additional spaces and care fund | ***** | | 2200 |
| Opening/Closing & Setup | | ***** | 2000- |
| Burial Container | | ************ | 170 0C |
| landling Fees | | ************ | 110 - |
| Flower vases - Marker setting fee | | *********** | .2500 |
| Recording and filing fee | | | 1050 |
| Sales taxes No. 30 September 1997 Paid recei | Total D | lue | 71050 |
| By Wolf Paid recei | pt number | | |
| ir ' | Enriques Joseph John St. | Balance due | |
| 0 | _ | | |
| I hereby certify I am the and this is your authority to make disposition of a that I have the right to make this authorization and any liability on account of said authorization and | d lagree to hold N | | and represent |
| I hereby authorize the interment in lot I hold under deed. | 3 9270 | KARRE, | LLYN OK |
| Signature of recorded holder of deed | X SANTS Spore 448 Telephoria | 5026 | 7207/ 20 Cultu |
| | Irenies I | 05744 | 12 |
| Work Order # E 6726 | Aces - C | 1223/ | 2 |

W.O. NO. E 6726

NOTE-STRAIGHT

| San Diego, California, June 16 | 1087 |
|---|---|
| -30 - days after date, for value received, the undersigned maker(s) prom | nise(s) to pay to |
| metery or San Diego City Treasurer | OFFICE AND A ENGLISH AND A |
| | or order |
| n Luther King Way, San Diego, CA 92102 | |
| went Hundred Tent and 50/100 | DOLLARS. |
| on the unpaid princip | pal at the rate of |
| the paid when due, it shall thereafter bear like interest as the principal. Should default be made whole sum of principal and accrued interest shall become immediately due, without notice, at the test after maturity will accrue at the rate indicated above. Principal and interest are payable in law liker will be jointly and severally liable and consents to renewals, replacements and extensions of the real transfer of the property and waives presentment, demand and protest and the right to assert any statute of limits note agrees that recourse may be had against his/her separate property for any abligation contained this note, the undersigned promise(s) to pay such sum as the Court may by as apprincipal. | the option of the ful money of the time for payment ations. A married ed herein. If any |
| VMENTS AT MT HOPE CEMETERY OFFICE Mailing Add | dress |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

E 6726

| OF DECEDEN | stelle Mary Robillard | | Famale | Sept. 9, 191 | DATE OF DEATH June 12,-1987 |
|--|--|--|---|---------------------------------------|--|
| PLACE OF DEATH— | CITY OR TOWN | PLACE OF DEATH—COUNTY Sen Diego | IOR STATE IF NOT IN CALIFORNIA) | Rosald Thoma | OF SPOUSE OR OTHER INFORMANT IS RODILLESS -See |
| Company of the Company of the Company | ss of funeral director (of person a) rt, 4266 Mt. Abernathy | THE RESERVE OF THE PROPERTY OF | CA F-1126 | 9273 Karrel | lyn Drive Lfounia 92171 |
| | TYPE OF PER | MIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES O | FDISPOSITION | ** |
| BURIAL (IN | ICLUDES ENTOMBMENT) | 5 DISINTERMENT AND ENTOMBMENT) | BURIAL (INCLUDES | | AND REINTERMENT OF CREMATED DES INURNMENT) |
| | IN AND BURIAL IINCLUDES INURNMENT) | 6 DISINTERMENT, CREI | MATION, AND BURIAL | | OF CREMATED REMAINS AND HER THAN IN A CEMETERY |
| O 4. SCIENTIFIC | | 7 DISINTERMENT, CREAT OTHER THAN IN A C | | FOR CON | RONER'S USE ONLY |
| TERMENT | NAME AND ADDRESS OF CEMETERY W | WHERE REMAINS OR CREMATED | | | San Biogo |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | VHERE REMAINS ARE TO BE CREA | MATED DATE CREMATED | SIGNATURE OF PERSO | ON IN CHARGE OF CREMATORY |
| BURIAL AT SEA OR DISTRON OTHER IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEARBST POINT ON SHORE | INE. OR OTHER DESCRIPTION S | UFFICIENT TO IDENTIFY FINAL | PLACE AND COUNTY O | of Disposition |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | CEIVING REMAINS | | 349 | |
| ACKNOWLEDGMENT OF APPLICANT | and I hereby acknowledge that tr | ident under provisions of the espass and nuisance laws ap | Health and Safety Code, pply and understand that | SIGNATURE OF APPLK DATE SIGNED | CANT |
| LOCAL | this permit gives no right of unrest this permit is issued in accordance with of the california health and safety col authority for the disposition specified; | H PROVISIONS AMOUNT OF FEE I | | SIGNATURA OF LOGIC | LEGIAR ISSUINATED! W |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED | | PERSON IN CHARGE AF | ISPOSITION LICE | ENSE NUMBER OF CREMATED REMAIN POSER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | - | e e e e e e e e e e e e e e e e e e e | *************************************** |

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

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

PAID INVOICE REPORT BY DEPARTMENT AS OF 07/16/87

DATE: 07/16/87 TIME: 232340 PAGE: 5

| DEPART | MENT 072 | PRO | PERTY DEP | T-NT H | OPE CEMET | ERY | | | | | | | |
|-----------|------------------|------------|---|---------------------------------|-----------|---|----------------------|----------------------|------------------|----------------------------|---|---------------|-------------------|
| INU MG | INV | ACCT NO | CUSTOMER FUND | NAME DEPT | ORG | ACCT | J/0 | PAYM DATE OPER | PD BY BN/E | PAYM REF NO Q FACILI | AMOUNT PAID AMOUNT APPLIED | AMOUNT BILLED | UNPAID BALANCE |
| | 06/19/87 -672 | | RONALD T 100 100 100 100 60101 | 072 072 072 072 072 | ROBILLARI | 77181 77182 77183 77185 78390 | 0000 0000 0000 | 72 72 | CK | 3495 | 710.50 320.00 175.00 35.00 170.00 | 710.50 | PAID IN FULL |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6/15/87

| of Thy are A | Boren and It |
|--|---|
| ina Belllinw F | Funeral, date, time 2/1/ |
| Church, Chapel, Graveside Alust Bu | ial : Thumphrey Mortuary |
| All Funeral cars must arrive before 3:30 p.m | n. of regular work day or an extra charge will be applied |
| / and billed to undersigned. War time veterar | n <u>Mo</u> . |
| 2 2 | 12 /7 |
| ot Grave Row | Section Division/Block |
| Grave space & Care Fund R. hud | D-9464 ~ |
| Additional spaces and care fund | one top half - |
| Opening/Closing & Setup | |
| Burial Container | pulace |
| Handling Fees | D-9464 |
| Flower vases - Marker setting fee | |
| Recording and filing fee | <u>35.00</u> |
| Sales taxes | 31-01-01-01-01-01-01-01-01-01-01-01-01-01 |
| | Total Due 3.5.00 |
| manu | receipt number 34679 35.00 |
| Paid | |
| | Balance due |
| Tours | Vited . |
| hereby certify I am the | of the above named deceden of remains as above indicated. I certify and represen |
| that I have the right to make this authorization | on and lagree to hold Mt. Hope Cametery harmless from |
| any liability on account of said authorization | n and interment. |
| I hereby authorize the interment in lot I | Atonice William |
| hold under deed. | Signature 7 F 3 3 3 5 6 4 |
| | Address Theple Dt |
| Signeture of recorded holder of deed | Dan Diego Coly 9310 |
| Thore after interment | 262-2327. |
| more april | Taleghams |
| APPLY A PROPERTY OF THE PARTY O | |
| I (| Invoice # |
| Work Order # E 6727 | Acct. # |

PERMIT FOR ISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES NAME OF DECEDENT SEX DATE OF BIRTH DATE OF DEATH June 13, 1987 MYRTLE A. BOREN Female. 09-11-1905 PLACE OF DEATH-CITY OR TOWN PLACE OF DEATH-COUNTY IOR STATE IF NOT IN CALIFORNIAL NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Janice Willhelm (Sister) San Diego San Diego NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) 4752 Maple Street CALIFORNIA LICENSE NUMBER Bumbrey Chula Vista Mortuary Chula Vista, CA San Diego, CA 92105 TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION BURIAL IINCLUDES ENTOMBMENTI ☐ 5 DISINTERMENT AND BURIAL (INCLUDES) DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) ENTOMBMENT) 2 CREMATION AND BURIAL INCLUDES INURNMENT) G DISINTERMENT, CREMATION, AND BURIAL □ 9 DISINTERMENT OF CREMATED REMAINS AND (INCLUDES INURNMENT) DISPOSITION OTHER THAN IN A CEMETERY 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 7 DISINTERMENT, CHEMATION, AND DISPOSITION FOR CORONER'S USE ONLY OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE ☐ 10 DISPOSITION PENDING NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED COUNTY INTERMENT Mt. Hope Cemetery San Diego 3751 Market St. San Diego, CA NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED. DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY CREMATION ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION BURIAL AT SEA DISPOSITION OTHER THAN IN A CEMETERY M/A OF CREMATED REMAINS NAME AND ADDRESS OF FACILITY RECEIVING REMAINS SCIENTIFIC USE M/A SIGNATURE OF APPLICANT This is to certify that I am the person having the right to control the disposition of the ACKNOWLEDGMENT remains of the above named decedent under provisions of the Health and Safety Code. and I hereby acknowledge that trespass and nuisance laws apply and understand that DATE SIGNED APPLICANT this permit gives no right of unrestricted access to property not awned by me. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT AMOUNT OF FEE PAID DATE PERMIT ISSUED THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS LOCAL OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE REGISTRAR 13.00 AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT SIGNATURE OF PERSON IN CHARGE OF DISPOSITION LICENSE NUMBER OF CREMATED REMAINS CERTIFICATION I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DISPOSER, IF APPLICABLE OF PERSON IN CHARGE ENTER DATE OF DISPOSITION INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH IF DISPOSITION IS TO OCCUR IN

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

ANOTHER COUNTY

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-15-87

| in a Fu | neral, date, time _ | | |
|--|---|--|---|
| Church, Chapel, Graveside | | | Mortuary |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day | or an extra charg | e will be applied |
| and billed to undersigned. War time veteran | | | |
| Lot 3 1/3 Grave Row | Section | Division/B | lock 10 |
| Grave space & Care Fund | | | . ——— |
| Additional spaces and care fund | | | • |
| Opening/Closing & Setup | | | V-1 |
| Burial Container | | ******* | . —— |
| Handling Fees | | | |
| Flower vases - Marker setting fee | | 9 | |
| Flower vases - Marker setting fee | alled | | 35,00 |
| Sales taxes | | | |
| | | Due,, | 35-00 |
| | Total | Due, | |
| Paid re | Total sceipt number2 | 14700 | 35.00 |
| Paid re | 0.0000000 | 84700 Balance du | 35.00 |
| I hereby certify I am the | eceipt number | Belance du | named decedent |
| I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization | of remains as abov | Balance du of the above re indicated. I certi | named decedent fy and represent |
| I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a I hereby authorize the interment in lot I | of remains as abov | Belence du of the above re indicated. I certi | named decedent fy and represent |
| I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization : I hereby authorize the interment in lot I hold under deed. | of remains as above and lagree to hold and interment. | Belence du of the above re indicated. I certi | named decedent fy and represent |
| hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a I hereby authorize the interment in lot I | of remains as above and lagree to hold and interment. | Belence du of the above re indicated. I certi | named decedent fy and represent y harmless from |
| I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization : I hereby authorize the interment in lot I hold under deed. | of remains as above and lagree to hold and interment. Signature | Belence du of the above re indicated. I certi | named decedent fy and represent |
| I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization : I hereby authorize the interment in lot I hold under deed. | of remains as above and lagree to hold and interment. Signature Address | Belence du of the above re indicated. I certi | named decedent fy and represent y harmless from Zip Code |

*

THE CITY OF SAN DIEGO

66728

Quitclaim Deed

| In consideration of | Dellar - |
|---|--|
| I/We Jim W. Le | 0 |
| Do Hereby Remise, Release and Quitchai | M to THE CITY OF SAN DIEGO, a Municipal Corpora- |
| tion, all that Cemetery property situated in Diego, County of San Diego, State of Californ | ia, described as follows: |
| 201 373 Ames | ion 10 |
| To Have AND To Hold the above des of San Diego, its successors and assigns forev WITNESS my/our hand_this | |
| EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES: | X Jing Selmon |
| Egyenstette | GULLA VISTA CA. |
| STATE OF CALIFORNIA. | -920/0 |
| On thisday of | , 19, before me |
| | , a Notary Public in and for said County and State, |
| | known to be the person described in and whose |
| name subscribed to the above instrumthe same. | nent and acknowledged to me that executed |
| IN WITNESS WHEREOF I have he office in said county of San Diego, State of Cal | reunto set my hand and affixed my official seal at my lifornia, on the date first above written. |
| My Commission expires | Notary Public in and for said County and State |
| | |



for the sum of \$ ___

(DOLLARS)

360.00

OWNERSHIP AND INTERMENT PRIVILEGES TO Jim W. & Ruby E. Gilmore

LEGAL DESCRIPTION_Lots 343 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER

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 here; after 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 Markers Ohly Cemetery Manager

THE CITY OF SAN DIEGO PARK DEPARTMENT-CEMETERY DIVISION

| In consideration of _ | Quitclaim - One S | ollar- | <u> </u> |
|-----------------------|--------------------------|--|--------------------------------------|
| New 11 |). Lelm | | |
| O HERERY REMISE, RELE | ASE AND QUITCLAIM to T | HE CITY OF SAN DIEGO, a Mu CEMETERY, in | inicipal Corpora said City of Sar |
| | | cribed as follows: | |
| | HOLD the above-described | quitclaimed property unto th | |

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

| | OFFICIAL RECEIPT | | • | Nº 347 | 00 |
|-------|--|---|--|-------------|-----------|
| 8 | . CITY OF 8 | AN DIEGO, CALIFORNIA ERTY DEPARTMENT | | (4). | - 60 |
| 4 | 2000 100 | HOPE CEMETERY | | | |
| V 3 | | 264-3151 | | | 1 |
| 00) | | -1/1/ | Date; seeme | 15 ,19 | 87 |
| 13 | From: Nadine Toffmark Address | 645 Chelton | Blod Ser | in Valley & | 25077 |
| 24 9. | Thirty-live dollars and | | | \$ 35.00 | / |
| Dr 3 | 1 00 0 - 1 | 0 1 1 | Dollars | 1 |) |
| 160 | in full Payment of Nansfer of | weed from Jo | nes WX/i | more, | - 2 |
| 1080 | | 0 0 | | | |
| # W | Lot 3 43 Grave ~ | Row Sec | ion ~ | Division / | 5 |
| -19 | Invoice No. PAID IN 188 40 | | CREDIT 67007 20% Sales Cars 77184 | 4 | |
| 34.3 | AND ADMINISTRATION OF THE PARTY | AIDI | 80% Sales 100 | 7 | _ |
| - 23 | Acct, No. | | of Lots 77184 Opening/ 100 | | |
| 73 | W.O | JUN 1 5 1987 | Closing 77181 Burial 100 | \neg | _ |
| di | BALANCE DUE | HOPE CEMETERY | Containers 77182 100 | پ | |
| 1.36 | enr | SAN DIEGO, CALIF. | Handling Fee 77183 Recording & 100 | 3.5 | 00 |
| 729 | Pre-Need Lot At Need On Acct | | Misc. Fees 77183 Pre-Need 53033 Trust 9022 | ~ | , |
| | Pre-need Trust Cash Check () | -0 | Sales Tax 60101 | | - |
| X 1 | icotion av la de | ve Downey | 78390 TOTAL PAID \$ | 3.0 | 200 |
| | AC-212 (Rev. 11-86) | + | PERSONAL BERNALD BERNA | 35 | <u>00</u> |

OFFICIAL RECEIPT

| 1 | WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | 0 | |
|-------|--|------------------------------|--|--------------------|
| of in | From: Madine Loffman | L Address 645 Clkelto | of Below Spre | 15 1027 20 1027 |
| 188 | in fully Payment of The | refer of Deed from Jo | Dollars (\$ | more |
| #1/2 | Lot 343 Grave_ | ROW S | ection | Division 10 |
| ahech | Invoice No | PAID IN THIS SPACE. | CREDIT 87007 2016 Sales Care 77184 — 8076 Sales 100 of Lots 77184 — Opening/ 77181 — Ourising 77181 — Ourising 77181 — Ourising 77182 — Handiteg Fee 77188 — | |
| ga by | Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Pre-need Trust Ac-212 (New 11-85) | ISSUED BY Dave Lowney | Necorating & 105 | 3500 |

MT, HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6/15/87

| | | Date | 1 / 4 | |
|---|---------------------|---|--|----------------------------|
| You are hereby authorized and instruct | - 0 | r rules and regula | itions, to inter th | e remains |
| of syness | angel | 100 | | the |
| in a Vault-Vings Of | Funeral, date | e, time | -10 Am - 6 | 9/14 |
| Church, Chapel, Graveside | avesible. | - Hagos | Pale | Mortuary. |
| All Funeral cars must arrive before 3: | 30 p.m. of regular | work day or an ex | dra charge will | be applied |
| and billed to undersigned. War time v | veteran <u>Mo</u> . | | | OR CONTRACTOR OF |
| Lg3448 Grave Row | v Secti | on | ivision/Block _ | 9_ |
| | | | | 10000 |
| Grave space & Care Fund | | | | |
| Additional spaces and care fund | | | | 9000 |
| Opening/Closing & Setup | | | | |
| Burial Container | | | | |
| Handling Fees | | ****** | — | |
| Flower vases - Marker setting fee | | | | |
| Recording and filing fee | | | | |
| Sales taxes | | | | |
| laringa . | | Total Due | | 99 2 |
| What were | Paid receipt num | | TESTAGRADA | |
| Ze glan | raid receipt nun | M1941107 | 3.6 | |
| A | 01 | E | Belance due | |
| | ather | 000 | | (and another the resident |
| I hereby certify I am the | orization and lagre | s as above indica se to hold Mt. Hop | he above name ted. I certify and e Cemetery har | represent |
| any liability on account of said author | rization and intern | nent. | Q Q | |
| hereby authorize the interment in lo | ıtl 🍰 | Some | Jeek | 000 |
| hold under deed. | 7_ | 1678 6 | ro Vipta | KN.#21 |
| Signeture of recorded holder of deed | - 5_ | S.D. | Cail | 92159 |
| | State A Table | 575- | 1632 | Zip Code |
| | | 8 | 744 | 1 |
| Wat out E 6729 | In | MONOW IT | 2 77 | |
| Work Order # L U NO | | | The state of the s | |

W.O. NO. <u>E6729</u>

NOTE-STRAIGHT

| 19920 | San Diego, California, | June 15 1987 |
|--|---|--|
| | daysafter date; for value rece | lived, the undersigned maker(s) promise(s) to pay to |
| nt. nope Cemeter | y or San Diego City Treasurer | , or order |
| | her King Way, San Diego, CA | 22102 |
| | tended Kinto nine a | The state of the s |
| with interest from | annum, payable on demand | on the unpaid principal at the rate of |
| Should interest not be paid interest when due, the whole so holder of this note. Interest after United States. Each maker will I hereof before, at or after maturity person who signs this note agree. | when due, it shall thereafter bear like interest as the um of principal and accrued interest shall become in maturity will accrue at the rate indicated above. Principle jointly and severally liable and consents to renewally, and waives presentment, demand and protest and the state recourse may be had against his/her separate, the undersigned promise(s) to pay such sum as the | nmediately due, without notice, at the option of the ncipal and interest are payable in lawful money of the ils, replacements and extensions of time for payment the right to assert any statute of limitations. A married e property for any obligation contained herein, If any |
| MAKE ALL PAYMENT | S AT MT. HOPE CEMETERY OFFICE | Mailing Address |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

E6729

| NAME OF DECEDEN | ī | Lynell Ang | al Lasts | | SEX Male | June 12 | FAR THE STREET | June 12 | 1987 |
|---|--|--|---|--------------------------|----------------------------|--|------------------------------|---|-----------|
| PLACE OF DEATH- | CITY OF TOWN | Lyne i i ruig | | HATOLINTY IOD ST | TATE IF NOT IN CALIFORNIAL | The Proposition of the Parket | | OUSE OR OTHER INF | |
| | National | City | San D | | ATE & HOT IN CHUI DINNIN | ACCOUNTS AND ADDRESS OF THE PARTY OF THE | Leeks - | | ODININA. |
| | | DIRECTOR ION PERSONS | | | FORNIA LICENSE NUMBER | The second secon | | Road, # 21 | 9 |
| | | Mortuary: San | | | 1329 | The state of the s | go, CA | 5-05-15-15-15-15-15-15-15-15-15-15-15-15-15 | 10 |
| 628 z | .5- | TYPE OF PERA | AIT, CHECK ONL | Y ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | | | |
| | 2.2 | | Asser | | | | | | |
| 1 BURIAL (IN | CLUDES ENTOM | BMENTI | 5 DISINTE | RMENT AND BURI BMENTI | AL (INCLUDES | 8 DISINTER | MENT AND REI IINCLUDES IN | NTERMENT OF CREM URNMENT) | MATED |
| _ | | INCLUDES INURNMENT) | | ERMENT, CREMATION | ON, AND BURIAL | | | MATED REMAINS AN AN IN A CEMETERY | D |
| ☐ 3 CREMATION CEMETERY | | TION OTHER THAN IN A | ☐ 7 DISINTE | | | | CORONE | 'S USE ONLY | |
| 4. SCIENTIFIC | | | Carrier 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | THAN IN A CEMET | ON, AND DISPOSITION | | | S USE UNLT | |
| The Scientific | O.C. | | | | | ☐ 10 DISPOSIT | ION PENDING | | |
| | NAME AND AD | DORESS OF CEMETERY W | HERE REMAINS O | R CREMATED REM | AINS ARE TO BE INTERRE | D. | COUN | TY | |
| INTERMENT | Mr. Hon | e Cometery: | 3751 Mark | et Street | : San Diego, | CA | Sa | n Diego | |
| 92,931,000,000,000,000 | | DRESS OF CREMATORY W | | | | SIGNATURE OF | | HARGE OF CREMATO | PRY |
| CREMATION | -/- | | | 2 | | • | | | |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEA | AREST POINT ON SHORE | Flat | SCRIPTION SUFER | MENT TO IDENTIFY FINAL | PLACE AND COL | NTY OF DISPO | DSITION | - |
| CIENTIFIC | NAME AND AD | ODRESS OF FACILITY REC | EIVING REMAINS | | - | | FI. | | |
| | | ertify that I am the per | son having the | right to control t | he disposition of the | SIGNATURE OF | APPLICANT | 4 9 9 | |
| ACKNOWLEDGMENT | | the above named dece | | | | > | | | |
| OF APPLICANT | 24000000000000000000000000000000000000 | y acknowledge that tre gives no right of unrest | | | | DATE SIGNED | | | |
| * LOCAL REGISTRAR | OF THE CALIFOR | SSUED IN ACCORDANCE WITH NIA HEALTH AND SAFETY COO THE DISPOSITION SPECIFIED I | E AND IS THE | OUNT OF FEE PAID | JUN 17 1987 | SIGNATURE OF | 12.2 | TRAR ISSUING PERM | m |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | | T THE SPECIFIED 6 | n/8) | SIGNATURE OF | PERSON IN CHARGE OF | USPOSITION | DISPOSER, | IMBER OF CREMATE IF APPLICABLE | D REMAINS |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADD | RESS OF REGISTRAR OF | COUNTY OF DEAT | н | | | 25 | | |

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

8 Chair

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

| 00000000 | |
|----------|---|
| XX | v |
| IX | ŀ |
| ~ | |

1/15/00

| \otimes | | Date 6/1 | 181 |
|--|-------------------------------|--|--|
| You are hereby authorized and instruct | Boren | ules and regulations, to | inter the remains |
| ina ash Vault | Funeral, date, t | imo 10:30 - Fra | - 6/19 |
| Church, Chapel, Graveside | - 0 | -, | Mortuary. |
| All Funeral cars must arrive before 3:3 | 30 p.m. of regular wo | rk day or an extra cha | rge will be applied |
| and billed to undersigned. War time ve | ateran No | | |
| Lot 151 Grave 2 Row | Section | Division | Stock 6 |
| Grave space & Care Fund | 27.00.00.00 | X | Name of the last o |
| Additional spaces and care fund | Union Consulation in American | | (4 <u></u> |
| Opening/Closing & Setup | | | 10500 |
| Burial Container | AIL | 7 | 4000 |
| And the second s | 1 0 1007 | , | 4000 |
| Flower vases - Marker setting fea | JUN 1.9.1987 | | teriti |
| | HOPE CEMETE | RY | -3500 |
| Sales taxes | SAN DIEGO; CA | | 2,40 |
| - (D0 m.) | ************ | Total Due | 24740 |
| attant were | Daid sancing as such | 24752 | 29.4 |
| To Have Clar | Paid receipt numbe | Balance | - |
| un detaur | A | balanca | 000 |
| I hereby certify I am the and this is your authority to make disp that I have the right to make this authority I liability on account of said authority | rization and lagree t | s above indicated. I ce o hold Mt. Hope Cemet | e named decedent rtify and represent ery harmless from |
| I hereby authorize the interment in lot | x e | Delta M.C | ollen |
| hold under deed. | X S | 182 cherrys | tone Olin |
| Signature of recorded holder of deed | - 5 | Ros Hatos C | A 95030 |
| 8 chan | Tologia co | +08-358-z | -380 |
| F 0400 | Invoic | ce # | |
| Work Order # E 6730 | _ Acct. | # | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES DATE OF BIRTH NAME OF DECEDENT SEX DATE OF DEATH Richard Barry Boren April 23 1950 Male June 12 19871 PLACE OF DEATH-CITY OR TOWN PLACE OF DEATH-COUNTY IOR STATE IF NOT IN CALIFORNIA) NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Lancaster Delta M. Collins (Mother) Los Angeles NAME AND ADDRESS OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH CALIFORNIA LICENSE NUMBER 982 Cherrystone Drive Antelope Valley Cremation Service 1383 Los Gatos, CA TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION B. DISINTERMENT AND REINTERMENT OF CREMATED 1 BURIAL INCLUDES ENTOMBMENTI 5. DISINTERMENT AND BURIAL INCLUDES ENTOMBMENT REMAINS (INCLUDES INURNMENT) 2 CREMATION AND BURIAL (INCLUDES INURNMENT) 6. DISINTERMENT, CREMATION, AND BURIAL 9 DISINTERMENT OF CREMATED REMAINS AND UNCLUDES INURNMENT) DISPOSITION OTHER THAN IN A CEMETERY 2 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 7. DISINTERMENT, CREMATION, AND DISPOSITION FOR CORONER'S USE ONLY OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE 10 DISPOSITION PENDING NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED COUNTY INTERMENT Mt. Hope Cemetery 3751 Market Street. San_Diego San Diego SIGNATURE OF PERSON IN CHARGE OF CREMATOR NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED TO DATE CREMATED CREMATION 808 E. Lancaster Blvd. Memorial Park, Lancaster ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION BURIAL AT SEA DISPOSITION DTHER THAN IN A CEMETERY OF CREMATED REMAINS NAME AND ADDRESS OF FACILITY RECEIVING REMAINS SCIENTIFIC USE SIGNATURE OF APPLICANT This is to certify that I am the person having the right to control the disposition of the ACKNOWLEDGMENT remains of the above named decedent under provisions of the Health and Safety Code. and I hereby acknowledge that trespass and nulsance laws apply and understand that DATE SIGNED APPLICANT this permit gives no right of unrestricted occass to property not owned by me. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS AMOUNT OF FEE PAID UREOF LOCAL REGISTRATE-ISSUING PERMIT LOCAL OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE REGISTRAR 3.00 AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS FERMIT LICENSE NUMBER OF CREMATED REMAINS SIGNA CERTIFICATION CERTIFY THAT THE SPECIFIED OF PERSON IN CHARGE SPOSITION WAS MADE ON DISPOSER, IF APPLICABLE OF DISPOSITION

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS 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.

INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

TE DISPOSITION IS TO OCCUR IN ANOTHER COUNTY

MT. HOPE SEMETERY INTERMENT ORDER

City of San Diego

Date 6/15/87

| of Harman ora | uneral data time 6/22/MON / 1:30 |
|--|---|
| Vend / inner | ineral, date, time |
| Church, Chapel, Graveside Church + & | 15 : Cajsdell Mortuan |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applie |
| and billed to undersigned. War time veteran | No. DIP |
| Lot 132 Grave 9 Row - | — // |
| Lot /Sac Grave Row | Section Division/Block |
| Grave space & Care Fund | * * * * * * * * * * * * * * * * * * * |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 320€ |
| Burial Container Bell Line | 1000 |
| Handling Fees | 1400 |
| | |
| Flower vases - Marker cetting fee | 7 |
| Recording and filing fee | ······································ |
| Sales taxes | 007 |
| 1000 3074 | |
| MT. HOPEPEEN | 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| CITY of SAN DIEC | Balance due |
| R.A. | 1 |
| I hereby certify I am theand this is your authority to make disposition | of the above named deceder of remains as above indicated. I certify and represent |
| that I have the right to make this authorization any liability on account of said authorization | n and I agree to hold Mt. Hope Cemetery harmless from |
| | d . 0 . 1 |
| hereby authorize the interment in lot I | Druen M. Brown |
| hold under deed. | ×25/6 Blackton Dr. |
| Signature of recorded holder of deed | X Lan Diego Ca 92105 |
| 9-1-11 | X5000 264-777 86 200 |
| | Telephone |
| | WASHAMAN ARTON |
| Work Order # E 6731 | Invoice # |
| Work Order # | Acct. # |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES **AKA Hartman Groves** NAME OF DECEDENT SEX DATE OF BIRTH DATE OF DEATH PRINCE EVENEL HARTMAN GROVES Male Feb. 22, 1901 June 14, 1987 PLACE OF DEATH-CITY OR TOWN PLACE OF DEATH COUNTY FOR STATE IF NOT IN CALIFORNIA! NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Ervin M. Groves - Brother San Diego San Diego 2516 Blackton Dr. NAME AND ADDRESS OF FUNERAL DIRECTOR CALIFORNIA LICENSE NUMBER San Diego, CA 92105 Anderson-Ragsdale Mori 1320 TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION * BURIAL (INCLUDES ENTOMBMENT) ☐ 5. DISINTERMENT AND BURIAL (INCLUDES □ 8 DISINTERMENT AND REINTERMENT OF CREMATED ENTOMBMENT) REMAINS (INCLUDES INURNMENT) 2. CREMATION AND BURIAL (INCLUDES INURNMENT) ☐ 6 DISINTERMENT, CREMATION, AND BURIAL 9 DISINTERMENT OF CREMATED REMAINS AND INCLUDES INURNMENT) DISPOSITION OTHER THAN IN A CEMETERY 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 7. DISINTERMENT, CREMATION, AND DISPOSITION FOR CORONER'S USE ONLY OTHER THAN IN A CEMETERY ☐ 4 SCIENTIFIC USE ☐ 10 DISPOSITION PENDING NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED COUNTY INTERMENT Mt. Hope Cemetery: 3751 Martin Luther King Dr. San Diego, CA San Diego NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED. DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY CREMATION N/A BURIAL AT SEA ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION OR N/A POSITION OTHER IN A CEMETERY MATED REMAINS NAME AND ADDRESS OF FACILITY RECEIVING REMAINS SCIENTIFIC N/A USE SIGNATURE OF APPLICANT This is to certify that I am the person having the right to control the disposition of the ACKNOWLEDGMENT remains of the above named decedent under provisions of the Health and Safety Code, OF and I hereby acknowledge that trespass and nuisance laws apply and understand that DATE SIGNED APPLICANT this permit gives no right of unrestricted access to property not owned by me. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS AMOUNT OF FEE PAID DATE PERMIT ISSUED SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT LOCAL OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS TO REGISTRAR AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PER

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

DUNTY OF DEA

ARCE OF DIS OSITION

CERTIFICATION

OF PERSON IN CHARGE OF DISPOSITION

IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _

LICENSE NUMBER OF CREMATED REMAINS

DISPOSER, IF APPLICABLE

| OFFICIAL CONTINUES OF TO CUSTOMER OF SELECTION OF THE PROPERTY | CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address: Addr | Date: 6/16/ Dollars (\$ | 187 ,12 |
|--|--|--|---|
| Invoice No. Acct. No. Acct. No. BALANCE DUE Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Accts Accts Accts Accts Accts Accts Accts Accts Accts Access Acces | 9 ROW S MOT VALID FOR PURITOSE STATED UNILESS STAMPED TPAID: IN THIS SPACE. CITY AUDITOR JUN 18 1987 JUN 18 1987 | action CREEKT STAGE Care T7184 — 80% Sales T900 — 1 | 320 320 100 00 145 50 35 00 6 00 606 00 |

MT. HOPE CEMETERY

City of San Diego

Date 6/16/87

| ou are hereby authorized and instructed, subject | ust - | | |
|--|---------------------------------------|---|--------------|
| Bell Line Funer | date, time Exc | 1P.M- | 6/19 |
| Vault/Uner CIO D V | | 1 | 1 |
| Church, Chapel, Graveside | .s. Hazzal | | _ Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. of re | gular work day or an ex | tra charge wi | be applied |
| | 6 | | |
| and billed to undersigned. War time veteran | <u> </u> | | 120000 |
| ot 102 Grave 4 Row | Section _ A D | ivision/Block | // |
| ot 10 Grave Row | SectionD | ivision/Block | |
| · · · · · · · · · · · · | ele. | | 2500 |
| Grave space & Care Fund | 70.15 | ^ | 400 |
| Additional spaces and care Fund (Key) and | 11 20130 | days - | 2 2 |
| Opening/Closing & Setup | , , , | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | 3200 |
| Ca +0- | 1) line | | 1000 |
| Burial Container | w. au | ******** | 100 |
| Handling Fees | | | 145 |
| Flower vases - Marker setting fee | | | - |
| | | | 200 |
| Recording and filing fee | · · · · · · · · · · · · · · · · · · · | | 03 - |
| Sales taxes | | | 6 |
| 2800 | Total Due | | 8563 |
| with the same of t | Total Due | | 0.00 |
| Paid receip | ot number | | CITED OF |
| | 8 | alance due | |
| 1-1 | | | |
| hereby certify I am the Wike | of t | he above nam | ari riacadan |
| and this is your authority to make disposition of re | emains as above indicat | ed. I certify a | nd represen |
| that I have the right to make this authorization and any liability on account of said authorization and | I agree to hold Mt. Hope | Cemetery ha | rmless from |
| my mapping on account of said abilitorization and | A. | 0 1 | |
| Production and constrained a second constrained at | . //hen. O | East | |
| hereby authorize the interment in lot I hold under deed. | Signal VO GO II | 111. 0 | INE |
| | -17 10 FH | 11top PE | 10E |
| Signature of recorded holder of deed | SAN PRE | 10 CA | 9210. |
| | State 260-5 | 521 | Zip Cod |
| | Tolophunia | Corporation #80 | |
| / | NAGAGE SAST | Name and Address of the Owner, where | 2 |
| | Invoice | 1131 | |
| Mark Output E 6732 | IIIVOICO | 1103 | |
| Work Order # UIJA | | | |

NOTE-STRAIGHT

| undersigned maker(s) promise(s) to pay t | days after date, for value rec | -30- |
|---|---|--|
| - The section is part to | or San Diego City Treasure | Mt. Hope Cemetery o |
| , or orde | | |
| | r King Way, San Diego, CA | 3751 Martin Luther |
| DOLLARS | under Kiftyley at | sum of Eight He |
| on the unpaid principal at the rate : | Je 17. 1905 0 | n interest from |
| | num. payable on demand | - 12 per cent per anno |
| nal Should default be made in naumont | en due, it shall thereafter bear like interest as | |
| ly due, without notice, at the option of the | of principal and accrued interest shall become | erest when due, the whole sum of |
| I interest are payable in lawful money of th | turity will accrue at the rate indicated above. Pr pintly and severally liable and consents to renew | de: of this note, interest after matured States. Each maker will be join |
| tements and extensions of time for navmer | id waives presentment, demand and protest and | eof before, at or after maturity, and |
| o assert any statute of limitations. A marrie | hat energies mis., he had analyst his they seems | nee be since the next assess the |
| o assert any statute of limitations. A marrie y for any obligation contained herein. If ar | hat recourse may be had against his/her separa e undersigned promise(s) to pay such sum as | son who signs this note agrees that ion be instituted on this note, the |
| o assert any statute of limitations. A marrie y for any obligation contained herein. If ar | hat recourse may be had against his/her separa e undersigned promise(s) to pay such sum as | son who signs this note agrees that on be instituted on this note, the |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| 7 | | | | |
|---|----|---|----------|--------------|
| 1 | 1 | | The con- | Committee of |
| 1 | 10 | 1 | 5 | 2 |
| 0 | Or | | ~ | 100 |

| NAME OF DECEDEN | Eornest Virgil East | | sex No1e | Dec. 24, 198 | DATE OF DEATH June 13, 1987 |
|--|---|--|--|--|---|
| | ian Diego | PLACE OF DEATH—COUNTY FOR STA | | Irone East - | MT-47(12) 17(2), |
| The state of the s | S OF FUNERAL DIRECTOR (DR PE 505) Legadale Mortuery: Sea | | ORNIA LICENSE NUMBER | | Roed, Apt. 9E ny, CA 92077 |
| 1 BURIAL IIN | TYPE OF PERICLUDES ENTOMBMENT) | MIT, CHECK ONLY ONE OF THE F | | 418 N. St. 3 - PANEL PAREL ST. 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 | ND REINTERMENT OF CREMATED |
| - CD | | 6. DISINTERMENT, CREMATION (INCLUDES INURNMENT) 1. DISINTERMENT, CREMATION OTHER THAN IN A CEMETE | N. AND DISPOSITION | 9 DISINTERMENT O DISPOSITION OTH | F CREMATED REMAINS AND HER THAN IN A CEMETERY ONER'S USE ONLY |
| INTERMENT | NAME AND ADDRESS OF CEMETERY V | VHERE REMAINS OR CREMATED REMA 3751 Harket Street: | | | SAn Diego, |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | VHERE REMAINS ARE TO BE CREMATED | DATE CREMATED | SIGNATURE OF PERSO | N IN CHARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY MATED REMAINS | ADDRESS, NEAREST POINT ON SHORE | LINE, OR OTHER DESCRIPTION SUFFICE | ENT TO IDENTIFY FINAL | PLACE AND COUNTY OF | FDISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | CEIVING REMAINS | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the pe remains of the above named dece and I hereby acknowledge that to this permit gives no right of unres | edent under provisions of the Heal respass and nuisance laws apply a | th and Safety Code, and understand that | SIGNATURE OF APPLIC DATE SIGNED | ANT |
| * WOCAL * REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIES | DE AND IS THE CO. CO. | JUN 17 1987 | SIGNATURE OF LOCAL | PERMIT |
| CERTIFICATION OF MERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | MER DATE | ECON IN CHARGE OF D | | NSE NUMBER OF CREMATED REMAINS OSER, IF APPLICABLE |
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| | HE PERMIT IS TO BE RETURNED TO OPY 3 MAY BE DISCARDED THE I | | | | |

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

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PAID IN FULL

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City of San Diego

Date 6-17-87

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| Church, Chapel, Graveside | | Mortua |
| Il Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra char- | ge will be applic |
| and billed to undersigned. Wer time veteran | S | |
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| ot Row | Section Division/E | - /- |
| Grave space & Care Fund | | 495 |
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| S 14 24 5 | | named decede |
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| nd this is your authority to make disposition hat I have the right to make this authorization | of remains as above indicated. I cert n and lagree to hold Mt. Hope Cemete | ery harmless fro |
| nd this is your authority to make disposition hat I have the right to make this authorization | of remains as above indicated. I cert n and lagree to hold Mt. Hope Cemete | ary harmless fro |
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| hereby certify I am the | of remains as above indicated. I cert n and lagree to hold Mt. Hope Cemete | 1 G 1 7 2 D 2 A |

GLENN KING P.O. BOX 56472 RIVERSIDE, CALIF. 92517

June 12, 1987

DEAR MRS. SANDY WARD,

As per our conversation on Friday, June 12, 1987, I am enclosing a check for the amount of \$495.00 as payment for plot number 99-4-2-12 in the Mt. Hope Cemetery. The plot reservation is to be in the name of Willie Gibson. The location of the plot is ajacent to the plot of Mrs. Ella Mae Gibson.

During our conversation you indicated to me you could arrange to have the contract completed at the Cemetery office without my presence; due to the fact that I am residing in Riverside, California and could not arrange to be in our office during your regular office hours.

Your attention to this matter is greatly appreciated. I am awaiting a prompt reply, so that I may forward a copy of the completed contract to my step-father, Mr. Willie Gibson.

Appreciately

GLENN KING

OFFICIAL RECEIPT

| | WHITE TO CUSTO CANARY CEMET PINK AUDI |
|--------------|---|
| THE STATE OF | PINKAUDI |
| SERVE A | |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HODE CEMETERY

| PINKAUDITOR | 264-3151 | 能也是一个 | / |
|---|---|--|--------------------|
| From: Magazi K | Encarross P.O. B. X569 | 172 Uvi | 17 . 19 7 Seile |
| Jana Mendred | Sinte-quie | Dollars (\$ | 495-, |
| In Payment of July | siles vais for a | mare ye | |
| Lot 79 Grave | A Row Si | oction | Division 12 |
| Invoice No. Acct. No. W.O. E -6733 BALANCE DUE | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 87007 20% Sales Care 77184 - 80% Sales 100 of Lipts 77184 - Opening/ 100 Closing 77181 - Buriel 100 Containers 77182 - Handling Fee 77185 - Reoproling 6 100 Millst, Fees 77185 - | 396- |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-252 (Rev. 11-80) 0309 | HONE Wordy Ward | Pre-Need 83083 Trust 8022 - Salle Tax 80101 78360 - TOTAL PAID \$ | 495 - |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6/18/87

| of D. O | Oliver | Hadr | 6/ | 257 | ON |
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| ina Bel | Yest Lane | Funeral, da | te, time | 3 Jula - | Z F M |
| Church, Chapel, G | raveside | yur or | _: | podele | Mortuary |
| All Funeral cars m | ust arrive before 3 | 3:30 p.m. of regula | r work day or a | n extra charge w | rill be applied |
| and billed to under | signed. War time | veteran | | | |
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| Lot Gre | rve Ro | wSect | tion | _ Division/Blee | /_ |
| Grave space & Car | re Fund | ********* | | | 250° |
| Additional spaces | | | non | | VALPHICESHIES |
| Opening/Closing | | | | | 328 20 |
| Burial Container . | Brute | Recialda | in | *********** | 10000 |
| Temporari Companya Santa Managan Andrewson | _0 .9 | 2 | 3 | ********** | 1458 |
| Handling Fees | 1 | AID | 4 | | |
| Flower vases - Ma | rker sett 19 fee | →.1 □ | | ****** | 200 |
| Recording and filing | ng fear | 1 0 1007 | | ******** | 00 4 |
| Sales taxes | | 1 8 1987 | | | 0 |
| elelet | MT. HOF | E CEMETERY | Total Due | <u></u> | 857 |
| | CITY of SA | N DIEGO, CALIF | 34 | 7/4 | 856 - |
| | Wir C | Flam HAT | the | Balance due | 0 |
| | C) Cal | 1.0 | 00. | | |
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| that I have the righ | t to make this auth | norization and lagr | ee to hold Mt. I | | |
| arry nability of acc | ount or said auth | MA O Q | ment. | | |
| I hereby authorize | the interment in I | a sus | 14 | | |
| hold under deed. | | - | gnaturf | | |
| Signature of recorded helder | of deed | Ad | tiresa | | |
| | | Sta | nto . | | Zip Cod |
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| | Land the same of t | | | | |
| | CHOA /- | In | rvoice # | | |
| Work Order # E | 0134 | 140 | oct. # | | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

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| NE OF DECEDEN | 110-1-5-5125-100- | Dickerson | Hadnot | Mala | May 26, | |
| PLACE OF DEATH | hula Vista | | PLACE OF DEATH—COUNTY San Diego | IOR STATE IF NOT IN CALIFO | Mestic L | PRESS OF SPOUSE OR OTHER INFORMANT |
| | ss of Funeral Dire | | Feder Shall Ivd. | CALIFORNIS ICENSE NUMB | Los Ange | Rolland Curtis Pl. #2 les, CA 90037 |
| . 1 | | TYPE OF PER | MIT, CHECK <u>ONLY ONE</u> OF | THE FOLLOWING TYPE | S OF DISPOSITION | |
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| ALC: | N AND BURIAL IINCLI | 9-142-1800 2-102-11E-14E-16 | 6 DISINTERMENT, CRE | | | ENT OF CREMATED REMAINS AND ON OTHER THAN IN A CEMETERY |
| 3 CREMATION CEMETERY 4 SCIENTIFIC | USE | | 7 DISINTERMENT, CRE | CEMETERY | ☐ 10 DISPOSITI | CORONER'S USE ONLY |
| INTERMENT | HE. HOPE C | S OF CEMETERY W | HERE REMAINS OR CREMATED | REMAINS ARE TO BE IN | o, CA | San Diego |
| CREMATION | NAME AND ADDRES | S OF CREMATORY W | VHERE REMAINS ARE TO BE CRE | MATED DATE CREMATE | D SIGNATURE OF | PERSON IN CHARGE OF CREMATORY |
| OR OR OTHER THAN IN A CEMETERY OF CREMATED REMAINS | n/a | PÓINT ON SHOREI | LINE, OR OTHER DESCRIPTION S | SUFFICIENT TO IDENTIFY | FINAL PLACE AND COU | nty of disposition |
| SCIENTIFIC USE | NAME AND ADDRES | S OF FACILITY REC | CEIVING REMAINS | | | |
| ACKNOWLEDGMENT OF APPLICANT | remains of the a and I hereby ad | bove named dece nowledge that tr | rson having the right to condent under provisions of the espass and nuisance laws a tricted access to property not | Health and Safety Co pply and understand t | de, 🕨 | APPLICANT |
| LOCAL REGISTRAR | OF THE CALIFORNIA HE | IN ACCORDANCE WITH ALTH AND SAFETY COL ISPOSITION SPECIFIED I | DE AND IS THE \$3.00 | - mm | 1987 SIGNATURE OF | DE REGISTRAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT TH DISPOSITION WAS | MADE ON 6/ | 23/87 SIGNATUR | OU IN CHAPPE | | LICENSE NUMBER OF CREMATED REMAIN DISPOSER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS | OF REGISTRAN OF | COMNTY OF DEATH | 7 | | |

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

wartel

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/19/87

| in aFune | eral, date, time |
|---|---|
| Church, Chapel, Graveside | WALL STORY OF THE |
| | regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | THE RESIDENCE OF THE PROPERTY |
| | |
| ot 89 Grave 243 Row - | _ Section Division/Park |
| Grave space & Care Fund | 250= 500 |
| der Andrewska authorischen soll auf von Herbeit der Der Herbeit der Gestellte der Gestellte der Gestellte der | |
| Additional spaces and care fund | 0 |
| Opening/Closing & Setup | + marks |
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| landling Fees | W |
| lower vases - Marker setting fee | Teme - |
| Recording and filing fee | |
| Sales taxes D. O | |
| redusin | Total Due |
| Paid rece | eipt number |
| Tylon 000 | Balance due |
| hereby certify I am the | of the above named deceden |
| and this is your authority to make disposition of | remains as above indicated. I certify and represented agree to hold Mt. Hope Cametery harmless from |
| any liability on account of said authorization and | d interment. |
| | 772 |
| | Signature |
| | |
| nold under deed, | Address |
| hereby authorize the interment in lot I hold under deed. | Address Statis Zip Cod |
| rold under deed. | 2011 |
| hold under deed, | Stein Zip Cod |

7-7-87 34790 7-10-87 34919 9-8-87 3500% 10-13-87 35753 42000 35277 11-10-87 20.00 35384 40000 12-7-87 38000 20,00 1-11-87 35546 360.00

| NAME ADA | AMS, GEORGE L. & ELOISE | | ACCT. NO. | E-6735 |
|----------------|--|-------------|-----------|----------------|
| | | TING | LIMIT | |
| DATE | PELVE ITEMS | DEBIT | V CREDIT | BALANCE |
| un 19 87 | Lot 89, Graves 2 & 3, Section 2, Division 11 | 5 00 00 | 120 00 | 380 00 |
| 1-0 88 | Caupon #7 Seseipt \$355-46 | | 2000 | 360 00 |
| 1-8 88 | pupon 2/8 accept # 35669 | | 2000 | 3400 |
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| | | | | |
| AIGNER FORM NO | ADAMS, GEORGE L. & ELOISE 89 - 2 & | 3 - 2 - 1 | | PRINTED IN USA |

WHITE TO CUSTOMER CAMARY CEMETERY AUDITOR

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

| CAMARY CEMETERY AUDITOR | MOUNT HOPE CEMETERY 264-3181 | 进水水 | |
|------------------------------|---|---------------------------------|--------------------------|
| From Levice adams | D Address: 186 Margal | Date: Oli | SX 92110 |
| tweet, sall | 12 12 90 | Doll | ars (8, 20, CO |
| In Payment of | William Dot Jules | course | |
| Lot 89 Grave G | 2 # 3 Rows | ection 2 | Division // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | 60% Sales | 7007 7184 100 20 — |
| No. E-6735 | | Opening/ Closing 7 Buriel | 100 7181 |
| BALANCE DUE 980 | | Handling Fee. 7 | 7182 100 7183 |
| Pre-Need Lot At Need On Acct | 0/1 | / Pre-Head | 7163 9633 4682 |
| AC-212 (New 11-88) 3 476 | supolinay Ward | TOTAL PAID | 20 - |

George L. & Eloise Adams
186 Royal EMMX Oak Manual
San Diego, CA 92114 DR

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.

s 20.00

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

s_21.00

NAME GEORGE & SELOISE ACHING
ADDRESS 186 ROUAL GAK DE,
CITY SON DIESE STATE CA ZIE 92/11

Check (/) if this is new addre

PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

WHITE TO CUSTOMER CANARY CEMETERY MO

| PINKAUDITOR | 284-3151 | Date: | 8-10 |) | 87 |
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| In COUDON Payment of C | redit sale- Cour | P . | Sollars (\$ 6 | 0.00 | |
| Lot Grave | -6735 Rows | ection | | Division Block | |
| BALANCE DUE | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 20% Sales of Lote Operang/ Closing Burtel Containers Handling Fee Recording & Misc. Fee Pre-Need Trust Sales Tox | 87007 77184 — 100 77184 — 100 77181 — 100 77183 — 100 77183 — 100 77183 — 80023 — 80102 — | 800 | <u></u> |
| AC-212 (Rev. 11-80) 2470 | ISSUED BY ID | TOTAL PAID | 1820 | 200 | OC |

Send or bring one coupon with each remittance COUPON

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6735 Credit Lot

George L. & Eloise Adams 186 Reyal GRART Oak Court San Diego, CA 92114

Month and Day Due Indicated Below

| FE8 | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN |
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Amount due when paid on, or before, due date above.

\$ 20.00

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

F 6735

\$ 21.00

NAME GEORGE L. FELOISE HORMS
ADDRESS / SE ROCAL DAK DR.
CITY DAN DIEGO STATE CA ZIP 92114

☐ check (4) if this is new address

| | 5 | an | Di | ego | , 1 | CA C | 9: | 0 | 47 | 33 | _ |
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| mou fler (| tue dat | is abo | | | | Repénje | \$ | | 20 | .00 | 7 |



WHITE TO CUSTOMER CANANY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 254-2151

| | | Date: _//-/ | No. of Concession, Name of Street, or other Persons, Name of Street, or ot | 1087 |
|--|---|---|--|------|
| From: GFFDOGF L. ADAMS Junety Pollers - In part Payment of Ges | lit fat lake-Coupa # | Doll | 92114 lers (\$ 20.00) | |
| Lot 89 Grave | 243 Row — Se | ection 2 | Division / | 1 |
| Invoice No. Acct. No. W.O. E-6735 BALANCE DUE 400.00 Pre-Need Lot At Need 0 On Acct 0 Pre-need Trust 0 Cash 0 Check 0 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | 80% Salan of Lots Opening/ Closing Burlet Containers Hending Fee Recording & Med. Feen Pre-Nand Trust | 77107 77104 100 77181 100 77181 100 77182 77182 77183 100 77183 100 77183 100 8002 8002 | 04 |
| AC-212 (Nov. 11-80) 3528 | ISSUED BY BRUCE /// Western | TOTAL PAID | . 20 | 00 |

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| fler | due da | te abo | ve. | E AL | nount | On. | K DE G | 181 | E A | Palm 96 | |

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA WHITE TO CUSTOMER CANARY CEMETERY 35546 PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Division Invoice No. Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT Acct. No. CITY AUDITOR 20% Sales Care 80% Sales W.O. of Lots Opening/ Closing BALANCE DUE 160.00 Buriet Contained 100 Handling Fee Pre-Need Lot Recording & On Acct 100 Misc. Fees Pre-need Trust Cash 6303 8022

AC-212 (Rev. 10-87)

3566

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| ie us | ne abo | vc | | | | - | - | | 1.0 | 00 | - |
| nou | nt due | if paid | more t | han | da | ys. | > 5 | 2 | | 10 | |
| 550 | | | | | | | 2. ON | 1370 | ••• | | |
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| AM | ECA | | | | | | | | | LHA | 45 |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 35669

| | 284-3181 |
|--|--|
| From Louise Chan | Address: 186 Mar - 2-8 188 |
| In day | March 100 to 100 |
| Payment of _Ca | ups # 8 Orestet Int |
| : Lot Grave O | 143 |
| Invoice No. | MOT VALID FOR PURPOSE STATED UNLESS STAMPER CREEK STOOT 20% States Care STOOT |
| Acct. No. | CITY NOW Sales (784 |
| , w.o. 6-6/35 | 77104 |
| BALANCE DUE 340.00 | FEB 10 1980 Closing 77181 100 Containers 77182 |
| Pre-Need Lot At Need O On Acot O | Handling Fee 77185 |
| Pre-need Trust Cash Check C | Mino, Fees 77183 77183 Pre-Noed 53033 9022 |
| AC-212 /Barry 10 am 3562 | ISSUED BY MICE LA UNI Salves Tex 80101 78390 |
| THE RESERVE OF THE PARTY OF THE | TOTAL PAID |

| | S | an | Di | ego | | CA" | 6 | 211 | 27 | 25 | <u></u> |
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| | te abo | ve. If paid | more th | | da | rs | \$ | 21 | .0 | 0 | |
| our er c | nt due | e ano | | | | | | | | | |

CITY OF SAN DIEGO, CALIFORNIA

| WHITETO GUSTOMER CANARYCEMETERY PINKAUDITOR | MOUNT HOPE CEMETERY 284-3151 | Dates 3-8 10-8 |
|---|---|--|
| From: Sesence L. Clark | Para 00/100 | f Call Dlew I |
| InPayment of | 2\$3 now s | ection 2 Division // |
| Invoice No | NOTVALIDEON PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 67007 20% Sales Caré 77184 30% Sales 100 of Lote 77184 Opening/ 100 Closing 77181 |
| BALANCE DUE 300.00 | MAR 11 1988 | Surse 100 |
| Pre-need Trust Cash Check X | Issues by brata Cou | TOTAL PAID \$ 20 - |

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| EP | OCT | NOV | DEC | JAN | FEB | 118 | APR | MAY | JUN | JUL | AUG |
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| - | WHITE TO CUSTOMER |
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| State of | WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR |
| THE TENT | The second secon |
| | |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY | | | -0 |
|------------------------------|---|----------------|------------------------|-----|
| From Leouse aldan | Address: 186 Loyal | Date: | Gourt | 50 |
| Though dall | us no/108 - | Dol Dol | lars 15 20,00 |), |
| InPayment of | suxx 10 cu | del da | 1 | 19 |
| -00 | 0/2 | - 11 | Phone | - |
| Lot Grave | 2 3 Row | ction | Division / | |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | 20% Sales Care | 67007 77184 | 200 |
| Abot. No. | CITY AUBITOR | Opening/ | 77184 100 | |
| W.O. E -6/33 | GIT ADDITOR | Butiel | 77181 100 77182 | |
| BALANCE DUE 00,00 | APR 14 1988 | Handling Fee | 77195 | |
| Pre-Need Lot Al Need On Acct | , , , , | Pre-Need | 100 77183 89033 | 1 |
| Pre-need Trust Cash Check | 6 6 16 | Spice Tex | 9022 80101 78390 | |
| AC-812 (Mev. 10-87) 3623 | ISSUED BY TO A MILE WILL | TOTAL PAID | . 20 | |

| | | an | Di | ys1 ego | . (| E | 9 | 0 | 73 | 5 | |
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| ue da | nt due ite abo nt due lue dal | ve. | | or be | ore, | ,s) | > s > s | 1 21 | .0 | 0 | A TANK |
| | | | | | | | \$ | | | | _ |

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINKAUDITOR | 254-3151 | | |
|--|--|---|--|
| From: gerard adams | D Address 186 Round On | Date: 12-7 | 1081 |
| in Party Payment of Chil | it fot Sales Coupin | Dolle | 92114 ars (\$ 20.00 |
| Lot 89 Grave 6 | 169 How S | ection 2 | Division // |
| Acot. No | NOTVALID FOR PLIRPOSE STATED UNLESS STAMPED PAID' IN THIS SPACE. | 80% Sales of Lots 7. Opening/ Closing 7. Burest Containers 7. | 7007 7184 100 7184 100 7181 100 7182 100 |
| Pre-Need Lot B At Need On Acct Pre-need Trust Cash Check B | ISSUED SV Agra Black | Recording & Adiac, Food 7 Pra-Nand 6 Trust | 7183 |

| | S | 86 an | Re | ya. | . 6 | 22 | the t | 0al 211 | 4 | 7ª | - |
|----|---------|---------------------------------------|---------|------|------|-------|--------|------------|------|-----|-----|
| | | Mon | th an | d Da | y Di | ie Jn | dicat | ad B | elow | ~ | 1 |
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| da | nte abo | when p ve. if paid i te abov | more ti | | ore, | ys | s s | 21 | .0 | 0 | |
| | | | | | | | \$ | - | _ | _ | |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | | 13 | 1995 | |
|--|---|--|------------------------------------|--------------------|-----|
| From Learne Chapes | 2 191 Page | O Ook | 5 | SA | 19. |
| Tocky dal | Casa no /10 - | 0 | gHars (\$ | 80,00 |) |
| InFayment of | ign 11 Credi | t das | P. M. A. | THE REAL PROPERTY. | No. |
| Lot 69 Grave | 2 # 3 ROW_S | ection | 2 | Division Black | , |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED FAID IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales | 67007 77184 — 100 77184 — | 20 | 1 |
| w.o. E-6735 | | of Lots Opening/ Closing Burial | 77184 — 100 77181 — | 1000 | |
| BALANCE DUE 200,00 | CITY AUDITOR | Containers Handling Fee | 77182 — 100 77185 — | | 1 |
| THE RESIDENCE OF THE PARTY OF T | Man de la | Recording & Misc. Fees | 77183 — | Allega Con | - |

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

| | | | | ege | | | | | C | 6 | 73 |
|------|-------------------|-------------------|---|-----------|-------|-------|----------|-----|-----|-----|-----|
| ov | DEC | JAN | | MAR | | | | JUL | | SEP | OCT |
| | | | paid or | n, or bel | fore. | y-100 | | 2 | 0.6 | 0 | 1 |
| | ate abo | | 1000 000 000 000 000 000 000 000 000 00 | and the | | | \$ | 2 | 1.0 | 00 | |
| nou | int due due da | if paid te abo | moret ve. | han | da | lys | S | -2 | 1.0 | 10 | |
| EH I | | | | | | | | | | | |

WHITE TO CHISTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOSE CEMETERY 36251

| PINKAUDITOR | 264-3151 | | 11 | 28 |
|------------------------------------|---|---------------------------------------|--------------------------------|--------|
| From Caroc Code | nd Address: 166 Kary | P Cou | IT SA | . 19 0 |
| Treit de | the range | 2 | alleg (\$ 20 | 100, |
| In Payment of | rync 12 cion | w po | | |
| Lot 89 Grave | 243s | ction | 2 Divisio | on // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | OREDIT 20% Sales Care 80% Sales | 67007 77184 | 20 00 |
| w.o. E-6735 | CITY AUDITOR | Opening/ Closing | 77184 | |
| BALANCE DUE 260,00 | JUN 13 1988 | Containers Handling Fee | 77182 | |
| Pre-Need Lot X At Need O On Acct O | | Recording & Misc. Free Pre-Need | 100 771//3 63033 9092 | |
| Pre-meed Trust C Cash C Check | a la line | Sales Yax | 60101 18000 | |

| | 1 | 36 | Re Di | yal | - | | 29 | 0al 211 | 4 | out | rt |
|-----|-------------------|--------|----------|------|-------|-----|------|------------|------|-----|-----|
| | | Mon | th an | d Da | y Due | Ind | ical | ed B | elow | | 1 |
| DEC | JAN | FEB | MAR | APR | MAY | ON | JUL | AUG | SEP | OCT | NOV |
| | | | | | | | | | | | |
| nou | nt due lue dat | f paid | more th | nan | days | | \$ | 21 | .0 | 0 | 1 |
| | | | | | | | \$ | | | | |

AC-212 (Rev. 10-87)

WHITE TO CUSTOMER

3683

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINK | MOUNT HOPE CEMETERY | | | |
|--|---|---|---|-------|
| | | Date: | 7-7- | 19 88 |
| From: Eloise Adams Two hundred suty do | Wars and Villo | THE RESERVE THE PARTY NAMED IN | ollars (\$ 260.0 | |
| | pare spaces | | | |
| Lot 89 Grave | 2 ± 3 Row S | ection 2 | Division | 11 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care | 67007 /00 77184 /00 | 00 |
| Acct, No. | CITY AV | of Lots Opening/ Closing | 77184 /60 100 | 100 |
| w.o. E 6735 | CITY AUDITOR | Surial Containers | 77181 | |
| BALANCE DUE | JUL 13 1988 | Handling Fee Recording & Misc. Fees | 100 77185 ———————————————————————————————————— | |
| Pre-Need Lot At Need On Acct S | | Pre-Need Trust Sales Tex | 63033 9022 | |

ISSUED BY W.J. League

TOTAL PAID

| 0.00 | NOT | MAIL I | ENTIR | L. | | Ele MR | U. Salara | 0al | k 6 | 3 | |
|----------------|---------|---------------------------------------|---------|------|---------|-----------|-----------|-----|-----|------|-----|
| | | Mon | th ar | d De | y Di | ue Inc | dicat | | | 1000 |) |
| JAN | | | | | | 20 | | | | | DET |
| | | | | | 1 | Sales . | - 19.9 | 20 | | 0 | 153 |
| due da Amou | ate abo | when p ve. if paid n te abov | more th | | 49 | ays) | 5 | 21 | 0 | 0 | |
| | | | | | | | | | | | |
| NAM | E | | | Am | ount F | Receive | d S | 26 | 0, | 00 | |
| 200 | E | | | Am | iount F | Receive | s d s | 26 | 0, | 00 | |

INTERMENT ORDER

City of San Diego

Date 6/19/87

| in a Fur | neral, date, time |
|--|--|
| Church, Chapel, Graveside | ; Mortuar |
| All Funeral cars must arrive before 3:30 p.m. o | of regular work day or an extra charge will be applie |
| and billed to undersigned. War time veteran _ | - Clas XAla Crespi |
| 00 111- | 7 - 75 |
| Lot D Grave 773 Row ~ | Section Z Division/Block |
| Grave space & Care Fund @256 | 5009 |
| Additional spaces and care fund | none |
| Opening/Closing & Setup | + around |
| Burial Container | nous |
| Handling Fees | so at his |
| Flower vases - Marker setting fee | Time |
| Recording and filling fee | |
| | |
| A DA GARANTA ANTA O CHARLA DA LA TRABANTA A CANADA MATANCHA PARA PARA PARA PARA PARA PARA PARA PA | 3 |
| Sales taxas | 500 |
| salos taxas sale | Total Due |
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| salos taxas sale | Stantan Marketonacata V |
| Sales taxas Paid re- Thereby certify I am the | Balance due of the above named decade |
| Paid re Paid re Thereby certify I am the and this is your authority to make disposition of the second control of the second contro | Balance due |
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| Paid re- Pai | Balance due Of the above named decede and lagree to hold Mt. Hope Cemetery harmless fro |
| Paid re Paid re Paid re Thereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization. | Balance due Of the above named decede and lagree to hold Mt. Hope Cemetery harmless fro |
| Paid re Paid re I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization a I hereby authorize the interment in lot I hold under deed. | Balance due Of the above named decede and lagree to hold Mt. Hope Cemetery harmless fro |
| Paid re Paid re Paid re I hereby cartify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization a I hereby authorize the interment in lot I | Balance due Of the above named decede and lagree to hold Mt. Hope Cemetery harmless fro and interment. Signature Address |
| Paid re Paid r | Balance due of the above named decede and lagree to hold Mt. Hope Cemetery harmless fro and interment. Signature |
| Paid re Paid re I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization a I hereby authorize the interment in lot I hold under deed. | Balance due of the above named decede and lagree to hold Mt. Hope Cemetery harmless fro and interment. Signature Address State Zio Co |

500.00 34780/ 7-7-87 480.00 348741 8-4-87 460.00 350/0 20,00 9-8-87 440.00 35229V 11-3-87 420.00 20.00 12-4-87 85367 400.00 20.00 1-6-88 355/3/ 380.00

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | | |
|--|--|---|-------------|
| From allerda Smith | Address: 77 5/ Hus | fle H. | 3 92114 |
| twents dall | ors + 1 Cledis | A Collar | 20,00 |
| In Payment of CO-CC | yet # 1 ocene | CVI SI | Division () |
| Lot 017 Grave | | ection 2 | Division // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | of Lots 771 | 00 80 00 |
| w.o. E-6736 | The state of the s | Opening/ 1 Closing 771 Buriel 1 Containers 771 | 00 |
| BALANCE DUE | and the train of the party | Handling Fee 775 | 00 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | Al Wall | Pre-Need 630 True 60 Salse Tax 601 783 | |
| AC-212 (Rim. 11-86) 8482 | ISSUED BY MAY 1 VOICE | TOTAL PAID | . 20 00 |

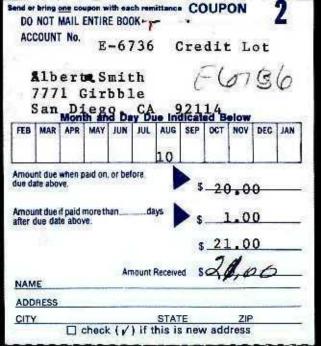
r bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6736 E6736 Alberto Smith 7771 Girbble San Diego, Ca 92114 Month and Day Due Indicated Below MAR APR MAY JUN JUL AUG SEP DCT 10 Amount due when paid on, or before, due date above. Amount due if paid more than after due date above. \$ 21.00 NAME / ADDRESS



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

PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151

| From: ALBERTTA SMITH | Address: 7771 GRIBBLE | | 92114 | |
|---|--|--------------------------------|------------------------|-----------|
| In PART Payment of Gr | | De | illars (\$ _2/. | 00 |
| Lot 89 Grave | 44.5 Row Se | ction 2 | Divisi Steel | on // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED | CREDIT 20% Sales Core | 67007 77184 | |
| Acet. No. | | 80% Sales of Lots | 77184 | 2/ 00 |
| w.o. E-6736 | | Opening/ Closing Surial | 100 77181 100 | F-12 (12) |
| BALANCE DUE 420,00 | | Containers Handling Fea | 177182 100 77183 | |
| | The state of the s | Recording & Misc. Fees | 77183 | |
| Pre-Need Lot At Need On Acct | | Pre-Need Trust Seins Tex | 63033 9022 | |
| Pre-need Trust Cash Check AC-212 (Rev. 11-es) | BRUCE Morrison | TOTAL PAID | 80101 78390 | 21 00 |





WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| No. | State of the late | THE RESERVE ASSESSMENT AND ADDRESS. | 0/11/09 |
|--|---|--|--|
| - 11 - | | / Dat | 0/7/8/ 10 |
| a vilot- | muth Address: | 1 | |
| | Address: | 70.2 | AND DESCRIPTION OF THE PARTY OF |
| in Origina #3 Payment of _ | 100 | | |
| 1 130 | 101.00 | F-6736 | Dollars (‡ |
| in Coulew to Payment of | Gelet Sale- | E-6/36 | DODG SOLD ST. ST. A. |
| | Coupon# 3 | | THE RESERVE OF THE PARTY OF THE |
| THE RESERVE OF THE PARTY OF THE | DUJUSUH O | THE RESERVE | Contract of the latest the latest |
| 1 | Joseph Com C | A STATE OF THE PARTY OF THE PAR | Obtober |

| Lot | Grave | Row | Section | 100 | _ Block | 200 |
|--|---------------------|---|-------------------------------|---------------------------|------------|--------|
| Involce No. | STATE OF THE PARTY. | MOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Cars | 87007 77184 — | 00 | - |
| Acct. No. | | | of Lots | 77184 — | 20 | 00 |
| w.o. E-67 | 36 | | Opening/ Closing Surial | 77181 - | TO CENT | Trail. |
| BALANCE DUE | 3279 | THE PERSON NAMED IN | Surial Containers | 77182 — 100 | A STATE OF | 161 |
| AND DESCRIPTION OF THE PARTY OF | 经 对外。公共自 | A CONTRACTOR OF THE PARTY OF | Recording & | 77183 — 100 77183 — | 15 Page | 100 |
| Pre-Need Lot At Ne | ed On Acct | | Pro-Need Trust | 62003 | 143/- | 1 |
| Pre-need Trust - Cast | Check V | 0,0 | Sales Tex | 80101 78360 — | N. S. 1846 | 100 |
| AC-212 (Rev. 11-85) 24 | 154 | ISSUED BY | TOTAL PAID | Carlo . | 20 | 00 |

| | | ert | 17 LONG | | 21 | ļ | - | 6 | 7 | 36 | |
|-------|--------|-----------|---------|---|----|--------------|-----|-------------|------|----|-----|
| S | an | | | | Ca | William Park | 21 | 14 led B | olow | 5 | |
| MAR | APR | | | | | | | NOV | | | FEE |
| ue da | nt due | when post | more ti | | | nys) | > s | _20 | .0 | 0 | |
| | | 1 | . / | , | / | Receivo | S | a | 0 | 00 | 7 |

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF BAH DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY 264-3151 Division Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT Invoice No. 20% Sales Care 20% Sales 100 Acct. No. of Lots Surial Containers BALANCE DUE Handling Fee 77183 03033 Pre-Need Lot D Pre-need Trust Gash TOTAL PAID AC-212 (Rev. 11-86)

| OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3161 | 12 | 5-4 8 | |
|---|---|--|---------------------------------|------------|
| From Aberta Sixet | L ADDIOSS: 777/ The | Alle I | 75D 92119 | + |
| In Payment of Car | yon #6 Gedi | 1 dot | offere (\$ 20.00 | 200 |
| Lot 89 Grave | 7/2/5 Row | oction 2 | Division // | |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care 60% Sales of Lots | 67007 77184 100 77184 | |
| W.O. E-6736 | CONTROL WAY | Opening/ Glosing Burist Conteiners | 100 77181 100 77182 | The second |
| BALANCE DUE 400-00 | | Handling Fee Recording & Mee. Fees | 100 77183 100 77183 | - |
| Pre-need Trust Cash Check | | Pre-Need Trust Sales That | 63033 9022 60101 76360 | |
| AC-212 (Nov. 11-80) 0/5-35 | ISSUED BY JONE | TOTAL PAID | . 20 - | 1 |

| AC | COUN | T No. | E | -6 | 736 | | Cre | di | t L | ot | |
|-------------|---------|------------------|---------|------|-------|----------|---|-----|-----|-----|-----|
| 34 | | er l | Gir | bb. | Le | | 921 | 5 | | 73 | 34 |
| IUN | IUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY |
| | | | | | | 10 | | | | | 3 |
| ue di | ate abo | when pove. | more th | 26.1 | fore, | 10 ys | > s | -21 | 0.0 | 0 | |
| mou fter | ate abo | ve. If paid I | more th | nan | N. | | > s = s = s = s = s = s = s = s = s = s | 24 | 1.0 | 0 | 0 |

| WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 284-3151 | | | ,0010 |
|---|---|---------------------------------|-------------------------------|-------|
| From elberta mui | L Address: 7777 2/1 | ille St | 50 | |
| Twenty yall | less I 7 Cred | 100 | ps 18 20. | 00, |
| Lot 89 Grave 9 | 1/\$5Rows | ection 2 | Division Block | 1/ |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | 20% Sales Care 7 80% Sales | 7007 7184 100 7184 | |
| w.o. E-6736 | CITY AUBITOR | Opening/ Closing 7 Burlat | 100 7181 100 7182 | |
| BALANCE DUE 300, 00 | JAN 1 1 1988 | Recording & 7 | 100 7185 | |
| Pre-need Trust Cash Check Pre-need Trust Cash Check P | | Truet | 9022 9101 8390 \$ 20 | _ |

| AC | NOT COUNT | r No. | E S | mit | 36 h | | E | Le | 57 | '3 | 6 |
|-------|---------------------------------------|----------------|-------|-----|---------|--------|-------------|-------------|---------|---------|-----|
| 100 | an | | | | | | 21 dical | 14 led B | alow | | |
| JUL. | AUG | | | | | | | MAR | 1000000 | 1000000 | JUN |
| we da | nt due ate abo nt due due da | ve, if pald | moret | | | iys | s s | _20 | 0 | 0 | |
| NAM | E | | | An | nount | Receiv | s ed S | i | | | |
| ADD | RESS | | | | | | | | | | |
| | | | | | | | | | | | |

CITY OF SAN DIEGO, CALIFORNIA

| CAMARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | | 3 | | 00 |
|------------------------------|---|---|-------------------------------------|------------|-----|
| From alberta In | the Address: 7771 Dru | He V | trec | # 5½ | 50 |
| twenty de | ellers HX UN | del x | ollars (b) | 20.00 | 2), |
| Payment of Land | 11- | | 17 | Division / | / |
| Lot Grave_ 7 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care | 87007 77184 | Blook- | |
| Acct. No. E-673 & | | 80% Sales of Lots Opening/ Closing Buriel | 77184 — 100 77181 — | 80 | 00 |
| BALANCE DUE 26000 | CITY AUDITOR | Containers Handling Fee Recording & | 77182 — 100 77185 — | | |
| Pre-Need Lot | FEB-05 1988 | Misc. Fees Pre-Need Trust Sales Tax | 77163 — 63083 9022 — 60101 | | |
| AC 212 (Day 12 22) | ISSUED BY CORE | TOTAL PAID | 78390 — | 130 | oc |

| | L1b | eri | be S | 2000 | :h | (| Cre | | . L | | 34 |
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| mou fter | nt due due da | if paid | ve. | ta | | ys Piceivi | 373 | 1 2 2 3 | | | |

Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. Credit Lot E 6736 Alberta Smith 7771 Girbble nd Day Due Indicated Below OCT NOV DEC JAN FEB MAR APR MAY JUN AUG Amount due when paid on, or before, due date above. Amount due if paid more than. after due date above. .20,00 Amount Received NAME ADDRESS

CITY STATE ZIF

□ check (/) if this is new address

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

Nº

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 254-9151 | | | 6 | 00 |
|--|---|--|------------------------------------|-------------------|------|
| Wheeler Some | EL 1777/ VI | Mele. | B10 | 750 | 1966 |
| From white ball | May 20/100- | | offare (\$ | 20.0 | ٥, |
| In Payment of | ufon 11 oll | det de | 7 | | |
| Lot 8 Grave | 445 Row_s | ection | 2 | Division Block | 11 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE, | CREDIT 20% Sales Care 60% Sales of Lots | 67007 77184 — 100 77184 — | 20 | 00 |
| W.O. E-6736 | | Opening/ Closing Buriel | 100 77181 — | | |
| BALANCE DUE 300.00 | CITY AUDITOR | Gontainers Handling Fee | 77182 — 100 77185 — | | |
| Pre-Need Lot At Need On Acct | MAY 12 1988 | Recording & Misc. Fees Pre-Need Trust | 77183 — 63033 9022 — | THE R | |
| Pre-need Trust Cash Check OC AC-212 (Rev. 10-87) | ISSUED BY LANGER WIRD | TOTAL PAID | 90101 76300 — | 20 | 00 |

| | 116 | ori | te S | mit | h Ca | , | 21 | 14 | 7 | | 4 |
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| | RESS | | | | | | 24 | | = | | |
| | IILOO | | _ | _ | _ | | _ | _ | | | _ |

OFFICIAL RECEIPT 36377 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK MUDITOR MOUNT HOPE CEMETERY 264-3151 Dollars (\$ 0 Division Block Section Grave Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT Invoice No. 20% Sales Care JUL 11 1988 50% Sales of Lots Acct. No. Opening/ Closing Burisi Containers BALANCE DUE Handling Fee Recording & Misc. Fees On Acct Sha-Hond 53030 Pre-Need Lot Truet. Pre-need Trust Sales Tax Cash Check TOTAL PAID AC-212 (Rev. 10-87)

| 1000 | OUNT | CONTROL | E | -67 | | (| - | die | | | , |
|------|------------------|---------|---------|------|-----|-----------|-----|-----|------|-----|-----|
| 3 | 77 | 1 (| m am | d ba | CA | - | 21 | AUG | elow | | NOV |
| DEC | JAN | PEB | MAR | APR | MAT | JUN 10 | JUL | AUG | SEP | OC, | Muy |
| | nt due te abo | ve. | paid on | | No. | vs) | > s | -26 | | 0 | |

STATE ZIP

Check (/) if this is new address

Ne 36255 OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 264-3151 Dollars (\$/2 Payment of Division Grave Section Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 20% Sales Care Invoice No. 00% Sales of Lote Acct. No. CITY AUDITOR Opening/ Clowing Buriel JUN 13 1988 Containers 77182 BALANCE DUE ___ Handling Fee Recording & Misc. Fees Pre-Need Pre-Need Lot & At Need 95033 9025 On Acct D Trust Pre-meed Trust C Cash Sales Tex 発型

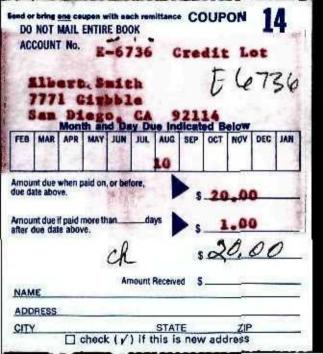
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| ue da | ite abo | when p ve. if paid i te abov | 5/27/ | | da | ys | s | | .0 | | 10.0 |
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| NAM | E | | | An | nount f | Receive | d \$ | | _ | | |
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| KUU | | | | | | | | | | | |



WHITE TO GUSTOMER

CITE OF SAN DIEGO, CALIFORNIA

| PINKAUDITOR | 264-3151 V | |
|--|--|---|
| From July Spread | Address: 777/ Aulfile 100 | |
| In August Payment of | Credit Follows (\$ 20.00) | |
| 1 89 | 1/45 Division // | |
| Invoice No | Row Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 "PAID" IN THIS SPACE, 77184 | |
| Acot. No. E - 6736 | CITY AUBITOR 100 77184 100 77185 100 77185 100 | / |
| BALANCE DUE | AUG 09 1988 Handling Fee 77185 100 100 100 100 100 100 100 100 100 10 | |
| Pre-Need Lot At Need On Accident Pre-need Trust Cash Check On Chec | | |
| AO-212 (Rev. 10-87) | ISSUEDEN TOTAL PAID & 31 - | 7 |



CITY OF SAN DIEGO, CALIFORNIA

| WHITE TO CUSTOMER CANARY CEMETERY PINK | MOUNT HOPE CEMETERY | CO. |
|--|--|---|
| From alleuta Inu | # Address: 777/ # | 10-5 42/14 |
| twest, 10/1 | 00 - 16 (14) | Dollars (\$20.00) |
| In Payment of U | marie 10 on | O Division // |
| Lot Grave | | ection Block-// |
| Invoice No. | MOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CITY AUDITOR | CREDIT 20% Sales Care 77184 20 20 0 |
| W.O. 2-6736 | | of Lats 77184 — — — — — — — — — — — — — — — — — — — |
| BALANCE DUE 200,00 | OCT 7 1988 | Buriel 100 Containers 77182 |
| CONTRACTOR STATE | | Recording 8 100 Misc. Fees 77183 — |
| Pre-Need Lot / At Need On Acct Pre-need Trust Cash Check | 1161 | Pre-Nand 83033 Trude 8022 Sales Tax 80101 |
| AC-212 (Rev. 10-87) 2789 | BSUED WAS ALL WAY | Sales Tax 90101 TOTAL PAID \$ 20 00 V |

| 2000 | | MAIL | ENTIR | RE BOO |)K | itano | | | | _ | 6 |
|-----------------|---------------------------------------|---------|--------|------------|-----|-------|-------------|-----|-----|-----|-----|
| | | | | mit bbl | | e Inc | 21 | 6 | | 3 | le |
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| | | and and | - | a conserva | | | V | | | | |
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AC-212 (Rev. 10-87)

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| MAR | APR | MAY | | | AUG | Marking to the last | Access to the second | distribution of | and the same of | _ | FEB |
| | nt due ite abo | when p | paid on | , or be | |) | 5 | 20 | .0 | 9 | |
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CITY OF SAN DIEGO, CALIFORNIA

Nº 36958

| WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | 11-14 8 |
|--|---------------------------------|--|
| From alberta Inc | Address 771 Siffe | Jan frego |
| inPayment of | augon 17 Created | Dollers (\$ 50,00) |
| Lot 89 Grave | 495 Row Section | 2 Division// |
| Invoice No. | _ CITY AUDITOR | % Saiss Curs 77184 20 00 100 20 00 100 100 100 100 100 100 |
| BALANCE DUE 10.00 | | riei 100 ntainere 77182 100 ndling Fee 77185 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-67) | De la libertion | IC. Feels 77183 Info Feel 7718 |

| | 1 | T No. | E. S | -6 | | C | 50 | 1 | 73 | 11 | |
|--------------|---------|----------------|-------------------|-------|---------|---------|-------------|----|----|----|-----|
| | 1000 | D | Gir Leg | bb. | C. | 100 | 21 | 14 | | | |
| AAY | JUN | | - | _ | _ | NOV | - | | | _ | APR |
| we da mou | ate abo | ve. If paid | paid or more t | V.Sec | | iys | > s | 20 | | | |
| MAN | E | | | Ar | nount l | Receive | \$ ed \$ | | 4 | | |
| | _ | | | | | | | | | | |
| ADD | RESS | | | | | | | | | | |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| PINKAUDITOR | MOUNT MOPE CEMETERY 204-3151 | 14 | - 0 |
|------------------------------|--|--|-------------|
| From Telbetta In | the Asidress 7771 Jul | The Flue | 7 50 1950 |
| In Payment of Co | war 18 Cleate | Dollars (\$ | 20.00 |
| Payment of | 1118 | 27 | Division // |
| Lot Grave | Y 9 Sect | AND THE RESERVE OF THE PARTY OF | - Block // |
| Involce No. | NOT VALID FOR PURPOSE STATED UNLESS TAMPED PAID IN THIS SPACE. | CREDIT 67007 20% Sales Care 77184 — 60% Sales 100 77184 — | 2000 |
| Acct. No. 2 - 6236 | DEC | Opening/ 100 Closing 77181 — | |
| W.O. 2160 00 | 9 194 | Gurial 100 Containers 77182 — | |
| BALANCE DUE | | Handling Fee 77185 — Recording 8 100 | America Res |
| Pre-Need Lot At Need On Acct | / / / / | Misc. Fees 77183 — Pre-Head 85083 7 Trust 6092 — | 100 Test |
| Pre-need Trust Cash Check | In dia Vand | Sales Tax | 44 |
| AC-212 (Rev. 10-87) | ISSUED BY COMMUNICATION | TOTAL PAID \$ | 20 00 |

| 81b 777 | ALC: YES | 100 | ALTO MESSAGE | LUNC CO | | ese. | Track and | 6 | 1000 | 6 |
|---|-----------|--------|--------------|---------|---------|-------------|-----------|-------------|------|-----|
| JUN JUL | Mon | SEP | - | NOV | DEC | JAN | ed B | elow MAR | APR | MAY |
| vmount due ue date abo vmount due ifter due da | if paid (| moreti | | lore, | ys) | > s | -20 | 1.0 | 0 | |
| | | | An | nount f | Receive | \$ ed \$ | _ | | | |
| NAME | | | | | | | | | | |

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151 Payment of Division Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 20% Sales Care Invoice No 80% Sales Acct. No. of Lots Opening/ Closing Containers BALANCE DUE Handling Fee Recording & Misc. Fees Pre-Need On Acct Pre-Need Lot 10 Trust Pre-need Trust Sales Tax TOTAL PAID AC-212 (May, 10-87)

| AC | COUNT | r No. | Siz | mie bbl | 36 h | 9 | 6 | - | 7 | <u>'</u> 3 | 6 |
|------|---|----------------|-------|------------|---------|-----------|-------|------|------|------------|-----|
| | | Mon | th ar | nd De | ay De | e In | dical | ed B | elow | | |
| JUL | AUG | | | | | JAN LO | | | | | JUN |
| ue d | int due ate abo int due due da | ve. if paid | moret | | | iys | s s | 20 | 0,0 | | |
| | | | | Ar | nount | Receive | ed \$ | - | | | |
| NAM | E | | | | | | | | | | |
| ADD | RESS | | | | | | | | | | |

Nº 37316³ 6

WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-2151

| PINKAUDITOR | 204-3151 | | 29 |
|--------------------------|--|---|---|
| From: allerta St | neth Address: 7791 J | Date: A | SD .105/ |
| In Payment of | Cougan 20 Vr | etel do T | lggo (\$ |
| Lot 89 Grave | 445 ROW_S | ection 2 | Division // |
| Acct. No | PAID IN THIS SPACE CITY ALL THE FEB 10 19 | dOth Sales of it of a Operang Operang Operang Buriel Containers Handling Fee Recording & Mac. Fees Pre-Need Trust | 67007 77184 100 100 17185 100 77162 100 17165 100 77165 |
| AC-212 (Mev. 10-et) 2907 | ISSUED BY MARIA AND A | TOTAL PAID | . 20 00 |

ROCK SHALL

JUN JUL

send or bring one caupen with each remittance COUPON DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

66136 Sibort Smith

nd Day Due Indicated Below SEP AUG OCT | NOV | DEC | JAN MAR APR MAY FEB

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

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

.20,00 Amount Received NAME

CITY STATE ZIP

check (/) if this is new address

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

Nº 37641

| CANARY CEMETERY AUDITOR | MOUNT HOPE CEMETERY 254-3151 | # # WI | 11.7 29 |
|------------------------------|--|---|------------------------------|
| From: alles to s | but Laboress 7991 | Deter The | 1907 |
| Twente, do | Kupan 21 | Dollar J. Dollar | in 13 20-00) |
| In Payment of | and a | cuaci a | |
| Lot 89 Grave 9 | 745 Row8 | ection | Division // |
| învolce No | NOT VALID FOR PURPOSESTATED UNLESS STAMPED PARC IN THIS SPACE. | CREDIT 6 20% Sales Core 7 80% Sales | 77007 |
| W.O. 2-6736 | CITY AUDI | of Lots 7 Opening/ Clining 7 | 7184 100 7181 |
| BALANCE DUE 100-60 | APR 17 198 | Containers 7 | 7182 |
| Pre-Need Lot At Need On Acct | | Misc Pres 7 | 100 77183 8033 9032 |
| Pre-need Trust Cash Check | A feel level | | 8390 |

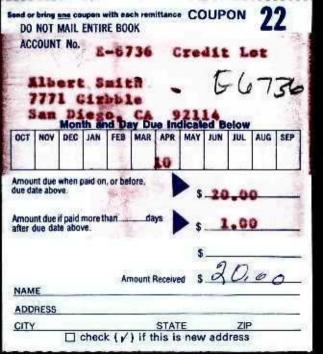
| 4 | 77 | T No. | Sit | mit bbl | in ie | 6 | -(a | 7 | 3 | 4 | |
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| SEP | ОСТ | | | | | MAR LO | | | | JUL | AUG |
| due da | ite abo | when p | | 200 | fore. | lys I | s | 20 | .0 | | - |
| after o | lue da | te abo | ve. | | | Receive | S S | _ | | , | |
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WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

Nº 37769

| PINK AUDITOR | 284-3151 | | | - | 00 |
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| Mesta In | # 2701 | 4 Date | 5-3 | 5 | e/ |
| to it to della | Care 20/100 | O D | offers (\$ _ | 80-0 | 10, |
| In Payment of | Mugan 22 | Ullates | de | 1 | |
| Lot 89 Grave | 445 Row S | ection | 2 | Division // | |
| Invoice No. | NOT VALID FOR FURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales | 67007 77184 | 20 | 00 |
| Acct. No. 2 - 6736 | | of Lots Opening/ Closing | 77184 100 77181 | CITY | 775 |
| BALANCE DUE 70,00 | | Containers Hundling Fee | 100 77182 100 77185 | MAY | UDITO |
| Pre-Need Lot At Need On Acct | | Recording & Misc. Feet Pre-Need | 100 77183 83033 9022 | 1 | 2 1989 |
| Pre-need Trust Cash Check | Soudso I has | Sales Tax | 9022 60101 78390 | 112 | |
| AC-212 (Rev. 10-97) 2976 | ISSUED BY LITTLE TO THE TOTAL | TOTAL PAID | 1 | 20 | 00 |



CITY OF SAN DIEGO, CALIFORNIA

38104

| WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 284-3151 | pate; 6 | 5 ,89 |
|--|---|--|--------------|
| From Charle mul | Address: 7771 A | office, | \$ 92/19 |
| In Payment of Us | 14 33 Ul | del det | Division // |
| Invoice No | MOTIVAL ID EDD DIJOBORE ETATED LINE EDE ETAMBED | CREDIT 6700 20% Sales Care 7718 80% Sales 100 of Lots 7718 | alock 20 100 |
| W.O. 2-6936 BALANCE DUE 60:00 | CITY AUDITOR | Opening/ 100 Closing 7718 Burial 100 Containers 7718 Handling Fee 7718 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | JUN | Pre-Need 100 | |
| AG-212 (Rev. 10-87) 3/1.2 6 | ISSUED BY WIRELE VERY | TOTAL PAID | 20 00 |

| DO | NOT | MAIL | ENTIF | RE BO | OK | - XX | • 6 | OUF | ON | 2 | 3 |
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| | | | 5 | mii bb | h | ^ | | 0 | 0 | 13 | 36 |
| | | | | | Ca | | 921 | | | | |
| 1 | | Mon | th at | nd De | y D | ue In | dica | ted E | elow | | 112 |
| NOV | DEC | JAN | FEB | MAR | APR | MAY 10 | JUN | ∌UL. | AUG | SEP | OCT |
| lue da Unour | te abov nt due i ue dat | re. I paid i | moret | | de | nys Receiv | s s s | | 2.0 | 0 | |
| ADDE | RESS | | | | | | | | | | |
| CITY | | | | | | STA | 004 | | ZIF | | |

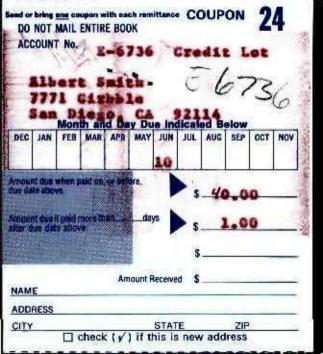


WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

112 38216

| | 284-3151 | Date: 4 | 3 , 89 |
|---|---|--|----------------------|
| In Payment of Aug. | Address: 111 900 | Dollars 15 | 40.00 |
| Lot 89 Grave | | ection 2 | Division // Block |
| Acct. No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 87007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 — | CHAY AUD TO |
| BALANCE DUE 20-00 | | Burial 100 Containers 77182 – 100 Handling Fee 77185 – Recording & 100 | JUL 1 0 1989 |
| Pre-Need Lot At Need Con Acct Pre-need Trust Cash Check | 11111 | Misc. Fees. 77183 — Pre-Need 83033 Trust 9022 — Sales Tax 80101 78380 — | 1/3 Jan 1 |
| AC-212 (Mev. 10-87) 3057 | ISSUED BY | TOTAL PAID . \$ | 40 0 |



| | ith, Alberta | | - | ACCT, NO. | E-6/36 |
|-----------------|---|--------|-----|-----------|-------------|
| | 771 Gribble, San Diego, Ca 92114 RAT | ING | 400 | LIMIT | |
| DATE | ITEMS | DEBIT | V | CREDIT | BALANCE |
| A 19 87 | Lot 89, Grave 4 & 5, Section 2, Division 11 | 500 00 | | 120 00 | 380 00 |
| -3 88 | Caugen # 8 Recept # 35639 | | | 2000 | 36000 |
| 8-8 88 | Caupan #9 Leculot #35833 | | | 12000 | 34000 |
| -12 FX | Coupen # 10 Resept, 360071 | | | 2000 | 320 07 |
| -9 88 | loupon 11, Leceist 36/290 | | | 20 00 | 30000 |
| 6 88 | Cauge 13, Seperat 36 255 | | | 2000 | 280 00 |
| -6.88 | Caupa 12, Levelot 36377 | | | 2000 | 26000 |
| -588 | Combon 14 Receipt 3/095 | | | 20011 | 20000 |
| 13 88 | Coulon 15 Recept 36682 | | | 2070) | 2200 |
| 1-5-88 | Gura 16. Reseist 36720 | | | 2000 | 2000 |
| 1-1088 | Calan 17, Secret 36958 | | | 2012 | 1800 |
| 6-5 88 | Course of Person 3/04/1 | | | 2000 | 160 d |
| 1-9 89 | Carpon of Resent 37203 | | | 2010 | 1400 |
| 2-6 89 | Caupon 20 Resent 373/61 | 100 | | 2000 | 1200 |
| 89 | anupan 21 Percent 326411 | | | 2100 | 1000 |
| 5589 | Theren 32, Deal at 377694 | | | 200 | 30 D |
| -5 59 | Casean 23 Peacht 38/841 | | | 200 | 6000 |
| -3 89 | Coulan 24 Tenest 3216 | | | 3000 | 20 a |
| 1 89 | Canton Percept 3846X | | | 2000 | 0 |
| AIGNER FORM NO. | 25-204 Smith, Alberta 89 - 4 | 85-2- | 11 | | - 1-T-1-to- |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

M2 38468

| | 264-3151 | | A | 00 |
|------------------------------|---|---------------------------------------|-------------------------------|--------|
| allerte Shi | 19 7771.4 | Dete: | 1 / | 2/14 |
| twente, 1 | all w | Dol | lars 15 20 10 | 00,1 |
| In Payment of | conal Jaypur | t.a | ald ! | XI |
| Lot 89 Grave | 475 ROWSe | ection | Division Block | 1/ |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales | 87007 20 77184 20 | 00 |
| Acct. No. 8 4736 | | of Lots Opening/ Closing | 77184 CTTY AU | BITOR |
| BALANCE DUE | | | 77 82 SEP 1 | 1 1989 |
| Pre-Need Lot At Need On Acct | 1 | | 100 77183 63033 9002 | |
| Pre-need Trust Cash Check A | ISSUED BY MINALE COO | /Sales Tax | 80101 | VN. |

| DA, MT. HO | OPE CEMETERY |
|--|---|
| 7 / 1 | IENT ORDER |
| O Can #10: | 3 -2518 Date 6/22/87 |
| You are hereby authorized and instructed sub | ject to your rules and regulations, to inter the remains |
| of ava Kickler | age 94 00 beliverely |
| in a Volt Full | neral, date, time |
| Church, Chapel, Graveside | ; Claumont Mortuary |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | (|
| Lot 99 Grave 9 Row_ | Section 2 Division/Block |
| Grave space & Care Fund | |
| Additional spaces and care fund | 20.5 |
| Opening/Closing & Setup Burial Container Bound in | Place - Cemente |
| Handling Fees | *************************************** |
| DECEMBER SOCIETY AND STREET WAS ASSOCIATED BY THE STREET OF THE STREET O | *************************************** |
| Recording and filing fee | |
| Bill PA 103-2518 | Total Due 29,8 |
| Paid re | eceipt number |
| Phonelin By Lee Jas | mic -P.A, Balance due |
| and this is your authority to make disposition | of remains as above indicated. I certify and represen a and lagree to hold Mt. Hope Cemetery harmless from |
| I hereby authorize the interment in lot I | |
| hold under deed. | Signature |
| Signature of recorded holder of deed | Address Zo Co |
| | |

Work Order # **E** 6737

|)= | u u | SE BLACK INK-MAKE NO ALTER | ATIONS OR ERASUR | ES | E6737 | |
|---|---|---|--|--|--|--|
| NAME OF DECEDEN | a Richter | | sex Female | May 18, 1893 | June 17, 1987 | |
| PLACE OF DEATH— | CITY OR TOWN | PLACE OF DEATH—COUNTY ION STA | TE IF NOT IN CALIFORNIA | NAME AND ADDRESS OF | SPOUSE OR OTHER INFORMANT | |
| | A Transact North 1 | CALIFO | P-1126 | 5201 A Ruffin San Diego,CA. | Roed 92123 | |
| | TYPE OF PERM | IT, CHECK ONLY ONE OF THE FO | OLLOWING TYPES O | F DISPOSITION | | |
| 1 BURIAL (IN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND BURIAL ENTOMBMENTI | INCLUDES | 8 DISINTERMENT AND I | REINTERMENT OF CREMATED INURNMENT) | |
| 11. <u>22</u> | N AND BURIAL IINCLUDES INURNMENTI | 6 DISINTERMENT, CREMATION (INCLUDES INURINMENT) | L AND BURIAL | 9 DISINTERMENT OF CR DISPOSITION OTHER | REMATED REMAINS AND THAN IN A CEMETERY | |
| 3. CREMATION CEMETERY 4. SCIENTIFIC | | 7. DISINTERMENT, CREMATION OTHER THAN IN A CEMETER | | FOR CORONER'S USE ONLY 10 DISPOSITION PENDING | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | IEBE REMAINS OR CREMATED REMAI | NS ARE TO BE INTERR | Jr. San Dieg | en Diego | |
| CREMATION | PARTY PROPERTY AND | San Diogo CA 9893 | DATE CREMATED 1987 | SIGNATURE OF PERSON IN | CHARGE OF CREMATORY | |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | | ent to identify final a Corute Plantie B | | Done by | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECE | IVING REMAINS 18"—9" WH | Role - | no marker | David Fregue | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named decea and I hereby acknowledge that tre this permit gives no right of unrest | lent under provisions of the Healt spass and nuisance laws apply a | h and Safety Code, nd understand that | SIGNATURE OF APPLICANT DATE SIGNED | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | AND IS THE | JUN 2 5 19 | SIGNATURE OF LOBAL REG | PRAR ISSUING PERMIT | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED SISPOSITION WAS MADE ON | SIGNATURE OF PE | ERSON IN CHARGE OF | | NUMBER OF CREMATED REMAINS R, IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | | 1 | | |

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

| Youere hereby authorized and ins | tructed, subject to your rules and regulations, to it | nter the remains |
|--|---|---|
| in a T. D. Hoult | Funeral, date, time // Am - We | 2- 6/24 |
| Church, Chapel, Graveside | with \$ 8 . Doodbody | Mortuary. |
| All Funeral cars must arrive befor | e 3:30 p.m. of regular work day or an extra charg | e will be applied |
| and billed to undersigned. War tin | ne veteran | |
| /Lot 1411 Grave ~ | Row Section Division/B | lock 10 |
| Grave space & Care Fund | *************************************** | 5952 |
| Additional spaces and care fund | none | |
| Opening/Closing & Setup | | 3200 |
| Burial Container | ************************************** | 17500 |
| Handling Fees | ************************************** | . 17000 |
| Flower vases - Marker setting fee | | |
| Recording and filing fee | *************************************** | 3500 |
| Secure reporting | VF1.11.004.772.0.173.12.27.284.884.884.984.01.01.01.01.01 | 10 50 |
| Det at found | Total Due | 1305.50 |
| Show | Paid receipt number 3479 | 1305.57 |
| Via 9044 | Balance du | , D |
| 487-1 | aca. | MEAN AND |
| I hereby certify I am the and this is your authority to make that I have the right to make this a any liability on account of said au | disposition of remains as above indicated. I certi | named decedent ify and represent ry harmless from |
| I hereby authorize the interment i hold under deed. | n lot 1 Signatura Con Tamo | yo- |
| Signature of recorded holder of deed Auro | in il Exondido Car | 92025 |
| | Invaice | |
| Work Order # E 6738 | Acet | Special Control |
| PY-543 (REV 8-86) | | |

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES NAME OF DECEDENT SEX DATE OF BIRTH DATE OF DEATH JULIAN C. ROSETE PLACE OF DEATH-CITY OR TOWN PLACE OF DEATH-COUNTY IOR STATE IF NOT IN CALIFORNIA) NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT NATIONAL CITY SAN DIEGO SYCAMORE CREEK ROAD NAME AND ADDRESS OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCHO CALIFORNIA LICENSE NUMBER CAJON BLVD. SAN DIEGO.CA TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION 5 DISINTERMENT AND BURIAL INCLUDES BURIAL INCLUDES ENTOMBMENTS ■ 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) **ENTOMBMENT** 2. CREMATION AND BURIAL (INCLUDES INURNMENT) 6 DISINTERMENT, CREMATION, AND BURIAL 9 DISINTERMENT OF CREMATED REMAINS AND (INCLUDES INURNMENT) DISPOSITION OTHER THAN IN A CEMETERY 2 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 7 DISINTERMENT, CREMATION, AND DISPOSITION FOR CORONER'S USE ONLY OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE ☐ 10 DISPOSITION PENDING NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED COUNTY TERMENT NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY CREMATION BURIAL AT SEA ADDRESS, NEAREST POINT SHORAINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION SITION OTHER A CEMETERY MATED REMAINS NAME AND ADDRESS OF FACILIDASIECEIVING REMAINS SCIENTIFIC USE SIGNATURE OF APPLICANT This is to certify that I am the person having the right to control the disposition of the ACKNOWLEDGMENT remains of the above named decedent under provisions of the Health and Safety Code, OF and I hereby acknowledge that trespass and nuisance laws apply and understand that DATE SIGNED APPLICANT this permit gives no right of unrestricted access to property not owned by me.

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

AMOUNT OF FEE PAID

DATE PERMIT ISSUED

LOCAL

REGISTRAR

CERTIFICATION

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY

PERSON IN CHARGE OF DISPOSITION THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS

OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE

AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS DERMIT

INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _

LICENSE NUMBER OF CREMATED REMAINS

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT

DISPOSER, IF APPLICABLE

WHITE TO CUSTOMER CANARY CEMETERY PINK ALIDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| PINKALIDITOR | 264-3151 | | | 0 |
|---|---|---|------------------------------|---------|
| Coper Lana | 10 18374 Jan | Date: _6 | 91110 | 11/2/10 |
| Whiteen Mans | ned fine dallage | en 1 | ollars (\$ B | 25.50 |
| In Payment of | elich Koste | lerve | 4 | |
| Lot 14// Grave | Row Se | ection | Divis | tion 10 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care | 67007 77184 | 1/9 |
| Acct. No. F - 6738 | | 80% Sales of Luis Opening/ Closing | 77184 | 320 |
| BALANCE DUE | | Suriel Containers Handling Fee | 100 77162 100 27183 | 170 |
| Pro-Nearl Lat | 5 | Recording & Minc. Pens | 77183 | 35 |
| Pre-need Lot Al Need Con Acct Pre-need Trust Cash Check | X 16/1/2 | Tex Tex | 80122 80101 78380 | 1050 |
| AC-212 (Nov. 11-86) 491 | ISSUED BY COME ING | TOTAL PAID | 1/3 | 05 56 |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/32/87

| You are b | esehv suthorized : | and instructed Au | hiect to your rules ar | od regulations, to inter the remains |
|---------------|-----------------------|--------------------|------------------------|---|
| _ \ | Doul. | 11/2/10 | / | . / / |
| f | 10 0.11 | way | | 16/6:12Pm |
| 18 — | Vaute/Lim | (S) F | uneral, date, time | 126/ my al. m. |
| hurch, C | chapel, Graveside | Chapel 4 | 51 6 | Mortuery Mortuery |
| III Funer | al cars must arriv | e before 3:30 p.m | of regular work day | or an extra charge will be applied |
| nd billed | to undersigned. | War time veteran | (| |
| ot | Grave | Row | Section | Division/Block |
| irave spa | ace & Care Fund | *********** | | |
| dditiona | I spaces and care | fund | | × |
| pening/ | Closing & Setup | | | () |
| urial Co | ntainer | | 1/~ | λ |
| | Fees + 20 | 7 - | 100 | ······················ |
| lower va | ses - Marker sett | ing fee | | |
| ecording | and filing fee | | - Val | |
| Sales tax | es | ****** | | 1745 |
| | | | Total | 6 1 |
| | | Paid | receipt numb | ************************************** |
| | | | | Balance due |
| | | | | |
| hereby o | ertify I am the | make disensities | of remains as abou | of the above named deceden e indicated. I certify and represen |
| hat I have | e the right to make | this authorizatio | n and lagree to hold | Mt. Hope Cemetery harmless from |
| пу наош | ty on account of s | said authorization | and interment. | |
| | uthorize the inter | ment in lot I | Signature | |
| old unde | er deed. | | | |
| gnature of re | corded holder of deed | | Address | |
| | | | State | Zip Ced |
| | | 27:0 | Telephone | |
| | // | Vous) | \$26 TXK 5X | |
| | E 679 | 10 | Invoice # _ | |
| Nork Ord | Mer# U () | 0 | Acct. # | |

MT. HÖPE CEMETERY

City of San Diego

| TE 1/2 DE | A.R. | Lengle | ton | the- |
|---|----------------|----------------|---|---|
| thurch, Chapel, Gravesid Chapel | - Funera | date, time L | Agadele | Mortuary |
| Il Funeral cars must arrive before 3: | | * | or an extra cha | |
| nd billed to undersigned. War time v | reteran _/V | <u>o</u> . | e | e Williams |
| ot 90 Grave A Row | <u></u> _ | Section | Division | 12 12 |
| Grave space & Care Fund | | ********** | | 395 |
| additional spaces and care fund | M | ne | | ···· -24 0 0 |
| pening/Closing & Setup | ·/···· | | | QXO: |
| Jurial Container Coxull A | andt | | *********** | 175 |
| landling Fees | | | | 1700 |
| lower vases - Marker setting fee | | | • | |
| ecording and filling fee | | | | _ and _ |
| ales taxes | | | | 10.4 |
| oder | | Total | Due | //05. |
| note" | Paid receip | t number | - | |
| | | 745 | Balance | due |
| hereby certify I am the | orization and | lagree to hold | re indicated. I co | ve named decader artify and representery harmless from |
| ny liability on account of said author | rization and i | nterment. | 11 | 1 1+ |
| hereby authorize the interment in lo old under deed. | t I | 3/2 | 6 Palin | show |
| gneture of recorded holder of deed | | 262- | 92 - 8289 | // 4 zip Co |
| | | | | |
| | | Invoice | 057 | 74/ |

| W.O. | NO. | 7 |
|------|--------|---|
| | E-6740 | , |

NOTE-STRAIGHT

| | Little and the second | | | |
|---|--|----------------------------|-----------------------------|-------------------|
| : 110550 | San Diego, | California, Ocen | 22 | 1987 |
| -30 - | The state of the s | | ndersigned maker(s) prom | ise(s) to pay to |
| Mt. Hope Cemetery or Sa | | | | |
| | | · · | | or order |
| at 3751 Martin Luther Ki | ng Way, San Die | go, CA 92102 | | |
| the sum of Eleven Hend | al fine a | 1/100 | | DOLLARS. |
| with interest from | 423, 1987 | 7 | on the unpaid princip | al at the rate of |
| . 12 per cent per annum, pa | yable on demand | | W | |
| Should interest not be paid when due. | it shall thereafter bear like | interest as the principa | I. Should default be made | in payment of |
| interest when due, the whole sum of princ holder of this note, interest after maturity w | ill accrue at the rate indicati | ed above. Principal and it | nterest are payable in lawf | u! money of the |
| United States. Each maker will be jointly an hereof before, at or after maturity, and waive | | | | |
| person who signs this note agrees that reco | ourse may be had against his | s/her separate property | for any obligation contains | d herein. If any |
| action be mattrace on this hate, the share | organics promises(e) is poly s | x xuano | 2. Sinal | eton |
| | | | 0 | |
| MAKE ALL PAYMENTS AT M | T. HOPE CEMPTER | VOFFICE | Mailing Add | ress |

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

E6740

| NAME OF DECEDEN | HAROLD D. R. SINGLET | ON | sex Male | June 24, 1961 | June 21, 1987 |
|---|---|--|--|--|--|
| San Diego | | OF DEATH—CITY OR TOWN Sen Diego AND ADDRESS OF FUNERAL DIRECTOR FOR PERSON CASES SENDED BY CALIFORNIA LICENSE MUMBER | | | SPOUSE OR OTHER INFORMANT OR - Mother reet 92114 |
| T BURIAL IIN | TYPE OF PERA CLUDES ENTOMBMENT) N AND BURIAL (INCLUDES INURNMENT) N AND DISPOSITION OTHER THAN IN A | DISINTERMENT B. DISINTERMENT (INCLUDES INU 7 DISINTERMENT | OF THE FOLLOWING TYPES OF AND BURIAL IINCLUDES | OF DISPOSITION B. DISINTERMENT AND REMAINS IINCLUDES 9 DISINTERMENT OF CEDISPOSITION OTHER | REINTERMENT OF CREMATED INURNMENT) REMATED REMAINS AND THAN IN A CEMETERY ER'S USE ONLY |
| ONTERMENT CREMATION BURIAL AT SEA | NAME AND ADDRESS OF CEMETERY WE HOPE CONTROL OF CREMATORY WE ADDRESS, NEAREST POINT ON SHOREL | 751 Martin La HERE REMAINS ARE TO BE \(\Lambda\) | CHEMATED DATE CREMATED | RED CO | San Diego |
| OR DISPOSITION DTHER IN IN A CEMETERY EMATED REMAINS SCIENTIFIC USE | N/A (King Y) | relation | | * | 94 (2002)400 (2011) |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that the this permit gives no right of unrest | dent under provisions o spass and nuisance la | of the Health and Safety Code, ws apply and understand that | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | E AND IS THE \$3.0 | A 1000 600 100 | J Novall & a | amos M.D. pm |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON IEM | TEN DATE | Leaven & | DISPOSE | NUMBER OF CREMATED REMAIN R. IF APPLICABLE * |

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

| hees Thuis | OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR From: Lisace Lengleton | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 | A Date: July | 17.19.87 25/14 |
|---|--|--|---|-------------------|
| home Laws | in full payment of Hand | old D.R. Lingleton - | Dollars (| Division /= |
| 19 2243 b | Acct. No. W.O. E 6740 BALANCE DUE | NOTVALIDEO A PURPOSE STATED UNLESS STAMPED TPARO IN THIS SPACE. | CREDIT 87007 R0% Sales Care 77194 80% Sales 100 of Lots 77194 Opening/ 100 Closing 77191 60/ss/ 100 Containers 77182 Handling Fee 77183 Recording 8 100 Mater, Fees 77183 | |
| 25 S. # 55 S. | Pre-Need Lot Al Need On Acct O | ISSUED BY Deve Lowney | Pre-Hand 63000 Thust 9022 Sales Tax 90101 TR380 TOTAL PAID 6 | 1105 50 |



CITY OF JAN DIESO AUDITUR & COMPTROLLER REPORT NO. C65-102

PAID INVOICE REPORT BY DEPARTMENT AS OF 97/27/87

DATE: 07/27/87 TIME: 213159 PAGE: 7

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

| NO | INV DATE | ALCT MG | CUSTUHLR NA | | AGET | J/U DPER | PO PAYM BY KEF NO BN/EO FACILI | AMOUNT PAID AMOUNT APPLIED | AMOUNT BILLED | UNPAID BALANCE |
|--------|-------------|------------|-------------------------|---|---|--|--------------------------------------|---|---------------|-------------------|
| 057741 | 00/30/87 | 022405 | 100 0 100 9 100 0 | ETON 072 072 072 072 072 | 77181 77182 77183 77184 77185 78390 77184 | 37/21/87 000072 000072 000072 000072 000072 | CK JV | 1.105.50 320.00 175.00 35.00 316.00 170.00 10.50 79.00 | 1.105.50 | PAID IN FULL |

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

1.105.50

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY AUDITOR | MOUNT HOPE CEMETERY 284-3151 | Date: | 0-2 | 3 | 87 |
|---|---|--|---|---------------|----|
| From Horse Jenselles Juffler 90 In Payment of A | lower lose of | In Street | ollare (\$ | 1590 Senga | to |
| Lot 90 Grave. | ROWSI NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | ection | 67007 77184 | Division /o | 2 |
| Acct. No | | 60% Sales of Lots Opening/ Closing Burial Containers | 100 77184 — 100 77181 — 100 77182 — | 5 | 00 |
| Pre-Need Lot | | Handling Fee Recording & Miles, Feed fire-Mand Trust: Spins Tax | 77165 — 100 77163 — 8022 — 60101 78380 — | | 30 |
| AC-212 (Rev. 11-80) | men order work | TOTAL PAID | SIL | 15 | 90 |

MINOPE CEMETERY

INTERMENT ORDER

City of San Diego

| You are heceby authorized and lestructed; sub | bject to your rules and regulations, to inter the remains |
|--|--|
| of Claudell Be | aner-Su |
| no Double Culpt Fu | ineral, date, time Thui 2PM. |
| Church, Chapel, Graveside Chapel & | 95. Ragsdule Mortuary |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | total Vetran |
| ot 121 Grave 8 Row ~ | Section / Division/Stack // |
| 0 8 | a. R.D. C. 1114 - 1/010 |
| Grave space & Care Fund | ander crypt - 495 |
| Additional spaces and care fund Alo Mo- | ture 2923-10) |
| Opening/Closing & Setup | 320 8 |
| | 7.70 |
| landling Fees | |
| lower rase - Marketing be | 3/8 |
| Recording and filling fee | 16 0 |
| | \$ 1519 0 |
| MT. HOPE CEMETERY CITY of SAN DIEGO, GALIR, said re | Total Due |
| aid re | eceipt number 37/20 25/11-80 |
| 10 | Balance due |
| hereby certify I am the | of the above named deceden |
| hat I have the right to make this authorization | of remains as above indicated. I certify and represen n and I agree to hold Mt. Hope Cemetery harmless from |
| any liability on account of said authorization | and interment. |
| hereby authorize the interment in lot I | Somme Deane |
| iou di dai dadi. | Address Steel |
| lignature of recorded holder of deed | State 2 72 1/ 3 |
| 1945 | 39-6804 Telephone |
| / | |
| Work Order # E 6741 | Invoice # |
| Nork Order # U I II | Acct. # |

CITY OF SAN DIEGO, CALIFORNIA

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 284-3151 | | 1 | 4- | |
|------------------------------|--|---|----------------------------|-------------------|------|
| Janaine Rose | 227/ 4 | 0 Date: 6/4 | 22/ | 13/ | 19 |
| Fifteen Sundry | nentien a sloo | D D | ollars (\$ | 1579 | 70) |
| in feel Payment of And | unent of Cloudell | Reaner | , Su | | |
| Lot 121 Grave | 8 Row ~ Se | etion | 100 | Division Block | 11 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED | CREDIT 20% Sales Care | 57007 77184 — | 99 | 00 |
| Acct. No. | | 60% Sales of Lots | 77184 - | 396 | 00 |
| wo E-6741 | | Opening/ Closing | 77181 | 320 | 00 |
| BALANCE DUE | Control of the Contro | Containers | 100 | 330 | 00 |
| | | Handling Fee Recording & Misc. Fees | 100 | 3.5 | 00 |
| Pre-Need Lot At Need On Acct | 2 | Pre-Mond Trust | 77180 - 69030 9022 - | | - |
| Pre-need Trust Cash Chack | 1 0 Deal | Sales Yex | 801D1 78380 - | 19 | 80 |
| AC-212 (Perc. 11-85) | ISSUED STATE OF THE STATE OF TH | TOTAL PAID | | 1519 | 80 |

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES ME OF DECEDENT SEX DATE OF BIRTH DATE OF DEATH June.20, 1987 Nov. 14, 1984 Claudell Beaner, Sr. Male PLACE OF DEATH-CITY OR TOWN PLACE OF DEATH-COUNTY (OR STATE IF NOT IN CALIFORNIA) NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Lorraine Beaner - Mother San Diego San Diego 3336 Steel Street NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON SHARE AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON SHARE) San Diego, CA 92113 Anderson-Regedale Mortuery:San Diego, CA 1329 TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION **BURIAL (INCLUDES ENTOMBMENT)** 5. DISINTERMENT AND BURIAL (INCLUDES 8 DISINTERMENT AND REINTERMENT OF CREMATED ENTOMBMENT) REMAINS (INCLUDES INURNMENT) CREMATION AND BURIAL (INCLUDES INURNMENT) 6. DISINTERMENT, CREMATION, AND BURIAL 9. DISINTERMENT OF CREMATED REMAINS AND (INCLUDES INURNMENT) DISPOSITION OTHER THAN IN A CEMETERY 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 7 DISINTERMENT, CREMATION, AND DISPOSITION FOR CORONER'S USE ONLY OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE 10 DISPOSITION PENDING NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED COUNTY TERMENT San Diego San Diego, CA NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY CREMATION n/a L AT SEA ADDRESS, NEAREST POINT ON SHALL DESCRIPTION SUFFICIENT 100 IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a DISTION OTHER N IN A CEMETERY E CREMATED REMAINS NAME AND ADDRESS OF FACILITY RECOINING REMAINS SCIENTIFIC USE n/a SIGNATURE OF APPLICANT This is to certify that I am the person having the right to control the disposition of The ACKNOWLEDGMENT remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that DATE SIGNED APPLICANT this permit gives no right of unrestricted access to property not owned by me. SIGNAPURE OF LOCAL RECISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS AMOUNT OF FEE PAID DATE PERMIT ISSUED LOCAL OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE CEGISTRAR AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PORMIT CERTIFY THAT THE SPECIFIED PERSON IN CHARGE OF POSPOSITION CERTIFICATION LICENSE NUMBER OF CREMATED REMAINS

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

IENTER DATE

INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEAD

OFFERSON IN CHARGE

OF DISPOSITION

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY DISPOSER, IF APPLICABLE

MTAMPE CEMETERY INTERMENT ORDER

City of San Diego

| | / |
|--|--|
| You are hereby authorized and instructed, su | bject to your rules and regulations, to inter the remains |
| of ~ // | 1. 10000 |
| Change | 100 Man |
| in a Vault/Liner | uneral) date, time |
| Church, Chapel, Graveside | Mortuary. |
| N | At James and the small be smalled |
| All Funeral cars must arrive before 8:30 p.m | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | 2 |
| 7/100 | 10 |
| Lot 3495 Grave Row | Section Division/Black |
| | #6862 |
| Grave space & Care Fund | ()() —— |
| Additional spaces and care fund | Kange alla |
| | |
| Opening/Closing & Setup | |
| Burial Container90071. Cd | · 4. Story 10 |
| Handling Fees | , |
| Flower vases - Marker setting fee | a araino |
| riower vases - Marker setting fee £ | 3(00 |
| Recording and filing fee | ∞3.40 |
| Sales taxes | |
| 1 x | |
| X | Total Due |
| Mana Ceral | receipt number |
| Maua Ceral | Co Balance due |
| 1000000 | |
| I hereby certify I am the | of the above named decedent |
| and this is your authority to make disposition | n of remains as above indicated. I certify and represent |
| that I have the right to make this authorization any liability on account of said authorization | n and I agree to hold Mt. Hope Cemetery harmless from |
| any nabinty on account of said actionization | and mile ment. |
| I hereby authorize the interment in lot I | es la |
| hold under deed. | 3128 Calling Que |
| | Address of the Control of the Contro |
| Signature of recorded holder of deed | COT #4 SP 72/16 |
| | State Zip Code |
| | Tologhore |
| | |
| | Invoice # |
| Work Order # E 6742 | A COLOR OF THE COL |
| Work Order # | Acct. # |



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

DEED

OWNERSHID AND INTERMENT PRIVILEGES



6862 E 6742

| TO Aurora xanago Story | for the sum of \$ 165.00 (DOLLARS) |
|---|---|
| LEGAL DESCRIPTION Lot 3495 Div | rision 10 |
| AS DESCRIBED ON PURCHASE ORDER NUMBE | R |
| held for burial privileges only with endowed co | he office of the County Recorder of San Diego County. To be are. Subject to all rules and regulations now in force or may ress and egress with essentials for care and operation of the |

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:

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.

Regulation flush marker only

emetery Manager

Property Director

PW-584 (REV. 12-72)

3241- LOGAN AUG-S, D.C.

aranjo

| OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK From: Maria Arang | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address: | Date: 6/21 | 187 | 727 |
|---|--|---|----------|-----|
| In full Payment of In | ansfer of deed 6 | \$62 Dollars | Division | 10 |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care 77184 80% Sales 77184 Opening/ 100 Closing 77181 Burisl 100 Containers 77182 | | |
| Pre-Need Lot | On state | Handling Fee 77183 Recording & 100 Misc. Fees 77183 Pre-Heed 73183 Trust 6072 Sides Tax 60101 78300 | -37 | 00 |
| AC-212 (Rev. 11-58) | ISSUED BY TO THE TOTAL | TOTAL PAID | Low | 100 |

MT, HOPE SEMETERY INTERMENT ORDER

City of San Diego

| You are hereby authorized and instructed, su | ubject to your rules and regulations, to inter the remains |
|--|--|
| of State of the st | Lamener T. 012 - 1/2 |
| in a Aguarda F | uneral, date, time Tans - 9:30 - 6/23 |
| Church, Chapel, Graveside | mortuary. |
| All Funeral cars must arrive before 3:30 p.m | n. of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | 1951-15- |
| 100 Bottom | 7 |
| V Lot 173 Grave Row | Section Division/Block |
| Grave space & Care Fund | <u> </u> |
| Additional spaces and care fund | -m- |
| Opening/Closing & Setup | 320 00 |
| Burial Container Rouble Com | te Cuppt 320= |
| Handling Fees | 32000 |
| Flower vases - Marker setting fee | <u></u> == |
| Recording and filing fee | <u> </u> |
| Sales taxes | _1980 |
| 30 day note | Total Due |
| | receipt number |
| 7 810 | 249VIQ1 00 |
| 100 | Balance due |
| I hereby certify I am the Wate | of the above named decedent |
| and this is your authority to make disposition that I have the right to make this authorization | n of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from |
| any liability on account of said authorization | and interment. |
| I have been some solered to be some or set to the b | Ale M Mc Kamanah |
| I hereby authorize the interment in lot I hold under deed. | Signeture |
| | EL CRION 92021 |
| Signature of recorded helder of deed | Same 12 TI TI 22 To Code |
| | 6/9-56/-5632/ Telephone |
| | - ALDIA |
| E CHAD A | Invoice # US |
| Work Order # E 6743 | Acet. W |
| PY-593 (REV. 8-85) | |

E-6743

NOTE-STRAIGHT

| : 1024 80 | San Diego, Califor | nia acme 22 | 1027 |
|---------------------------------------|---|--|--|
| -30 - | A Section 1 | lue received, the undersigned maker(s |) promise(s) to pay to |
| | | | or order |
| the sum of On Clau with interest from | King Way, San Diego, July 23, 1989 n. payable on demand | 280/100 | DOLLARS. |
| | due, it shall thereafter bear like intereprincipal and accrued interest shall be ity will accrue at the rate indicated about and severally liable and consents to waives presentment, demand and protest recourse may be had against his/her: | come immediately due, without notice ve. Principal and interest are payable i renewals, replacements and extension st and the right to assert any statute of separate property for any obligation co | e, at the option of the in lawful money of the is of time for payment limitations. A married ontained herein, If any fees |
| MAPE ATT DAVMENTS AT | NT HODE CENTERS OF | Mailine | Address |

| 0. | | USE BLACK | K INK-MAKE NO AI | LTERATIONS OR ERASUR | ES | 6743 |
|--|--|---|---|---|--|---|
| NAME OF DECEDEN | Lanny Kendall Mc | Lamarrah | | sex Male | DATE OF BIRTH Sept.17,1934 | June 19,1987 |
| NAME AND ADDRES | CITY OR TOWN La Mesa SS OF FUNERAL DIRECTOR (OF CHARY 2859 Adams | Sat PERSON ACTING AS SU | п Diego | ESTATE IF NOT IN CALIFORNIA ALIFORNIA LICENSE NUMBER | Helen McLama | spouse or other informant rrah – Wife itan Real Road |
| 1 BURIAL IIN | TYPE OCLUDES ENTOMBMENT) N AND BURIAL (INCLUDES INU N AND DISPOSITION OTHER TO | FINMENTI 6. | DISINTERMENT AND BUENTOMBMENT! DISINTERMENT, CREMA IINCLUDES INURNMENT. DISINTERMENT, CREMA OTHER THAN IN A CEM | IE FOLLOWING TYPES OF PRIAL (INCLUDES ITION, AND BURIAL ITION, AND DISPOSITION METERY | B DISINTERMENT AND REMAINS (INCLUDE DISPOSITION OTHER DISPOSITION PEND | REINTERMENT OF CREMATED S INURNMENT) CREMATED REMAINS AND R THAN IN A CEMETERY NER'S USE ONLY |
| CREMATION BURIAL AT SEA OR OSITION OTHER IN A CEMETAN SEMATED REMAINS | Mt. Hope Cenete NAME AND ADDRESS OF CRE N/A ADDRESS, NEAREST POINT C | MATORY WHERE REM | AINS ARE TO BE CREMA | | | San Diego IN CHARGE OF CREMATORY DISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FA | CILITY RECEIVING REN | MAINS | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I a remains of the above na and I hereby acknowled this permit gives no right | med decedent unde ge that trespass and | er provisions of the H d nuisance laws appl | ealth and Safety Code, ly and understand that | SIGNATURE OF APPLICAN DATE SIGNED | π |
| LOCAL REGISTRAR CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | THIS PERMIT IS ISSUED IN ACCORD OF THE CALIFORNIA HEALTH AND AUTHORITY FOR THE DISPOSITION I CERTIFY THAT THE SPECIFIC DISPOSITION WAS MADE ON | SAFETY CODE AND IS THE SPECIFIED BY THIS PERMI | 3 00 | D DATE PERMIT ISSUED UN 2.2 196 | DISPOSITION LICENS | ENTRAR ISSUING PERMIT ENUMBER OF CREMATED REMAINS SER, IF APPLICABLE |
| IF DISPOSITION IS - TO OCCUR IN | INDICATE ADDRESS OF REGI | STRAR OF COUNTY O | F DEATH | 1 | | |

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

1.7117

| OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CENETERY PINK AUDITOR From Life For Mink Auditor In Payment of All A | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-\$151 Address: 2859 California Tive J. Yeire L. Stellale | Date: Jue Dolla | Nº 35324 FLOTUS 1-23 50 276 12500 Missingua |
|---|---|---|--|
| Lot | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | of Lots 77 Opening/ Clooking 17 Surial Containers 77 Hundling Fee 77 Recording & 17 Pre-Need 57 Trust 5 | 100 |

(GUS)

CITY OF SAN DIEGO AUDITOR & COMPTROLLER REPORT NO. C65-102 PAID INVOICE REPORT BY DEPARTMENT AS OF 09/03/37 9ATE: 08/03/17 TIME: 222016 PAGE: 6

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

| INV | INV | ACCT | CUSTOMER FUND | NAME DEPT | DRG | ACCT | 1/0 | PAYM DATE OPER | BY REF NO BN/=0 FACT | A MOUNT PAID | AMOUNT EILLED | UNPAID BALANCE |
|-----------------|-------------------|--------|---|--|-----|---|------|----------------------|-------------------------|--|---------------|-------------------|
| 9577 4 0 | 06/30/87 E-674 | 022404 | HELEN MC 100 100 100 100 60101 | LAMARR, 072 072 072 072 072 | 44 | 77191 77182 77193 77195 78390 | 0000 | 72 72 | CK 5064 | 500 • 00 150 • 13 161 • 01 17 • 08 15 • 13 7 • 65 | 1,324.80 | PARTIAL PAYMENT |

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

500.00

CITY OF SAN DIEGO AUDITOR & COMPTROLLER REPORT NO. CO5-102

PAID INVOICE REPORT BY DEPARTMENT AS OF 08/21/87 DATE: 08/21/87 TIME: 003230 PAGE: 7

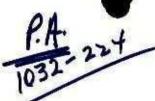
DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

| NU | DATE | ACCT NO | CUS TOMER | NAME DEPT | ORG | ACCT | 1/0 | PAYM DATE OPER | BY BN/E | PAYM REF NO FACILI | AMOUNT PAID AMOUNT APPLIED | AMOUNT BILLED | UNPAID BALANCE |
|--------|----------|------------|---|-------------------------------------|-----|---|-------|----------------------|------------|--------------------------|--|---------------|-------------------|
| 057740 | 06/30/87 | 022404 | HELEN MC 100 100 100 100 60101 | LA MARR 072 072 072 072 | Ан | 77181 77182 77183 77185 78390 | 00007 | 72 72 | CK | 6096 | 524.80 163.87 168.99 17.92 163.87 10.15 | 1,024.80 | PAID IN FULL |

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

524.30



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

| | lan and an indicate as has | |
|--|--|-----------------|
| You are hereby authorized and instrumed, sub | Villa Company | ter the remains |
| of Baltyon Tame | | - 9.3 |
| in a Full | neral, date, time / 23 | 10/03 |
| Church, Chapel, Graveside | 22/12/22/22 | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge | will be applied |
| and billed to undersigned. War time veteran . | | |
| Lot 136 Grave 3 Row | Section Division/B | * 11 |
| Grave space & Care Fund | 00 | 55 |
| Additional spaces and care fund | efail | |
| Opening/Closing & Setup | | 90 |
| Burial Container | bend | 25 Se |
| Handling Fees | | |
| Flower vases - Marker setting fee | | |
| Recording and filing fee | | |
| - () [12] | | |
| en# 1032.224 | Total Due | 1450 |
| Paid re | eceipt number | 0.0 |
| | Balance due | 02 |
| | | |
| I hereby certify I am the | and I agree to hold Mt. Hope Cemetery | y and represent |
| I hereby authorize the interment in lot I hold under deed. | Signatu/e | |
| re anne ann 177 for the first of the first | Address | |
| Signature of recorded holder of deed | Storce | Zip Cod |
| Jackie. | Telephorte | 10000000 |
| 7 | A | |
| | Invoice # | 44 |
| Work Order # E 6744 | And 1 000 95 | 2 |
| PY-593 (REV. 8-86) | THE PARTY OF THE P | |

| | U | SE BLACK INK-MAKE NO | ALTERATIONS OR ERASUR | ES | F 6744 |
|--|--|---|---|--|--|
| NAME OF DECEDEN | Ramirez-Gasga | | sex Male | 1-1-1962 | DATE OF DEATH 4-14-1987 |
| San Dieg | CITY OR TOWN O SS OF FUNERAL DIRECTOR (OR PERSON AC | San Di | IOR STATE IF NOT IN CALIFORNIA | Public Admi 5201-A Rufi | |
| 2 CREMATION 3 CREMATION CEMETERY 4 SCIENTIFIC | TYPE OF PERA CLUDES ENTOMBMENT) N AND BURIAL (INCLUDES INURNMENT) N AND DISPOSITION OTHER THAN IN A USE NAME AND ADDRESS OF CEMETERY W | 5 DISINTERMENT AND ENTOMBMENT) 6 DISINTERMENT, CRE (INCLUDES INURNMI) 7 DISINTERMENT, CRE OTHER THAN IN A CHERE REMAINS OF CREMATED | THE FOLLOWING TYPES OF BURIAL (INCLUDES MATION, AND BURIAL ENT) MATION, AND DISPOSITION SEMETERY REMAINS ARE TO BE INTERN | B DISINTERMENT AND REMAINS INCLUDES 9 DISINTERMENT OF CORON FOR CORON 10 DISPOSITION PENDICE ED CC | REINTERMENT OF CREMATED INURNMENT) REMATED REMAINS AND THAN IN A CEMETERY NER'S USE ONLY NG |
| CREMATION | Mt. Hope Cemeter NAME AND ADDRESS OF CREMATORY W N/A | ry 3751 Market HERE REMAINS ARE TO BE CREI Board Box | MATED DATE CREMATED | D1080, CA SIGNATURE OF PERSON II | San Diego |
| BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY MATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | | ish lep) | PLACE AND <u>COUNTY</u> OF D | ISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | 3 21 |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest | dent under provisions of the spass and nuisance laws a | Health and Safety Code, pply and understand that | SIGNATURE OF APPLICAN DATE SIGNED | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | EANDISTHE & O O | 11111 O O 1000 | SIGNATURE OF LOCAL RE | STRAR ISSUING BERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | 100/3/04/1 | ITER BATE! | eoseu To | DISPOSTION LICENSE DISPOSI | NUMBER OF CREMATED REMAINS ER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | O | | |

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

MI. HOPE CEMETERY [NTERMENT ORDER

City of San Diego

R Date 4/22/87

| of | bject to your reles and regulations, to inter the remain |
|--|--|
| ina Bell denied -DS.F. | uneral, date, time 8PM - Fri - 6/29 |
| Church, Chapel, Graveside | SS : Razadale Mortus |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | |
| 10 F | 2 11 |
| Lot Grave Row | Section Division/Block |
| Grave space & Care Fund | 25000 |
| Additional spaces and care fund | 110 - |
| Opening/Closing & Setup | 3209 |
| Burial Container +20° 0 | S. 100° |
| | 165 |
| Flower vases - Marker seeing | ======================================= |
| Recording and filing fee | D 35 |
| | 70 |
| Long Pandal 1111, 26 | |
| AND AL WALL | EMETERY 24741 97/9 |
| CITY of SAN DI | ETO, CATE |
| 2#8082 | Balance due |
| hereby certify I am the | of the above named decede |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization | n of remains as above indicated. I certify and represe n and I agree to hold Mt. Hope Cemetery harmless fro and interment. |
| | c/c + · 11/11/ |
| hereby authorize the interment in lot I hold under deed. | Signatura Signatura |
| TOO STAGE SEED. | Address 1 |
| Signature of recorded holder of deed | Suns 2103 |
| | Telephone |
| 72 | 2000(2007) |
| FORAL | Invoice # |
| Work Order # E 6745 | Acct. # |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6745

| _ | | USE BLACK INK-MAKE NO A | LITERATIONS OR ERASUR | RES | |
|---|--|--|---|--|--|
| OF DECEDEN | Doyle Wefer | | sex Hele | DATE OF BIRTH | 915 June 17, 1987 |
| NAME AND ADDRES | CITY OR TOWN Diago SS OF FUNERAL DIRECTOR FOR PER \$35 | | CALIFORNIA LICENSE NUMBER | Ernestine 3084 Webst | SS OF SPOUSE OR OTHER INFORMANT Wafer- VI fo ter AVe |
| Anderson-R | agsdale Mortuary: San | Diego, CA 92102 | 1329 | San Diego, | , CA 92113 |
| 100 | TYPE OF PER | MIT, CHECK ONLY ONE OF T | HE FOLLOWING TYPES O | F DISPOSITION | |
| B I BURIAL (IN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND BE ENTOMBMENT) | URIAL (INCLUDES | | T AND REINTERMENT OF CREMATED LUDES INURNMENT) |
| ☐ Z CREMATIO | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CREMA | ATION, AND BURIAL | 9 DISINTERMENT | OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY |
| 3. CREMATIO CEMETERY 4. SCIENTIFIC | | 7 DISINTERMENT, CREMA OTHER THÂN IN A CEN | ATION, AND DISPOSITION | | DRONER'S USE ONLY |
| NTERMENT | NAME AND ADDRESS OF CEMETERY W | 3751 Market Street | t: San Diego. | 25.2 | San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | ~ (las)- | al w | The state of the s | SON IN CHARGE OF CREMATORY |
| BURIAL AT SEA OR OSITION OTHER IN A CEMETERY PREMATED REMAINS | ADDRESS, NEAREST POINT A SHORE | Verenter Description SU | DENTIFY FINA | L PLACE AND COUNTY | OF DISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | CEIVING REMAINS | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the pe remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest | edent under provisions of the h respass and nuisance laws app | lealth and Safety Code, ly and understand that | SIGNATURE OF APP | LICANT |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED I | DE ANO IS THE IN HIS PERMIT \$2.00 | JUN 2 4 198 | Nonall. | A REGISTRAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | 26/87 SIGN THE | OF PERSON IN CARGE OF | DISPOSITION LI | CENSE NUMBER OF CREMATED REMAINS ISPOSER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | The state of the s | 9 | | |

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

WHITE TO CLISTOMER CANARY CEMETERY PINK AUDITOR

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

| mandersen Costal | 284-9151 le Address 5050 Februari | Date: Date: | 6-25 ,87 S.D. 92/02 |
|---|--|---|---|
| InPayment of Des | yle Wifer Ses | nedes | illars (\$ \$ 76.00) |
| Lot 19 Grave | Rowse | ction 2 | Division // |
| Pre-need Lot At Need Of On Acct Pre-need Trust Cash Check Page 22 (New 11-49) | MOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | CREDIT 20% Sales Care 20% Sales 20% | 977007 56 - 77104 200 - 100 320 - 100 320 - 100 100 - 77182 100 - 77182 100 - 77183 85333 6 6922 6 6922 6 |

MT. HOPE CEMETERY UNTERMENT ORDER

City of San Diego

Date 4/23/87

| You are hareby out boiled and instructed, subject to | your rules and regulations, to inter the remai |
|--|---|
| of Aelen J. Toyle | W-a Willow |
| in aFuneFune | date, time Mortua |
| 100.1 | lar work day or an extra charge will be applied |
| and billed to undersigned. War time veteran # | - 61 |
| La 2476 Grave Row Se | ection Division/Block |
| Grave space & Care Fund . Resille to. | use Double 595 |
| Additional spaces and care fund | vt |
| Opening/Closing & Setup | many for |
| Burial Container | The Time |
| Handling Fees | |
| Flower vases - Marker setting fee | |
| Recording and filing fee | · · · · · · · · · · · · · · · · · · · |
| Sales taxes | Tools |
| Spare tan to | Jotal Due 347771 |
| Carst Hard Top of | 3701 700 |
| For | Balance due / 43.4 |
| hereby certify I am the | of the above named decede |
| and this is your authority to make disposition of sm that I have the right to make this authorization and I a | ains as above indicated. I certify and represe gree to hold Mt. Hope Cemetery harmless fro |
| any liability on account of said authorization and into | erment. |
| hereby authorize the interment in lot I | Alle of daylor |
| hold under deed. | 212 alt den al 12/4 |
| Signature of recorded holder of deed | da 60 0 Ca 9215 |
| A STATE OF THE STA | 1-619-281-6457 Telephone |
| | Invoice # |
| Work Order # E 6746 | Acet.# |

195,00 7/31/87 34869 10.00 \$ 185.00 8/31/87 34972 175.00 10.00 10287 25093 68.00 10,00 10-27-87 25214 155,00 15-3087 39466 11.00 144.00 1-7-88 10.00 35527 134.00

| OFFICIAL RECEIPT WHITE TO CLISTOMER CAMARY CEMETERY PINK AUDITOR From: Felent Toylor From: Felent Toylor From: Pelent Toylor From: Pelent Toylor From: Payment of Cal | CITY OF SAN DIRGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address: Address: Address: Page 190 | Date: 6/23/ | 19 34731 184 400 00 10 |
|---|--|-------------|-----------------------------------|
| Invoice No. Acct. No. W.O. E 6746 BALANCE DUE 1966 Pre-Need Lot At At Need On Acct Pre-need Trust Cash Check Accts (Rev. 11-86) | NOTVALID FOR PURPOSE STATED UNLESS STATED UN | Section | Division 10 Block 10 400 00 |

| | WHITE TO CUSTOME |
|---|---|
| | WHITE TO CUSTOME CANARY CEMETER PINK AUDITO |
| | 11 |
| 1 | 7/06. |

PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY

| From: Helen Jay | low Address 4212 all | alet o | -3/ 18/19 Cope #19 |
|--|--|---|---|
| Lot 2476 Grave | | ection | Division /O |
| Acct. No. E-6796 W.O. E-6796 BALANCE DUE 185100 | NOT VALID FOR PURIPOSE STATED UNLESS STAMPED TAID IN 7HIS SPACE. | CREDIT 20% Sales Core 80% Sales of Lots Opening/ Closing Burtal Containers Handling Fee Recording & | 67007 77184 100 77184 100 77182 100 77182 100 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 11-80) | Sordy War | Milyo, Fenn Freshland Total Balan Tex TOTAL PAID | 77/35 60(25) 60(25) 78:580 |

| 6012 | He. | MAIL I No. Len 12 | E. J | -67 Tag | 46 ay en | 2 17 | E ve 1 | rue | w | 14 | 6 |
|--------|--------|---|---------|------------|----------------|-------------|------------|------|------|----|-----|
| | | Mon | th ar | d Da | w Du | e In | dicat | ed B | elow | | |
| JAN | FEB | | | | | | AUG | | | _ | DEC |
| | | | | | | | 10 | | | | |
| lue da | nt due | when p ve. if paid to te above | moreti | SAZES: | | he | > 5 > 5 | 10 | .0 | | |
| | | | | | | 90 | S | 11 | .0 | 0 | |
| NAM | E 4 | fel | en | 9 | nounty | eceive | los | 10 | , 0 | 9 | |
| ADD | RESS | 42 | 2 | a | A ar | Pictory (s) | a | 50 | 77-1 | 4 | |
| CITY | Sa | 460 | check | 7 | | STAT | | 1 | | 92 | 115 |

| OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PRIVICE AUDITOR From: Lee Aug (or) In Payment of United Aug (or) | CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3181 Address: 42/2 06 | Date: | Nº | 34973 |
|--|--|--|--|-------|
| Invoice No | ROW_S NOTVALIO FOR PURPOSE STATED UNLESS STAMPED PART IN THIS SPACE. | Sotion CREDIT 20% Sales Cars 80% Sales of Lota Opening/ Closing Burist Contenners Handling Fee Recording & Miso: Fees Pre-Need Trust Sales Text | 67007 77184 100 77184 100 77183 100 77182 100 77183 100 77183 100 77183 100 77183 100 77183 | /o - |

DO NOT MAIL ENTIRE BOOK

Helen J. Taylor E 0 746
4212 Altadena Avenue #14
San Diego, CA 92115

Month and Day Due Indicated Below

| FEB | MAR | APR | MAY | JUN | JUL | AUS | SEP 10 | OCT | NOV | DEC | JAN |
|-----------|-----|------|--------|-----|-----|-----|-----------|-----|-----|-----|-----|
| , co. co. | | 2000 | 0.4/00 | | Tue | _ | | | | 0 | _ |

due date above,

\$ 10.00

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

s 1.00

\$ 11.00

NAME HELEN J. TAYLON

ADDRESS 4 MIZ- ALTAVENA MYE #19

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CITY OF SAN DIEGO, CALIFORNIA

| GANARY GEMETERY AUDITOR | MOUNT HOPE CEMETERY 204-3151 | Date: 10 | 127 | 1987 |
|--|---|---|--|-----------|
| In Payment of | egon # 4 Great | dot | ollers (\$ 20 | 7.00 |
| Lot 2476 Grave | RowS | ection | Div | rision /o |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT Son Sales Care 80% Sales of Lots Operany Closing Styrial Containers Handling Fee Pecording & Miles, Fees | 87007 77194 100 77191 100 77181 300 77185 100 77185 | 10 00 |
| Pre-Need Lot At Need On Acot Pre-need Trust Cash Check Ac-212 (Rev. 11-86) | west side Ward | Pre-Need Trust Sales Tax TOTAL PAID | 80000 8002 60101 76380 | 10 00 |

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OFFICIAL RECEIPT CITY AUBITOR 35466 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 284-3151 Division Section Rinck NOT YALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 -Invoice No "PAID" IN THIS SPACE. 20% Sales Care 7718 80% Sales of Late Acct. No. Opening/ Closing Burist 100 Containers BALANCE DUE 100 Handling Fee 77185 Recording & 100 Minc. Fees 77183 Pre-Need 63033 Pris-Need Lot On Acct Trust Sales Tex Pre-need Trust 60101 Check TOTAL PAID AC-212 (Flev. 10-87)

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CITY OF SAN DIEGO, CALIFORNIA

| WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY | | 1- | ~ | 08 |
|--|---|--|-------------------------------------|-------------------|----------|
| From Selen Joyl | Address 42/2 alte | Date: | , ag | 114 | 27 88 |
| In Payment of | ugen #6 Cres | It do | ollars (\$ _ | 70.0 | <u></u> |
| Lot 2476 Grave_ | Row Se | ection | CE OF | Division Block | 10 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots | 67007 77184 — 100 77184 — | 10. | 00 |
| w.o. E-6746 | CITY AUBITOR | Opening/ Closing Buriel Containers | 100 77181 — 100 77182 — | | |
| BALANCE DUE 139.00 | JAN 13 1988 | Handling Fee Recording & Misc, Fees | 77185 — 100 77183 — | | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | | Pre-Mond Propi Sales Tax | 83033 9022 — 80101 78380 — | | |
| NO-212 (New, 10-87) 4700 | ISSUEDIEN JAMOUR LOC | COTAL PAID | | 10 | 00 |

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| DD | RESS | 42 | 12. | AL | IA | pe | NA | + 1 | re | #1 | 4 |
| | | | | | | | E | | | | |

| OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR From: Hele Auglor | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address: 12/2 Coll | pate: | Nº 35623 2 - 1988 3 - 1975 SS |
|---|--|--|---|
| InPayment of | ROW_SE NOT VALID FOR PURPOSE STATED LINE. ESS STAMPED PAID' IN THIS SPACE. | ectionCREDIT_20% Seles Care | Division 10 |
| Acct. No. W.O. B-6746 BALANCE DUE 121100 Pre-Need Lot Al Need On Acct Pre-need Trust Cash Check Al AC-218 (Rev. 10-27) | FEB 05 1988 | a0% Sales of Lots Opening: Closing Buriel Containers Handling Fee Pacceding & Man. Fees Pro-Need Tryal Sales Tax | 190 77181 100 77181 100 77182 100 77183 100 77183 63033 8022 80120 78380 |

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WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 204-3151 | | 000 | a 1 | |
|--|---|--|---|-------------|-----|
| From I below Jaylor | Address: 4212 att | 2 Date: | A C | Lpt 19 | 9 |
| In Payment of Con- | upon #8 head | 7 % | ollars (\$ | 0,00 | -) |
| Lot \$476 Grave | V | ction | | ivision / O | 5 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales | 67007 77184 | 500 | うつつ |
| W.O. E-6746 | CITY AUDITOR | of Lote Opening/ Closing Burlet Containers | 77184 100 77181 100 77182 | | |
| BALANCE DUE 1/9.00 | MAR 03 1988 | Handling Fee Recording & Misc. Fees | 100 77185 ———————————————————————————————————— | | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | Jankella 1 | Pre-Need Trust Sales Tax | 63033 9022 60101 78390 | 12 2 | - |
| AQ-212 (Rev. 10-87) 41/48 | ISSUED BY PV 40 V CO | TOTAL PAID | | 100 | 0 |

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| Townson | Marie Control | THE WORLD | CONTRACTOR OF THE PARTY OF THE | | Luci | in | 1 | 0 | e t | 1-1 | 1 |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | gate: | 3/30 19.88 |
|---|--|---|-------------------------------------|
| From: Victer Jay | and Address: 12/2 W | taden | a lue #14 |
| In Payment of | Denger 9, Cred | t do | ollars (\$ 10-00) |
| Lot 2476 Grave_ | Row S | ection | Division 10 |
| Involce No | NOT VALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots | 87007 77184 100 77184 |
| wo. E-6796 | CITY AUTHOR | Opening/ Closing Buriel Containers | 77181 100 77162 |
| BALANCE DUE 104-00 | APR 4 1988 | Handling Fee Recording & Misc. Fees Pre-Need | 77185 100 77185 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (New 10-87) | ISOUED BY STATES WOLLD | Sistem Tex TOTAL PAID | 8033 9022 80101 78390 8 |

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WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | | ,/ | | |
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| From: Helen Jaylor | Address: 4312 (ct | Taken | 9- 0-# | 114 | 19 |
| In Payment ofCor | you 10 led | et do | ollers (\$ | 10.00 | <u>D</u> , |
| Lot 2476 Grave_ | RowSo | etion | 9 212 | Division Division | 0 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales | 67007 77164 — | 10 | 100 |
| Acct. No. E-6746 | CITY AUDITOR | of Lots Opening/ Closing Burist | 77184 — 100 77181 — | SE VET | |
| BALANCE DUE 94.00 | MAY 04 1988 | Containers Handling Fee | 77182 — 100 77186 — | | |
| Pre-Need Lot At Need On Acct | 10 11 | Recording & Misc. Fees Pre-Need Trust | 77183 — 63033 — | | |
| Pre-need Trust C Cash C Check | 1/2 // | Sales Tex | 60101 78390 — | | |

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| mer (| due da | ie 800 | ve. | | | 1 | S | | * | V | |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| From: | W Address: 42/2 AB | Date: S | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | 3 |
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| Lot 2476 Grave_ | RowSe | ction | Division Block | 70 |
| Acct. No. = 6706 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | 80% Sales of Lots Opening/ Glosing | 67007 77184 700 77184 100 77181 | |
| BALANCE DUE 84. 80 | JUN 2 1988 | Handling Fee Recording & Misc. Fees | 100 77182 100 77185 100 77183 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check S | ISSUED EX SILLE / CS | | 63033 9012 90101 7/6380 \$ // | òù |

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CITY OF SAN DIEGO, CALIFORNIA

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 284-3151 | | | ,, | 20 |
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| From Delese Jay 102 | | Date: | ,60 | + 14 | 5A |
| In Payment of | 2 20/100 - | 67 2 | Hary (\$ - | 10.00 | |
| Lot 2176 Grave_ | RowSe | etion | | Division Block | 10 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED | CREDIT 20% Sales Care | 67007 77184 — | 10 | 00 |
| Acct. No. E-6746 | CITY AUDITOR | 60% Salas of Lots Opening/ Closing Burial | 100 77184 —— 100 77181 —— | | |
| BALANCE DUE 74.00 | JUL 13 1988 | Containers Handling Fee Recording & Misd. Fees | 77182 — 100 77185 — 100 77183 — | AND O | 197 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | | Pre-Need Truet Sales Tex | 63033 9022 60101 76390 | | TE |
| AC-212 (Rev. 10-87) 4881 | ISSUED BY TANKA VOICE | TOTAL PAID | | 10 | 00 |

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| ue da vnou | nte abo | ve. | paid on more th | E CO | 0.51.0 | ys | > s | 77 | 1.0 | 00 | |

NAME HELEN J. TAY LER.

ADDRESS 4 2/2 HLTADEN A AVE #14

CITY SAIN VIEWD STATE (9 ZIP 92/0)

Check (V) if this is new address

No OFFICIAL RECEIPT 36471 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY 284-3151 Division Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT Invoice No 20% Sales Care 60% Sales of Lois Acct. No. W.O.E 6746 CITY AUDITOR Burial Containen BALANCE DUE 100 Handling Fee AUG 09 1988 77185 Recording & Misc. Fees Pre-Heed Trust 63033 On Acct Pre-Need Lot 9072 Pre-need Trust Cash Sales Tax Check 00101 SSUED BY TOTAL PAID AC-212 (Rev. 10-87)

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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

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| | 264-3151 | | 11 | PC |
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| From Helen Julo | V Address: 42/26 64 | Date: | 7-6 1 #14. | 35 |
| Too Pa | and delle | a 24/0/0 | ollars 12/0-0 | 01, |
| In Payment of | augen Greelle | S 016 | dut do | _ |
| Lot 2476 Grave | Row_Se | ection | Division Slock | 0 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care | 67007 77184 100 | 4 |
| Acct. No. \$7-6746 | ONY AUDIT | Of Lots Opening/ Cigaing | 77184 ———————————————————————————————————— | |
| BALANCE DUE 54.00 | | | 100 77182 100 | |
| . / | SEP | Handling Fee Recording & Misc. Fees Pro-Need | 77185 100 77183 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | Jaka (las) | Trust Sales Tex | 63033 9022 60101 78390 | 1 |
| AC-212 (Rev. 10-87) 4943 | ISSUED BY Tribla Merd | TOTAL PAID | 1 10 | - |

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| LABA | FH | | | | | 74.4 | hardle. | | | _ | _ |

OFFICIAL RECEIPT 36758 CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY 284-3151 Division Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 20% Sales Care Invoice No. 80% Sales of Lots Acct. No CITY AUDITOR Opening/ Closing Buriel Containers BALANCE DUE 1988 Handling Fee Recording & 77183 On Acct Pre-need Trust TOTAL PAID AC-212 (Rev. 10-87)

| DO ACC | NOT COUNT He J | MAIL F No. Len L2 | Z- J. Alt | E BO . 67 | 200/40 | lor a A | Ve: | E (| 6 | 74 | 5 6 |
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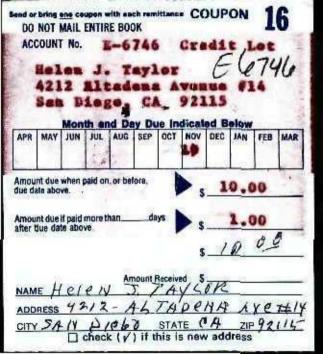
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ZIP 92/15

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CAMARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY |
|--|---|
| | Date: 11-1 19 88 |
| From: Hels Vacto | U Address: 42/2 " Clarocco J. #14,50 |
| _ 100 sallace | 70/100 Dollers (\$ 10.00) |
| In Payment of | rugar 16 Uldit dat |
| 21/06 | Division //) |
| Lot 29 10 Grave | Row Section Block |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED CAEDIT 20% Sales Care 77184 |
| Acct. No. | B/7 CH on 77184 100 |
| W.O. 2-6 146 | NOV Glosing 77181 |
| BALANCE DUE 04.00 | Mandling Fee 77185 |
| | Recording & 100 Mac. Fees 77183 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | Pre-Heed 63033 6022 7095 Sales Tax 60101 76380 |
| AC-212 (Rev. 10-67) 4994 | ISSUED BY FINALE WALL TOTAL PAID 76300 30 00 |



OFFICIAL RECEIPT Nº 37012 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY 254-3151 Dollars (\$ Division Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT Invoice No 20% Sales Care Acct. No. DEC 77182 BALANCE DUE moding Fee Recording & On Acet Pre-Need Lot Pre-need Trust TOTAL PAID AC-212 (Rev. 10-87)

| ACC | COUN Me | T No. | ENTING E | -67 | 87 | | Va | | | 40 | 0 |
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WHITE TO CUSTOMER

| SAN PINK | ARYCEMETERY | MOUNT HOPE CEMETE | RY | | |
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| | | 34-918 | Date: | 1-3 | 10.89 |
| From: Hele | e la a | Address: 4242 | lettadens | a (nes | 414 -+ |
| - Tex | y and | 10 no//0) - | 1/10 /0 | ollers (\$ / P | .00, |
| ln | Payment of | augh 18 | neme | 00- | TOTAL SECTION |
| Lot 497 | Grave_ | NOTVALIDED APPLIES STATED LIFE SEAST PAID IN THIS SPACE. | Section | Divisio Block | 10 |
| Invoice No. | | NOTVALID FOR PURPOSE STATED LIFE ESSET -PAID' IN THIS SPACE. | AMPED CREDIT 20% Sales Care | 67007 | 10 00 |
| Acct. No. | Toll | | AUB TO Repening/ | 100 77184 100 | |
| w.o | 6/46 | MAN | 7 9 1989 Handling Fee | 17181 100 17182 | The State of |
| BALANCE DUE _ | 1,00 | 是在1000000000000000000000000000000000000 | Handling Fee Recording & Misc. Fees | 77185 | - Total |
| Pre-Need Lot | At Need On Acct | | Pre-Need Trust | 771R3 63033 9022 | The Beauty |
| Pre-need Trust | Cash Check | Star chia late | Sales Tax | 60101 78360 | 10 0 |
| AC-212 (Rav. 10-87) | 2004 | IBSUED BY STATE OF | TOTAL PAID | 1 | 000 |

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| mou | | if paid te abov | | 160 | da | ys | \$ > s | | 1. | 00 | |
| | | | | | | | S | . 3 | 1. | 00 | |

WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR

PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 37284

| PINK AUDITOR | MOUNT HOPE CEMETERY | 建設率 75月 日 | 00 |
|------------------------------------|--|--|--|
| | | Date: | 1007 |
| From: Dela Mala | | Takena | Ju 4/19 S |
| To ballar | Rally a - | The Part of the | 10.00 |
| - Navgie | 11 20 19 1/11/4 | Dollar | *(\$ /0/00) |
| In Payment of | ra for 11 cuo | 4 00 | |
| | | STORE LEGIS | 200 / |
| Lot 24/6 Grave | RowSe | etion | Division / O |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT 870 20% Sales Cars 771 | 10 00 |
| Acct. No. | | | |
| 4-67116 | CITY AUDITO | Opening/ 1771 | 100 |
| W.O. E | FEB 06 1985 | P Buriel Containers 77 | The state of the s |
| BALANCE DUE 700 | 06 700 | Handling Fee 77 | |
| , | 1385 | Recording & 771 Mac. Fees 771 Pre-Need 830 | |
| Pre-Need Lot D At Need D On Acct D | 12 61 | Trust | |
| Pre-need Trust U Cash U Check | ISSUED BY MAIN WELD | Solve Tex 801 760 TOTAL PAID | 10 (1) |
| AC-212 (Rev. 10-87) | leaded at 157 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | TOTALPAID | 10 00 |

| Month and Day Due Indicated Below JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MA Limount due when paid on, or before, ue date above | |
|---|-------|
| mount due when paid on, or before, ue date above | Y JUN |
| mount due if paid more thandays sssss | |

ADDRESS 42/2- ALTADENA AYE #14

CITY SAN Die LO STATE CA ZIP 62/15

Check (/) if this is new address



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY 284-3161

Nº 37415

| Holm Jand | W 42/2 M | Date: S | 3-1 | 1967 |
|----------------------------------|---|---|--|------|
| To astlais | Address: July - | Do | llars (\$ 10,0 | 2 /1 |
| In Payment of | fexal paymen | I on | George V | dot |
| Lot 2476 Grave_ | RowS | ection | Division Block | 10 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | BOSL Cales | 67007 77184 | 900 |
| Acct. No | CITY Alla | of Lots Opening/ Classing | 77184 — 100 77181 — | |
| W.O. PALANCE DIE | MAP O | Opportation of the Containers | 77182 ———————————————————————————————————— | |
| BALANCE DUE | MAR 06 19 | Handling Fee Recording & Misc. Fees | 77185 — 100 77183 — | 100 |
| Pre-Need Lot At Need On Acct O | | Pro-Need Trust Sains Tax | 63033 9022 | |
| AC-212 (Rav. 10-87) Cash Check G | ISSUED BY FINA A VOY | TOTAL PAID | 80101 | do |

| 0000 | Hel | | 3. | . 7 | ay | lor | Cre | _ | 07 | 40 | 6 |
|-------|--------|----------------|---------|-------|-----------|------|---------------|---|-----|----|-----|
| | | . 1 | io | go, | C | | 921 dicate | | | • | |
| UG | SEP | | | | | | MAR | | | | JUL |
| nou | nt due | ve. if paid | paid on | | ore, | ys | s | 1 | 0.0 | 00 | _ |
| er d | lue da | te abo | ve. | | | 8 | s | / | 0. | 09 | |
| SHARE | 8.00 | THE PERSON | N : | 7. 7. | TAY | 60 | | | | - | |
| | | N | PI | 260 | • | STAT | A 0 | 4 | | | |

| DRESS | 4212 Altadena Street, Apt 14, San Diego, Ca 921 | TING | | | TIMIT | |
|-------|---|-------|------|-------|-------|---------|
| DATE | IT EMS | DEBIT | V | CRED | ÍΤ | BALANCE |
| 23 87 | Lot 2476, Division 10 | 595 | 00 | 461 | 00 | 134 0 |
| 1 88 | Cacepon #7 RECEIPT # 35623 | | | 10 | 00 | 1240 |
| 29 88 | Couper #8. General # 35779 | | | 10 | 100 | 140 |
| 30 88 | Caupan # 9 Reselect 35939 | | - 12 | 1 | 100 | 1041 |
| 9 88 | Carry 410 Report 3659 | 171-5 | - 7 | 11 | 120 | 1941 |
| 31 88 | May 22 #11 Alexant 26210 | | | 11 | 200 | 841 |
| 17 88 | Man Don 121 des est 31.008 | | F | 1 | (1) | 300 |
| 2. 00 | (4 m 13 0 at 3(47) | | | 10 | -00 | 200 |
| 2 | (10 000 14) 10 an of 36636 | +++ | | 19 | 00 | 070 |
| -2'00 | The British South | | | 10 | 0 | 244 |
| 200 | magin 15, regular + 36.50 | | | 1 | 188 | 799 |
| 1 28 | mayor 16 Maps 36881 | | | 16 | 00 | 290 |
| 2 00 | Gran 1/4 terein 3:10/2 | 1++ | - 1 | | | 070 |
| 7 00 | Joupen 181 descript 2 1196 | | | 10 | 100 | 170 |
| 1 87 | your 19 lesert 37289 | | | 10 | 100 | 90 |
| 27 | Causan 20, Eccept 37415 | | | 10 | W | 5/10 |
| | | | | 6 | sti | CR 110 |
| | | | | 11 17 | | 0 |
| | | | | | | |
| | | | | | | 1 2 1 |



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6/23/87

| Section 1 and 1 an | 28 |
|--|---|
| You are hereby authorized and instructed, subject | to your rules and regulations, to inter the remains |
| 92 14 Cutt | Sat /6/27/ 10 Am |
| in a Vount Liner Funer | al, date, time out 16/27/ 10 mm |
| Church, Chapel, Graveside Yawksells | : James Colonial Mortuary. |
| | egular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran $\underline{\mathcal{A}}$ | 1W2-marine |
| Lot 9 Grave / Row 3 | Section Division/ Block |
| Grave space & Care Fund For Nous | ble cupit 59500 |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 320 |
| Burial Container Double Cuffet | <u>330°</u> |
| Handling Fees AAXOT. 380+ | 320c.f. 700° |
| Flower vases - Marker setting fee | +60 |
| Recording and filing fee | () |
| Sales taxes | 19.80 |
| Peil recei | Total Due |
| 1820 | Balance due |
| (1)-1-) | SW W (70 SW 50 SW |
| I hereby certify I am the and this is your authority to make disperation of r that I have the right to make this authorization and any liability on account of said authorization and | of the above named decedent emains as above indicated. I certify and represent diagree to hold Mt. Hope Cemetery harmless from interment. |
| I hereby authorize the interment in lot I hold under deed. | Signature S LADE AUE |
| Signature of recorded holder of deed | * SANDIEGO, CA 92119 ********************************** |
| Work Order # E 6747 | Invoice Acct. # |

E-6747

NOTE-STRAIGHT

| : 1999 80 | San Diego, | California, | June 2 | 3 1987 |
|---|---|---|--|--|
| - 30 - | | | , the undersigned ma | iker(s) promise(s) to pay to |
| Mt. Hope Cemetery | | | | |
| | A - No had | | | , or order |
| at 3751 Martin Luthe | | | .02 | |
| the sum of Newtern & | yelded nentyre | me and | 100 - | DOLLARS. |
| with interest from | July 26, 1987 | 7 / | on the un | paid principal at the rate of |
| per cent per ar | mum. payable on dema | nd | | 8 N |
| Should interest not be paid whinterest when due, the whole sum holder of this note, interest after ma United States. Each maker will be judged before, at or after maturity, a person who signs this note agrees action be instituted on this note, the | sturity will accrue at the rate ind pintly and severally liable and co nd waives presentment, demand that recourse may be had agains | st shall become immedicated above. Principlonsents to renewals. If and protest and the rest his/her separate protest and the rest his/her separate protest. | ediately due, without al and interest are pay replacements and ext ight to assert any stat operty for any obligat ourt may fix as actor | notice, at the option of the yable in lawful money of the ensions of time for payment ute of limitations. A married ion contained herein. If any |
| | Vicinia Menti | soussi for the sec | War. | |
| MAKE ALL PAYMENTS | AT MT. HOPE CEMET | ERY OFFICE | Mail | ing Address |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

E6747

| NAME OF DECEDEN | ABRAHAM NEMUT MUKAT | | SEX | DATE OF BIRTH | DATE OF DEATH | | |
|---|---|---|--|---|--|--|--|
| PLACE OF DEATH— | | PLACE OF DEATH—COUN | TY IOR STATE IF NOT IN CALIFORNI | | F SPOUSE OR OTHER INFORMANT | | |
| NAME AND ADDRES | | Cajos Blvd. go, Ch 92104 | CALIFORNIA LICENSE NUMBER | 5768 Belle 6 San Diego, 6 | STREET, STREET | | |
| | TYPE OF PER | MIT, CHECK ONLY ONE | OF THE FOLLOWING TYPES | OF DISPOSITION | 1 | | |
| II 1. BURIAL (IN | CLUDES ENTOMBMENTI | 5. DISINTERMENT A | NO BURIAL (INCLUDES | B. DISINTERMENT AND REMAINS (INCLUDE | D REINTERMENT OF CREMATED | | |
| 2. CREMATION | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, O | CREMATION, AND BURIAL | DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY | | | |
| 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE | | 7 DISINTERMENT, OTHER THAN IN | REMATION, AND DISPOSITION A CEMETERY | FOR CORONER'S USE ONLY 10 DISPOSITION PENDING | | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY V | | | | San Diego | | |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | VHERE REMAINS ARE TO BE C | REMATED 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 SHOW | Raterly | SUFFICIENT TO IDENTIFY FIN | AL PLACE AND COUNTY OF | DISPOSITION | | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | CEIVING REMAINS | | W. | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the pe remains of the above named dec- and I hereby acknowledge that to this permit gives no right of unres | edent under provisions of resposs and nuisance law | the Health and Salety Code, apply and understand that | > | NT | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE | JUN 2 4 198 | | EGISTRAR ISSUING PERMIT | | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED 6 | NTEA DATY | PREOF PERSON IN CHAPTER AND | DISPO | SE NUMBER OF CREMATED REMAINS SER, IF APPLICABLE | | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 / | | 200 | | |

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



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

PAID INVOICE REPORT BY DEPARTMENT AS OF 07/22/87

DATE: 07/22/87 TIME: 211455 PAGE: 6

> UNPAID BALANCE

IN FULL

| DEPART | MENT 072 | PRO | PERTY DEP | T-MT HO | PE CEME | TERY | | | | | | | |
|--------|----------|------------|---|--|---------|---|----------------------------------|----------------------|-------------------|--------------------------|--|---------------|--------|
| NO | DATE | ACCT NO | CUSTOMER | NAME | DRG | ACET | ۵/۱۵ | PAYM DATE OPER | PD BY BN/EQ | PAYM REF NO FACILI | AMOUNT PAID | AMOUNT BILLED | |
| 058166 | 07/09/87 | 322541 | HELEN S. 100 100 100 100 100 60101 67007 | MUKAI 072 072 072 072 072 | | 77181 77182 77183 77184 77185 78390 77184 | 00007 00007 00007 00007 | 2 | CK 1 | 172 | 1,999.80 320.00 330.00 35.00 476.00 700.00 19.80 | 1,999.80 | PAID I |

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

1,999.80

E6748 not included in this spindle:

E6700_E6800

MT. HOPE CEMETERY

| | | LEKMEN I AKDEK | |
|----|--|--|----------------------|
| | 90 | City of San Diego | |
| 2 | Hou are hereby authorized and instru | starfor Date 6-24- | 87 |
| | nat . | 201 | |
| 1 | ou are hereby authorized and instru | ucted, subject to your fules and regulations, to inter | the remains |
| , | of Clark | 100000 | a war arrangement of |
| | in a NOW | Funeral, date, time full 6/25 | 1.0.0 |
| | Church, Chapel, Graveside | service Marjer | _ Mortuary. |
| | All Funeral cars must arrive before | 3:30 p.m. of regular work day or an extra charge w | ill be applied |
| | and billed to undersigned. War time | veteran // truss - | Parents |
| 1 | 110 | - Comment | -/> |
| | Lot 16 Grave 6 Re | ow Section LOOF Dischien/Block | 73 |
| | | | 28 |
| | Grave space & Care Fund | | ~ |
| | Additional spaces and care fund | 14×30 | 115 |
| | | AMAGES IN THE SOURCE STATE OF THE SOURCE STATE | 73 |
| | Burial Container | *********************************** | |
| | Handling Fees | | |
| | Flower vases - Marker setting fee . | | - |
| | Recording and filing fee | | |
| | Sales taxes | .,, | 35 |
| | Silver | Total Due | |
| | the | Paid receipt number | 73 |
| 18 | علاا عميا | Balance due | - 20 |
| y | au | | |
| U | hereby certify I am the | of the above names | ed decedent |
| | that I have the right to make this auti any liability on account of said auth | horization and lagree to hold Mt. Hope Cemetery ha | armiess from |
| | I hereby authorize the interment in hold under deed. | lot I Signature | |
| | 11000 011001 0000, | Address | |
| | Signature of recorded holder of deed | Stole | Zip Code |
| | | Telephone | N-108-1000 |
| | | 1 anglosia | 1-1 |
| | ES HANNOWS | Invoice | 12 |
| | Work Order # E 6749 | Acct. # | |
| | PY-583 (REV. 8-85) | F Harris II | |
| | | | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

£6749

| NAME OF DECEDEN | T | | | SEX | DATE OF BIRTH | () (i) | DATE OF DEATH |
|---|--|---|--|---|-----------------|-------------------------------------|--|
| | Aeron S. Jacabs | 25.35 | | Male | April 28. | 1987 | June 22, 1987 |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH-CO | UNTY ION STA | TE IF NOT IN CALIFORNIA | NAME AND AD | DRESS OF S | POUSE OR OTHER INFORMANT |
| | San Diego | San | Diego | | Cheryl Ja | cobs - | - Mother |
| NAME AND ADDRES | SS OF FUNERAL DIRECTOR (OR PERSON AC | TING AS SUCHI | CALIFO | ORNIA LICENSE NUMBER | 3006 Mass | sachuse | ette |
| Mayer MO | rtuary 2859 Adems Av. | San dhingo, | CA ; | 1424 | Bemon Gre | ove, CA | 92045 |
| 2 | TYPE OF PERA | AIT, CHECK ONLY ON | E OF THE F | OLLOWING TYPES C | F DISPOSITION | | |
| XXX 1 BURIAL IIN | CLUDES ENTOMBMENT) | 5 DISINTERMENT ENTOMBMENT | L IINCLUDES | B. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS INCLUDES INURNMENT) | | | |
| | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMEN | N. AND BURIAL | | | MATED REMAINS AND HAN IN A CEMETERY | |
| 3. CREMATIO CEMETERY 4. SCIENTIFIC | | 7 DISINTERMEN OTHER THAN | T, CREMATION IN A CEMETE | N. AND DISPOSITION RY | FOR | | R'S USE ONLY |
| INTERMENT | | 751 Market St | t. San l | Diego, CA. | | cou | San diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO E | SE CREMATED | DATE CREMATED | SIGNATURE OF | PERSON IN | CHARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | N/A SUM 2 | O COM | TION SUFFICE | FINT TO IDENTIFY FINA | L PLACE AND COU | NTY OF DIS | POSITION |
| CIENTIFIC | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | Wilfo | <i></i> | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre this permit gives no right of unrest | son having the right dent under provisions spass and nuisance k | to control th of the Healt aws apply a | h and Safety Code, nd understand that | > | | |
| LÉCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COC AUTHORITY FOR THE DISPOSITION SPECIFIED IN | E AND IS THE | 369 | JUN 2/4 1987 | SIGNAPURE OF | 116 | TRAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | 11-10 15-00 114 5 | ITER BATE) | ATURE OF P | CLU THE | PISPOSITION | | NUMBER OF CREMATED REMAINS I, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH |) | 0 = 1 = 1 | 82 | | |

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

Creditale

MT. HOPE SEMETERY

INTERMENT ORDER

City of San Diego

Date 6/24/87

| of | | |
|---|--|--|
| in a Fi | uneral, date, time | - Win To A |
| Vault/Liner | | Mortuary |
| hurch, Chapel, Graveside | - was turning with the Machine Commission of the | A CONTRACTOR OF THE PROPERTY O |
| All Funeral cars must arrive before 3:30 p.m. | | charge will be applied |
| of billed to undersigned. War time veteran | | |
| ot 9/ Grave 3+4 Row _~ | Section 2 Divis | ion/Black_//_ |
| Grave space & Care Fund | @ 25000 | 5000 |
| additional spaces and care fund | *********** | AO |
| pening/Closing & Setup | y ansuge | Y KON |
| turial Container | the their tr | <u> </u> |
| andling Fees | arang | |
| lower vases - Marker setting fee | 2012 | MACPENNIA CONTROL CONT |
| tecording and filing fee | | |
| | | |
| ales taxes | | |
| ales taxes | | 500° |
| | Total Due | 5000 |
| | Total Due | 0 |
| | Total Due | 500° |
| Paid r hereby certify I am the ind this is your authority to make disposition hat I have the right to make this authorization | Total Due eceipt number Bala of the of remains as above indicated n and lagree to hold Mt. Hope C | above named deceden |
| Paid r hereby certify I am the nd this is your authority to make disposition hat I have the right to make this authorization ny liability on account of said authorization hereby authorize the interment in lot I | Total Due eceipt number Bala of the of remains as above indicated n and lagree to hold Mt. Hope C | above named deceden |
| Paid r hereby certify I am the nd this is your authority to make disposition hat I have the right to make this authorization ny liability on account of said authorization hereby authorize the interment in lot I old under deed. | Total Due eceipt number Bala of the of remains as above indicated n and lagree to hold Mt. Hope C | above named deceden |
| Paid r hereby certify I am the nd this is your authority to make disposition hat I have the right to make this authorization ny liability on account of said authorization hereby authorize the interment in lot I old under deed. | Total Due Bala of the of remains as above indicated n and lagree to hold Mt. Hope C and interment. | above named decedent. I certify and representent harmless from |
| Paid r hereby certify I am the nd this is your authority to make disposition net I have the right to make this authorization ny liability on account of said authorization hereby authorize the interment in lot I old under deed. | Total Due Bala of the of remains as above indicated n and lagree to hold Mt. Hope C and interment. | above named decedent. I certify and representementary harmless from |
| Paid r hereby certify I am the nd this is your authority to make disposition het I have the right to make this authorization ny liability on account of said authorization hereby authorize the interment in lot I sold under deed. | Total Due Bala of the of remains as above indicated and lagree to hold Mt. Hope C and interment. Sqretter Addrese State Telephone | above named decedent. I certify and represented the seminary harmless from 7. |
| hereby certify I am the | Total Due Bala of the of the of remains as above indicated n and l agree to hold Mt. Hope C and interment. Squetter Addrese State Telephon® | above named deceden |

300,00 9-3-87 34980 20.00 480.00 165-87 35202 20.00 460.00 11-10-87 35267 20.00 44 0.00 20.00 35386 12-7-87 42000

| WHITE TO CUSTOMER CAMARY CEMETERY MINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | Date: | 8-7 | , 16 | .87 |
|--|--|---|--|-------------------|-----|
| Tilent T | R Address: 441 Detro | De | S.D. | 20.00 | 5, |
| Lot Grave | - 6750 RowSe | clon | 1 | Division Block | |
| Invoice No. | MOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 20% Sales of Lote Opening/ Closing | 100 77184 | 20 | 8 |
| W.O. E-6750 BALANCE DUE | DE NORTH | Burial Containers Handling Fee Recording & Misc. Fees | 100 77182 — 100 77183 — | | |
| Pre-Need Lot At Need On Acct | | Misc. Fees Pre-Heed Trust Spins Tax | 77183 69033 8082 80101 78590 | 50 | 3 |
| AC-212 (Rev. 11-80) 289 | ISSUED TO LOCAL TO LO | TO THE PAID | | | |

| | Sy 44 | 1 1 | La Det | L. | Ca it | es. Pl | ar ace | E | 6 | 75 | C |
|-------------|------------------------------|------------------|----------------|--------------------|----------|-----------|-----------|-----|--------|--------|-----|
| | | n I | Die | go | , 0 | A | 92 | 11 | 4 | | |
| | - | | | | | | dicat | | | | Dec |
| JAN | FEB | MEAR | APR | MAT | JUM | JUL | AUG | 2Fb | OCI | MOA | DEC |
| | | | | | 3 | 8 | 10 | | | | - |
| mou ue d | int due ate abo | when p | paid on | , or bel | ore. | | 10 | 20 | 0.0 | 0 | _ |
| ue d | ate abo | when p | more ti | \$25.00 \$25.00 | | lys | 10 s | *** | 0.0 | sinn = | |
| ue d | ate abo | ve. If paid t | more ti | \$25.00 \$25.00 | | lys) | 5 | No. | 590000 | 0 | |
| mou ter | ate abo int due due da | ve. If paid t | more ti ve. | han | da | , | s s | No. | L.O | 0 | |



WHITE TO CUSTOMER

| PINK AK | ITOR MOUNT | 284-3151 | O Deter 2 | 9-3 | 181 |
|----------------------------|--|-----------------------|--|-----------------------|-------|
| From Allen As | Address | 44 Nit | last II. | S.S. 92. | 119 |
| InPayment of | Usupen # | 2 0 | edit of | dillas (\$ 20. | 120 |
| Lot 9/ G | rava 3 \$ 9 | Row | Section | Division Block | n // |
| Invoice No. | NOTVALID FOR PURP PAID' IN THIS SPACE | OSE STATED UNLESS STA | MPED CREDIT 20% Sales Care 50% Sales | 67007 77184 | 20 - |
| Acct, No. | Water . | | of Late Opening/ Clasing | 77184 100 77181 | |
| W.O. 480. 0 | 70 | | Burisi Containers | 77182 100 | 10 m |
| BALANCE DUE | | | Handling Fee Recording & | 77183 100 77183 | 90 20 |
| Pre-Need Lot At Need On On | Acct D | 1 | Pre-Need Trust Sales Tax | 9022 | 200 |
| AC-212 (Nov. 11-80) | Delender The | by Ware | TOTAL PAID | 90101 78390 \$ | 20 - |

Send or bring one coupen with each remittance COUPON

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6750 Credit Lot

Sylvia L. Caesar E6 750 441 Detroit Place San Diego, CA 92114

Month and Day Due Indicated Below

| FEB | MAR | APR | MAY | NUL | JUL | AUG | SEP | OCT | NOV | DEC | JAN |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | | 10 | | | | |

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

\$ 20.00

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

\$ 1.00

\$ 21.00

NAME SYLVIA L. CAESAP

ADDRESS HHI S. DETROIT, PL

CITY SANDIEGO STATE CA ZIP92/14

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| PINKAUDITOR | 264-3151 | | |
|------------------------------|---|---|------------------------------|
| From Ly Chin Chi Sa | V Address 441 lets | set M | 10-5 187 |
| Swent dall | as to dolla | Dolla Dolla | 10 80.00 h |
| luges & | 3911 | 7 | Division // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | | Block / |
| W.O. E -6750 | | Opening/ Glosing 77 | 184 100 187 100 |
| BALANCE DUE | | Handling Fee 77 Recording & 77 Idino, Feet 77 | 100 183 100 |
| Pre-Need Lot Cash Cash Check | Sal Ward | Seles Tex 80 | 1033 1022 1101 1390 |
| AC-812 (Rev. 11-86) | 189040 87 | TOTAL PAID | 201 |

| DO AC | NOT COUN Sy 44 | MAIL I No. L vi L D | et: | E BOO -67 L. roi | Ca Ca C | esa Pla A | C: ce | re d F(| 107. | 50 | | THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE OWNER, THE PERSON NAMED IN THE PERSON NAMED IN THE OWNER, THE PERSON NAMED IN THE |
|---------------|-------------------------|---------------------|-----------|---------------------------|---------------|-----------------|-----------|-------------------|--|-----|-----|---|
| MAR | APR | | 13.21.735 | | - | _ | 0CT | MACHINE PUREN | AND DESCRIPTION OF THE PERSON NAMED IN | | FEB | |
| ue da | ate abo | when poor | | I. | | iys | > s | -625 | .00 | | | |
| fter (| due da | te abo | rė. | 101 | | , | \$ | _ | • | 700 | | 1 1 1 1 1 1 1 |
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☐ check (/) if this is new address

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| PINK AUDITOR | 284-3151 | | |
|--|---|--|-------------------------|
| From Sylvia L. Caesar | Address: 441 DETROIT | Date: 12-7 | . 1987 |
| in Part Payment of Col | dit fot Sales Cour | Dollars (5 | 3000 |
| Lot 91 Grave | 3:4 ROW — Se | ection 2 | Division // Block // |
| Acct. No | NOT YALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | GREDIT 87007 20% Seles Care 77184 - 80% Bales 700 of Lots 77184 - Ocening/ 100 | 80 00 |
| w.o. <u>E-6750</u> BALANCE DUE <u>430.00</u> | | Opening/ 100 Closing 77181 - Burlat 100 Containers 77182 - 100 Handling Fee 77183 - | |
| Pre-Need Lot At Need On Acct | | Recording & 100 Mac. Fee 77183 - Pre-Need 63033 Trust 6022 - | |
| AG-212 (Raw, 11-86) | ISSUED BY | Salee Tax 90161 78390 - TOTAL PAID 4 | 2000 |

| | Sy 44 | 1 No. | ia Det | L. | Ca | Pl: | ar ace | 6 | -6 | 7. | |
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| | | Mor | th a | nd Di | o D | ue In | dicat | ed E | selow | 0) | |
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| due da Amou | ite abo nt due | ive. | more t | and the same of th | | ays | > s | E | 1.0 | Over | |
| NAM | E | | | An | nount | Receive | S ed S | | | | |
| ADD | RESS | | | | | | | | | | |
| CITY | SEON OF | | | | | STAT | E | 2576 | ZIF | | |
| No control in | | | check | CIV |) if t | his is | new | ado | iress | | |



WHITE TO CUSTOMER

| PINK | MOUNT HOPE CEMETERY 264-3151 | | | 2 7 | |
|---------------------------------|--|---------------------------------|--------------------|------------|----------|
| | | Date: //- | -10 | | 1887 |
| From: SYLVIA L CAESAR | Address: 44/ DETROIT | | | 92114 | 3 7 |
| Twenty Polley - | | | ollars (\$ | 20.00 |) |
| In_put Payment of CX | edit Lot | | THE | A TOTAL | EFF |
| | | | | SHEW TO | 1 |
| Lot 91 Grave | 84 4 Bow - S | ection 2 | 130 | Division / | |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED | CREDIT 20% Sales Care | 67007 77184 — | | |
| Acct. No. | PAID IN 1710 SPACE | 60% Sales of Lots | 77154 | 20 | - |
| WO E-6750 | | Opening/ Cleaning | 77181 — | 100 | |
| BALANCE DUE 440.00 | THE PROPERTY OF THE PARTY OF TH | Sortal Containers | 77182 - | A THE | |
| BALANCE DOE | | Handling Fee Recording & | 77183 — 100 | 1000 | 207 |
| Pre-Need Lot At Need On Acct | | Misc. Feet Pre-Need Trust | 77183 — 63093 — | 100 | 1140 |
| Pre-nged Trust D Cash D Check D | Bur Maria | Sales Tax | 60101 | CARRE | The same |
| AC-212 (Min. 11-86) 3 59 | ISSUED BY BILLS 11/00MOL | TOTAL PAID | 33 | 20 | 00 |

| ACI | Sy 44 | lv 1 | ia. Det | L. | Ca | es P1 | ar ace 92 | E | 6 | | 0 |
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| | | Mon | th ar | nd Dr | w Di | e In | dicat | ed B | elow | | |
| APR | MAY | and the second | Martin Co. | _ | - | A DESCRIPTION OF | NOV 10 | and with the last | - | | MAR |
| | nt due de abo | | paid or | or be | fore_ | | 5 | 20 | 0.0 | 0 | XF. |
| mou fter (| nt due due da | if paid te abo | moret ve. | han | da | ys) | s | | 1.0 | 0 | |
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| WHITE CANARY PINK | CE | METERY |
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| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | | | , | 70 |
|--|---|---|---|----------|----|
| From: Sylves Cars | AN Address: 6/4/ Del | Date: | 20. | 50.19 | 30 |
| In Payment of Que | 100 - Cul | 7 das | ollars (5 | 20.00 | 2 |
| - G1 = | 411 | | 9 | Division | _ |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THE STATE AUBITOR | CREDIT 20% Sales Care 80% Sales | 67007 77184 | Block // | 1 |
| Acct. No. 6-6750 | JAN 0 6 1988 | of Lots Opening/ Closing Buriel Containers | 77184 — 100 77181 — 100 77182 — | 00 | |
| BALANCE DUE 900.00 | | Handling Fee Recording & Misc. Fees Pre-Need | 100 77185 — 100 77183 — | | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check X | sounds Vacd | Trust Salsa Tex TOTAL PAID | 63033 9022 — 80101 78390 — | 20 - | |

| DO | NOT COUN S | MAIL T No. y 1 v 4 1 | ia Dei | L. | 750 Ci | nes Pl | ere ar | G | 6 | | 6 |
|---------|------------------|-------------------------------|-----------|---------|-----------|-----------|-----------|-----|-----|-----|-----|
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| JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN 10 | FEB | MAR | APR | MAY |
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| Amou | nt due | if paid | more ti | nan | da | ys | 5 | | 1.0 | 0 | |
| iller C | lut ua | te ano | 000 | 2 | 1018 | | S | * | | - | |
| NAM | E | | | Ar | ngunt) | Receive | ed \$ | | | | |
| ADD | RESS | | | | | | | | | | |
| CITY | 0 | | | | | STAT | | | ZIF | - | |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 35635

| PINKAUDITOR | 264-3151 | | 1 - | |
|------------------------------|--|----------------------------------|-----------------------|---------------|
| | | Date: | 2-3 | 19.00 |
| From: Julyea Casa | D Address: 491 WIL | ut 1 | 1.0 | 92114 |
| Mustate de | Mais 20100- | D | ollars (SA | 0.000 |
| In Payment of | un # 17 Cul | I det | | |
| | | Spin Witte | Kahle | THE VENT OF V |
| Lot 91 Grave | 284 ROW_S | ection | 2 D | Division // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID' IN THIS SPACE | CREDIT 20% Sales Care | 87007 77184 | |
| Appl. No. | 第四次表现的是是一个人的 | 80% Sales of Lots Opening/ | 77184 | 20 |
| w.o. P-6750 | CITY AUDITOR | Closing Buriet | 77181 | |
| BALANCE DUE 3/0.00 | NOT THE RESIDENCE OF TH | Containers Handling Fee | 77162 100 77186 | 70 |
| Sharp of the second | EEB 05 1988 | Recording & | 100 | |
| Pre-Need Lot At Need On Acct | | Pro-Need Trust | 63033 | |
| Pre-need Trust Cash Check | Santa III les d | Sales Tax | 78390 | 42 |
| AC-212 (RAV. 10-87) 440 | (BEUED 8) THE A | TOTAL PAID | - 67 | 00 |

| DO | NOT COUN Sy 44 | MAIL T No. 1 v i 1 I | ENTIF | L. | Ca t | es: Pla | CC E E E E E E E | rei | ide C | <u>د</u> ا | |
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| | | Mon | th a | nd D | ay D | ue In | dicat | ed B | elow | | |
| JUL | AUG | SEP | OCT | NOV | DEC | JAN | 10 | MAR | APR | MAY | JUN |
| lue di | nt due ate abo nt due due da | ve. If paid | moret | all trail | | rys) | > s | | .0 | | |
| NAM | E | | | Ar | nount l | Receivi | \$ ed S | ¥- | | | |
| ADD | RESS | | | 70 | | | | | | | |
| CITY | Ze. | | | | V 15 4 | STAT | rE s nev | | ZIF | _ | |

Nº 35827

| | The second secon | |
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| A A | CANARY | TO CUSTOMER CEMETERY AUDITOR |
| | / | // |

| PINKAUDITOR | 284-3151 | 在第二日 日本 | 20 | 00 |
|---|--|--------------------------|--|---------|
| 1 Class | ent wet Dilla | Pate: | 2-8 | . 19 60 |
| From: Guea as | Address: 9=11 = NONAL | 1 Kine | lara (\$ &0, | D. 60 |
| InPayment of Lace | gen #2 Undet | dot | and to | |
| Lot 9/ Grave | 3€4 Row Sa | ction 2 | Division | 11 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID' IN THIS SPACE. | CREDIT 20% Seles Care | 67007 77184 | |
| Acet No. 6-6750 | CITY AUDITOR | Opening/ | 100 77184 100 77181 | 00 |
| BALANCE DUE 360.00 | MAR 1 1 1988 | Handling Fee | 100 77182 100 77185 | |
| Pre-Need Lot At Need On Acct Pre-Need Total Company | | Fruit 1 | 77183 ———————————————————————————————————— | |
| Pre-need Trust Cash Check M | ISSUED, BY BONDA VOI | CHOTAL PAID | 1 20 | 000 |

| | 44 | 1 | Det | ro | it | PI | ar ace | | 3(| Q 7. | SC |
|-----|--------|----------------|---------|------|---------|----------|-----------|-----|------|-------|-----|
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| mou | te abo | re. If pard | naid on | | | ıys | s s | _ | 1.0 | 220 | |
| MAN | E | | | Ап | nount f | Receive | s s | - | | | |
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| WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR |
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| PINK | MOUNT POPE CEMETERY 284-3151 | | 50 |
|--|---|---|---|
| From Coluis Cassas | D Address: 441 Det | Date: 4- | ne SB 9211 |
| Storate de | class | Dollars | 15 20.00) |
| In Payment of | rugen 9 aldit | dot | |
| Lot 91 Grave_ | 394 Rowse | ection 2 | Division // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 6700 20% Salse Care 7718 | |
| Acot. No. | CITY AUDITOR | 90% Sales 10 of Lots 7718 Opening/ 10 Closing 7718 | 0000 |
| W.O. E 9150 BALANCE DUE 340,00 | APR 14 1988 | Buriel 10 Containers 7718 10 Handling Fee 7718 | 0 |
| Pre-Need Lot Al Need On Acct Pre-need Trust Cash Check | | Recording & 10 Misc. Fees 7718 Pro-Need 6305 Truet 802 Salee Tax 6510 7839 | 3 |
| AC-212 (Rev. 10-87) 486 | ISSUED BY IF PARTY (WELL | TOTAL PAID | 20,00 |

| AC | COUN Sy 44 | T No. 1 v i | et | L. | CH | es: Pla | ice | - | 6 | 75 | |
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| mou | nt due | ve. | moret ve: | | N. | iys | > s | - | .0 | | |
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| MAM | RESS | | | | | | | | | | |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

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| Na | | | | |
| 370 | 2 | Divisio Block | | 1 |
| ales Care ales | 87007 77184 — 100 77184 — | Q | 20 | 00 |
| ng/ ig iners | 100 77181 — 100 77182 — 100 | 100 to 10 | | |
| ing Fee ding & Fees sed | 77185 — 100 77183 — 63033 9022 — | 17 SOL | | |
| Tax | 00101 78300 — | 0 | 20 | 00) |

| twenty valle | or address: 441 le | troit 11, 50 190 (I dut 1820,00) | -) |
|--|--|--|-----|
| · Lot 9/ Grave | 39(/ Row_s | Division // | |
| Acct. No. | NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CITY AUDITOR | CREDIT 87007 20% Sales Care 77184 60% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 | |
| #.0 | MAY 12 1988 | Burial 100 Containers 77182 100 Handling Fee 77185 Recording & 100 | |
| Pre-Need Lot At Need On Acct Rre-need Trust Cash Check Ac-212 (Rev. 10-57) | ISSUED BY SINGLA UK | Misc. Fees 77183 Pra-Need 53083 Trium Sales Tax 60101 TOTAL PAID \$ 2007 | - |

| DO | NOT COUNT S | MAIL No. | ia Dei | L. | Ca Lt | es Pl | cre ar | . (| 7 | 27 | 0 |
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| due da Amou | nt due ste abo nt due due da | ve. if paid | more t | | fore. | ys . | > s | _ | 1.0 | | |
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WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINK AUDITOR | MOUNT HOPE CEMETERY | Date: 7-7 ,18 | 88 |
|--------------------------------|---|---|----|
| From Guent, west | laco no//UD | gollago (\$ 20,00 | _, |
| InPayment of | 3611 | ection & Division // | |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED -PAID' IN THIS SPACE. | CREDIT 67007 20% Sales Care 77184 50% Sales 100 20 0 | 2 |
| W.O. E-6750 BALANCE DUE 220 | JUL 13 1988 | Opening/ 100 Closing 77181 Burist 100 Containers 77182 Handling Fee 77185 | |
| Pre-Need Lot At Need On Acct O | 1308 | Recording 5 100 | |

| DO | NOT COUNT SO | MAIL No. | ENTIR 1a Det | L. | Ci | es Pl | ere ar | di | 5 | | 2 750 |
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| | | Mon | th an | d Da | y Du | e Inc | licat | ed B | elow | | 3 |
| DEC | JAN | FEB | MAR | APR | MAY | NUL | To | AUG | SEP | OCT | NOV |
| due da | ite abo | ve. if paid: | paid on more th | | ore. | ys) | > s | _ | 1.0 | | |
| NAM | E RESS | | | An | nount F | Receive | J 18 | | | | |
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| | OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR From: 4 Laca Cacaaa Tracates gally | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY Address: 441 October 100 | Pate: 7 | Nº 6- | 36: 7 55 : | 261 261 27/19 |
|---|---|---|--|--|------------------|---------------------|
| | - G/ | upon # 11 (1) | What or | DI DIN | rision // | _ |
| | Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing | 87007 77184 100 77184 100 77184 | 20 | 00 |
| Ö | Pre-Need Lot At Need On Acct | JUN 13 1988 | Burial Containers Handling Fée Recording & Misc, Fess Pre-Need Trust | 77182 | | |
| | AO-212 (Mev. 10-87) | issued Stryla Vald | TOTAL PAID | 60101 78300 | 20 | 00 |

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| | Sy 44 | 1 1 | la | L. roi | Ca | es: Pla | E 92 | [| -6 | 73 | 50 |
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| | 11% | Mon | th ar | nd De | . Di | e In | dicat | ed B | elow | | |
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| | it due | | paid on | or bef | ore, | | S | 20 | 0.0 | 0 | |
| mour | nt due | if paid | moret | tan . | da | ys | > s | 1 | | 0 | |
| 1001 6 | | | 14 | | | | \$ | 91 | ^ | • | |
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| ADDE | ree | | | | | | | | | | |

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CITY OF SAM DIEGO, CALIFORNIA PROPERTY DEPARTMENT

Nº 36490

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | 7 11 |
|------------------------------|--|--|
| Julia Par | 1141 107 | Date: 3 6 1928 |
| Twenty of | dollers head | Dollars (\$ 20 CC) |
| In Payment of | | |
| Lot Grave | 3 + 4 Row Se | ection Division // |
| Invoice No. | NOT PANID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 87007 20% Sales Care 77184 |
| w.o. E - 10750 | CITY AUDITOR | 80% Sales 77184 77184 77184 77184 77184 77184 77184 77184 77181 |
| BALANCE DUE 260 80 | AUG 0 9 1988 | 8uriel 100 Containere 77182 |
| Pre-Need Lot At Need On Acct | THE RESERVE OF THE PARTY OF THE | Recording & 100 Misc. Fee 77183 Pre-Meed 63033 Trust 9022 |
| Pre-need Trust Cash Check | ISSUED BY MILL STORY | Sales Tex 80101 78300 TOTAL PAID \$ 920 |
| AC-212 (Rev. 10-87) | | |

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|---------|-------|-----|-------|-------|---------|------------|----------------|---------|------|-----|-----|
| | 9 | Mon | th ar | id Da | D | ue Inc | licat | and the | | | |
| JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | 26 | OCT. | NOV | DEC |
| lue dat | e abo | | mores | 200 | da | ys Beceive | \$ \$ \$ \$ \$ | 21 | .00 | | |
| NAME | | | | AUT | iount i | Heceive | 0 3 | | | | |
| ADDR | ESS | | | | | | | | | | |

OFFICIAL RECEIPT 36645 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK ALIDITOR MOUNT HOPE CEMETERY 264-3151 Payment of Division Graw NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT CRO% Sales Care Invoice No Acct. No. BALANCE DUE Handling Fee 771B Recording & 100 77183 On Acct Pre-Need Trust Pre-Need Lot Check Pre-need Trust Sales Tro TOTAL PAID AC-212 (Rev. 10-67)

| | 30 | | | - | | • | - | 114 [- | 67 | 50 | 2 |
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| | | Mont | th an | d Da | ıs Dı | e Ind | 10 | | - | 10.00 | |
| FE8 | MAR | | | | | AUG | | | | DEC | JAN |
| mou | nt due ate abo nt due i | re. f paid r | nore th | | A055 | ys) | s s | 2.5 | A | | |
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| NAN | E | | | An | nount i | NECEIVE! | | | | | |
| NAM | RESS | | | An | nount i | ARCEIVE | | | | | |

CITY OF SAN DIEGO, CALIFORNIA

Nº 36928

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY | 11- | - 17 2 |
|--|--|---|----------------------|
| From: Sylvine Con | Lay Address 441 Oct | cait Plan | SA1000 |
| InPayment of | epa 16 Olls | A det | (20-50) |
| 1.01 9/ Grave_ | | Section 2 | Division // |
| Invoice No | MOTVALID FOR PURPOSE STATED LINLESS STAMPET "BAID" IN THIS SPACE. | 20% Sales Care 77184 - 80% Sales 100 of Lots 77184 - | 2000 |
| wo 2-6750 | | Opening/ 1go Closing 77181 Burtal 100 Containers 77182 | Nov |
| BALANCE DUE | | Handling Fee 77185) Recording & 100 Misc. Feet 77183 | 1 1988 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | 1 4.11. 14 | Pro-Februs 83035 Tyliet 9022 Seise Tax 80101 78380 | |
| AC-212 (New 10-87) 665 | ISSUED BY ALIANA IN | CONTAL PAID 6 | 2000 |

| DO | NOT | MAIL | ENTIF | RE BO | DK _ | P1 | nce 92 | | • | | 6 |
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| | | Mon | th ar | nd Da | v De | e In | dical | ed B | elow | | 10 |
| APR | MAY | JUN | | AUG | SEP | OCT | _ | DEC 26 | | FEB O | MAR |
| ue da | nt due de abor nt due l due dat | ve. I paid i | moreti | n or bel | ore. | ув | s s | | .0 | | |
| NAM | E | | | An | nount l | Receivi | \$ ad \$ | | | _ | |
| ADD | RESS | | | | | LEAGUE | | | | - | _ |
| CITY | | | | K (V | 26 2 | STAT | | | ZIP | | |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | 14 | QQ |
|---|--|--|---------|
| From: Lestina la | CARAdress: 441 Ret | Sait Place | 5 92117 |
| In Payment of | bugon 15 , a cres | tel det | <u></u> |
| Lot 9/ Grave | NOTVALID FOR PURPOSE STATED UNLESS STAMPED | ction Division Block | 1// |
| Acct. No. 2-6750 | - "PAID" IN THIS SPACE. CITY AUDITOR | 20% Saise Care 77184 80% Saise 100 of Lotie 77184 Opening/ 100 Closing 77181 | 0 00 |
| BALANCE DUE BALO, UD | OCT 7 1988 | Burlst 100 Containers 77182 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | & Sulle 1X | Pre-Need 83033 Trust 9022 50101 78300 | |
| AC-212 (Rev. 10-87) | ISSUED BY | SMAL PAID 1 | 0001 |

| DO | NOT | MAIL | ENTIF | RE BOO | K | Pla | ce | | | | .5 |
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| MAR | APR | _ | JUN | | | SEP | _ | NOV | _ | JAN | FEB |
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| due da Amou | nt due ate abo nt due due da | ve if paid | more ti | n, or befo | da | nys) | s s | 9 | .00 | 1 | |
| | | | 200 | 300 | 2 | | \$ | | | | |
| NAM | E | - 64 | | Am | aunt i | Receive | d \$ | V. | | | _ |
| ADD | RESS | | | | | | | | | | |
| CITY | 7 | | | | | STAT | | | ZIP | _ | |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-2151

| | 284-3151 | Date: | 1-6 ,1089 |
|----------------------------------|--|--|---|
| From: There was | Address: 491 NO | Doll The | lars (\$ 60 (D) |
| Lot 9/ Grave | 394 ROW_S | sotion | // Division// Block |
| Invoice No | NOT VALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Left Opening/ Closing | 67007 77184 100 77184 100 77181 100 77181 100 |
| Pre-Need Lot Ox At Need On Acct | | Handling Fee Recording & Misc. Fees | 100 77182 100 77183 100 77183 100 77183 100 77183 100 77183 100 100 100 100 100 100 100 100 100 10 |
| AC-212 (Rev. 10-87) Cash Check A | ISSUED BY ANDROW WOULD | | 78380 |

| | - | • | - | go, | CA | - | 114 | | - | |
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| | | Mon | ith ar | nd Da | Due I | ndica | led B | elow | | |
| MAY | JUN | JUL | AUG | SEP | OCT NO | DEC | JAN 20 | FEB • OI | MAR | APR |
| | ate abo | ve. | moreti | or beto | days |) s | | .00 | | The same of the sa |
| vnou | nt due | te abo | VR. | 3,10 | | | | | | |
| Amou after o | nt due Jue da | te abo | ve. | Ami | nunt Berei | S ward S | | - | 1715 | |
| after (| due da | te abo | Ve. | Ami | ount Rece | s ved \$ | | | | |
| NAM | due da | le abo | ve. | Am | ount Recei | s ved \$ | | | | |

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

| | 264-3151 | | 2 |
|------------------------------------|---|---|-------------|
| From: Selvia & Cres | AU Address: 441 Della | net II. | an Die OH |
| - toeste, do | Mais rollo- | Dollars (| 20.00, |
| In Payment of C | negore to de | | |
| Lot Grave | 374 HowS | Section | Division // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 87007 20% Sales Care 77184 | (2) |
| Acct. No. | | 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 | 20 00 |
| w.o. 2'-6750 | 20世界地区图658 | Closing 77181 Buriel 100 Containers 77182 | CITY WINE |
| BALANCE DUE 160,00 | | Handling Fee 77185 | FFD SUITOR |
| Pre-Need Lot 9 At Need 0 On Acct 0 | | Mest. Fees 77183 Pre-Need 80003 | 10 1980 |
| Pre-need Trust Cash Check Of | 1. 12. 16 | Truel 8022 Sales Tax 80101 75590 | |
| 'AC-212 (Rev. 10-87) 754 | ISSUED BY TOTAL WE WAS IN | TOTAL PAID 8 | 20 0 |

| ALA | | Mo. | | | | Pl | 10.00 | | 4 | 07 | 50 |
|-----------|------------------|--------------------------------------|-------------|-------|-------------|--------|------------------|-------|-----|-----|---|
| | | Mon | th an | nd De | y Du | ie Inc | licat | | | .0 | 1 |
| NUI | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB 2 | MAR | APR | MAY |
| | Sec. 5-15-1 | WAR STORY | Carried and | | Carried Co. | | | | | | |
| we da | nt due | when p ve. If paid to above | nore th | | ore, | ys) | > s > s | 2 | 1.0 | 10 | 3 S S S S S S S S S S S S S S S S S S S |
| we da | nt due lue da | ve. If paid | nore th | nan . | da | ys) | \$ \$ \$ \$ d \$ | | 1.0 | 10 | Section 19 |
| mounter o | nt due lue da | ve. If paid | nore th | nan . | da | | S.E. | | 1.0 | 10 | S. Serrote |

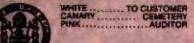
WHITE TO GUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY 264-3151

| Estable II | 204-3131 | | 1 | -11 |
|-------------------------------|-------------------------------------|----------------------|------------------------------------|--------------------|
| | nin | Date: 7 | 2 | 18 6/ |
| From: Selecte Miles | Address: 997 | allian | A, | 200 |
| - Marty Nolla | 1 2 20 | The | Dollars (\$ | 20.00 |
| In Payment of | 111 pm 19 | oude | de | |
| - 91 | 394 | | 2 | Division // |
| Lot Grave | NOT VALID FOR PURPOSE STATED UNLESS | Section | 67007 | Block // |
| Invoice No. | TPAID IN THIS SPACE | 20% Sales Ca | 87007 77184 — 100 77184 — | 20 00 |
| W.O. 2-6750 | The second second | CITY AUGUSTO | 100 77181 — | MICES IN STREET |
| BALANCE DUE 140.00 | | MAR Consiners | 77182 — 100 | |
| BALANCE DUE | | Participal Fac | 77186 | Name of the Action |
| Pre-Need Lat At Need On Acct | | Alloc, Fees Bre-Head | 77183 — 63003 9022 — | A THE PARTY OF |
| Pre-need Trust - Cash - Check | Noud la | Sales Tax | 80101 78390 — | P. A.Y |
| AC-212 (Mev. 10-97) | SSUED BY ANGLOSE | TOTAL PAID | NOT THE | 20 00 |

| | | | | ۰, | | Pla A | 92 | 114 E(| | 50 | > |
|----------------|--|----------------|---------|--------|------|------------|--------|-----------|------|-----|-----|
| | | Mon | th ar | vd De | y Di | ue In | 10 | 50 | | | |
| JUL | AUG | SEP | ОСТ | NOV | DEC | JAN | FEB | MAR 20 | APR. | MAY | JUN |
| lmay | nt due | when p | oaid on | or bef | ore. | | 1 | 1 | .00 |) | |
| lue di Amou | nt due ate abo nt due due dar | ve. if paid | mareti | M-7.00 | ore. | ys | s s | 21 | .00 |) | |
| lue di Amou | nt due due dat | ve. if paid | mareti | en. | da | ys Receive | D 75 | 21 | .00 |) | |



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CAMARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 284-3151 | 4-6 | 5 89 |
|------------------------------|---|--|-----------------|
| From: New Man (Man) | Address 441 DET | at di | 20.45 |
| In Payment of | Supon 20 1 | Medel To | 7 |
| Lot 9/ Grave_ | 3\$4 ROW_S | ection | Division // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 67007 20% Sales Cars 77184 80% Sales 100 | 20 00 |
| Acct. No. 9 - 16750 | CITY | of Lots 77184 Opening 900 Plosing 77181 | |
| BALANCE DUE 120, 0 | APR 1 | Collisivers 77182 100 100 17185 100 100 100 100 100 100 100 100 100 10 | |
| Pre-Need Lot ALNeed On Acct | | Pre-Need 83003 Trust 9022 | STREET, STREET, |
| Pre-need Trust Cash Check | ISSUED BY MALA 1610 | Sales Tex 80101 78390 TOTAL PAID \$ | 20 00 |

| | 54 | | Die | | | A | 92 | 5 | 07. | 50 | 2 |
|---------------|---------|----------|---------|--|---------|---------|-----------|---------|------|-----|-----|
| | | Mon | th as | d Da | v Du | e Ind | 10 Cab | d B | elow | | |
| AUG | SEP | - | NOV | Andrew Commercial Comm | _ | | - | ALC: 11 | MAY | JUN | JUL |
| | nt due | | paid on | or bef | ore. | | , | 1 | .0 | 0 | |
| 22336 | nt due | t paid i | more th | en_ | | ys) | s | 21 | .0 | 0 | |
| mou fter c | ne da | | | | | | | | | | |
| mou fter c | lue dar | | | | | | 5 | _ | | | |
| mou fter c | lue dar | | | An | nount (| Receive | 100 | | | | |
| fter c | | | | An | nount (| Receive | 100 | | | | |
| tter o | | | | Ап | nount (| Receive | 100 | | 1000 | | |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From SING T. (alsax Address: 441 NING + Va | CEL MINVERSIAGE |
|--|-------------------------|
| and the state of the country # 21 | Dollars (\$ 30.00) |
| In All Payment of Court for Court of Section C | 2 Division // |
| Invoice No. NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 20% S 80% S of Living Times and S of Living Tim | Seles Care 77184 20 00 |
| | liners 77185 MAY 0 100- |
| Pre-Need Lot At Need On Acct Pre-Need Trust Cash Check Sales | leed 65033 6022 |

| DO | NOT | MAIL No. | ENTIF | E BO | OK I | Pla | Ce 921 | 114 | Total I | | 1 つ |
|----------------|---------|-----------------------------|-------|-------|--|---------|-------------|------|---------|---|--------|
| 3 | | Mon | th ar | nd Da | W D | ue Inc | 10 dicat | ed B | elow | | |
| SEP | ост | NOV | DEC | 1 | A CONTRACTOR OF THE PARTY OF TH | MAR | - | MAY | JUN B | _ | AUG |
| due di Amou | ate abo | when place. If paid te abor | moret | | | iys | 5 5 | 21 | .00 | | |
| NAM | E | | | Ar | nount | Receive | d \$ | | | | - |
| ADD | RESS | 3 | | | | | | | | | |
| | | | | | | | | | | | |

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

No 38269

| | 264-3151 | | 7 | 1 10 1 | 02 |
|----------------------------------|---|---------------------------------------|-----------------------------------|-------------|--------|
| Filmer Mon | 2 44/1 Fett | Date: | -10 | 192 | 1/4 |
| From Theate, all | Cas + 2/100 | Do | llars (\$ | 20.00 | |
| InPayment of | augus 23 (| 1000to | ot | | -41 |
| Lot 9/ Grave | 394 Rows | ection | | Division // | |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales | 67007 77184 —— | 20 | (1) |
| Acct. No. | | Opening/ Closing | 77184 — 100 77181 — | CITY | UDITOR |
| BALANCE DUE 60.00 | | | 77182 100 77185 | JUL | 4 1989 |
| Pre-Need Lot At Need □ On Acct □ | | Recording & Misc. Fees Pre-Need Trust | 100 77183 — 63033 9022 — | printer (| |
| Pre-need Trust Cash Check 9 | ISSUED BY ANAIR MILE | Sales Tax TOTAL PAID | 78390 | 20 | 00 |

| | NOT | MAIL No. | ENTIF | RE BOO |)K | Pla | ca | | 476015t | | 3 |
|-------|---------|---------------|--------|--------|--------|---------|-----------|------|---------|-----|----------|
| | | Mon | th ar | nd De | D | ue In | dicti | ed B | elow | | |
| NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | 20 | AUG | SEP | OCT |
| ue da | nte abo | ve if paid | more a | or bei | 费 | iys | > s | 21 | .00 |) | |
| MAM | F | | | Апт | ount l | Receive | S ed S | | | | |
| | RESS | т | | | т | | = | | Ŧ | == | |
| NUU | | | | | | | | | | | _ |

| | COUNT | No. | Det | re BO | it | | 92 | 11 | | 15 | 2 |
|----------------|--------|------|-------|-------|-------------|--|----------------|--|------|-----|----------|
| | | Mon | th a | nd Da | w Di | e Inc | dice | ed B | elow | | |
| OCT | NOV | **** | - | FEB | THE RESERVE | Contract of the Contract of th | Check Problems | Contract of the Contract of th | - | AUG | SEP |
| lue da Vmou | nt due | ve. | moret | han | gjejt H | ys) | s s | 21 | 1.0 | 0 | |
| NAM | E | | | An | nount F | Receive | d S | | | | |
| Marie Land | | | | | | | | | | | |
| 1333 | RESS | _ | _ | _ | _ | | | | _ | | |

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK ROTIGUA... 264-3151 Dates Dollars (\$ 20 Payment of Division Section Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 77184 Invoice No 20% Sales Care OTY AUDITOR 1989 9 80% Sales 77184 of Lots Acct. No. Opening/ Clasing 100 77181 Buriel 100 77182 Containers 100 BALANCE DUE 77185 Handling Fee Recording & 100 Misc. Fees 77183 Pre-Need 63033 Pre-Need Lot X On Acct Trust 9022 Sales Tex 60101 Pre-need Trust ISSUED BY TOTAL PAID AC-212 (Rev. 10-87)

| DO NOT. | MAIL | ENIJR De 2 | E-BO | K | | | 11 | 107 CT CT CT | 15 | 0 |
|--|---------|---------------|--------|--------|----------|------------|-----|--------------|-----|-----|
| E PO | Mon | th so | d Da | v Du | e Ind | ical | d B | elow | | 7 |
| DEC JAN | | | | MAY | | | | | OCT | NOV |
| Amount due Jue date abo Amount dus | * | | | | /s | \$ | 4 | 1.0 | 10 | |
| stier ave da | n altov | e. | | | | \$. \$ | | | | |
| | | | 000000 | 8 | | | | | | |
| NAME | | | Ап | ount F | leceived | S | | | | |
| NAME ADDRESS | | | Arr | ount F | leceived | s | | | | |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151

12 38419

|) his (ha) | 441 | Date: | AVIA | 10 | 19 |
|------------------------------|--------------------------------|---|----------------------------|----------------|------|
| From Jort - Ou | Address: 11 | - Court | _ Dollars (\$ | 41.8 |) |
| In Payment of | ral you | mand a | _ Conars (4 | ride | 1 |
| Dot | - | | | | |
| Lot Grave | 3 \$ 4 Row | Section | 2 | Division Block | / |
| Invoice No. | NOT VALID FOR PURPOSE STATED U | | | 40 | 00 |
| Acct, No. | | AUDITOR 20% Sales 80% Sales of Lots Opening/ Closing Buriel | 100 77184 — 100 | | V ST |
| W.O. C 6/30 | cu, | 1989 Cicelng Burial Containers | 77181 100 77182 | AL V | |
| BALANCE DUE 7 | b ' | Closing Burial Containers Handling F Recording | A 100 | / | 10 |
| Pre-Need Lot Al Need On Acct | | Misc. Fees Pre-Need Frust | 77183 — 63033 9022 — | 5,1150 | |
| Pre-need Trust Cash Check | Indea | Sales Tax | 60101 78390 — | 111 | XX |
| AC-212 (Rev. 10-67) | ISSUED BY COPPER | TOTAL PAID | | 91 | 00 |

| | ESAR, SYLVIA L. | | ACCT. NO. | E-6750 |
|-----------------|--|---------------|-----------|----------------|
| ADDRESS 4 | Detroit Place, San Diego, Ca 92114 R. | ATING | LIMIT | |
| DATE | TEMS | DEBIT V | CREDIT | BALANCE |
| Jun 87 | Lot 91, Graves 3 & 4, Section 2, Division 11 | 500 00 | 80 00 | 420 00 |
| 1-2 88 | Cougan #6, Receipt # 35488 | | 2000 | 400 00 |
| 2.3 88 | Jaugent 7 Recent 35635 | | 2000 | 38000 |
| 3-8 88 | Coupon# 8, Levelet # 35827 | | 2000 | 36000 |
| 4-1 88 | augen#9, fewell 35982 | | 2000 | 34000 |
| 59 88 | Colopor 410, Result 36/25 | | 2000 | 32000 |
| 6-7.88 | laupon #11 Secret 3626/ | | 2000 | 300 00 |
| 7-16 88 | august 12 feeligt 26385 | | 2000 | 25000 |
| 8-388 | Coupon 13 Receipt 36490 | | 2000 | 06000 |
| 9-11 88 | Causen 4, Receipt 366 45 | | 2000 | 240 00 |
| 10-5 68 | largen 15, alcoupt 36779 | | 2000 | 880 al |
| 11-1 88 | Cough 16, Sweept 36928 | | 2000 | 20000 |
| 1-500 | grapos 19, perest 37/85 | | 2000 | 18000 |
| 28 87 | Coupon 18 therept 31/352 | | 2000 | 16000 |
| 3 | Causen 19 blee of 311920 | | 2000 | 14000 |
| F 2 80 | Course 20 percent 3/027 | | 2000 | 120 00 |
| 20 07 | angen of rules 3/36 | | 2000 | 100,00 |
| 0-6 0 | Maryon da, weer pl 3 8/1/ | | 200 | 1000 |
| 17089 | Mugar 25, Dungt 30269 | | 1 X O CO | 16000 |
| AIGNER FORM NO. | 25-204 CAESAR, SYLVIA L. 91 | - 3 & 4 - 2 - | 11 | PRINTED IN USA |
| | T WAS A STATE OF THE PARTY OF T | 0. · · · · · | | |

| NAME | | | ACCT. NO | |
|---------|-----------------------|-----------|----------|---------|
| ADDRESS | | RATING | LIMIT | Të |
| DATE | LT EM5 | DEBIT | V CREDIT | BALANCE |
| 2-787 | Caupan 34, Recept 389 | 9/9 NG | 20d | 90 |
| | Cate fee on Com | gon 34 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | - 9 |
| | | | | |

MT. HOPE CEMETERY

INTERMENT ORDER

| INTERN | IEM I OUDEN | 100 100 |
|--|--|------------------------------|
| 103-2275 city | of San Diego | 1./ |
| 103-24 | SEES THE SEES OF T | 6/24/87 |
| atul | Date _3 | 7-17-01 |
| You are hereby authorized and instructed, sub | ject to your rules and regula | tions, to inter the remains |
| of youne So | Hernande | 12 - AKASanake |
| ina Nove Fu | neral, date, time | Vi Ther |
| Church, Chapel, Graveside | up El Caj | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an ex | dra charge will be applied |
| and billed to undersigned. War time veteran | 16.01 | , |
| 100 Double | | |
| Lot A Grave T Row | Section D | livision/Block |
| Grave space & Care Fund | | 55- |
| Additional spaces and care fund | | |
| Opening/Closing & Setup | | 90 |
| Burial Container | | |
| Handling Fees | | |
| UNIVERSITY OF A STREET AND SAY ASSOCIATION AND A STREET | | |
| Flower vases - Marker setting fee | | |
| Recording and filing fee | | |
| Sales taxes | | 141000 |
| may | Total Due | |
| Paid re | eceipt number | esta est |
| | E | lalance due |
| I hereby certify I am the | of t | he above named decedent |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a | of remains as above indicate and I agree to hold Mt. Hope | ted. I certify and represent |
| I hereby authorize the interment in lot I | 8 2000 | |
| hold under deed. | Signature | |
| Signature of recorded holder of deed | Actiress | |
| | Suece | Zip Code |
| | Telephone | 25.60 |
| The second secon | C. H. Sales and C. | |

Work Order # E 6751

Acct.

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

66751

| NAME OF DECEDEN | N A ANTHROC | Elizabeth | Hernande: Sanchez | AKA: | Female | Dec. 3. | | 1987 |
|---|-----------------------------|------------------------------------|------------------------------------|--------------------------------|--|--|--|-----------|
| PLACE OF DEATH- | CITY OR TOWN | | | | TY IOR STATE IF NOT IN CALIFORNI | | DRESS OF SPOUSE OR OTHER INF | ORMANT |
| San Diego | | | San Di | | | | dministrator | |
| NAME AND ADDRESS (684 So. Mc | arroll A | Venue El C | son acting as suci sjon, CA | 92020 | P-1022 | A STATE OF THE STA | uffin Road o, CA 92123 | |
| 1 | | TYPE OF | PERMIT, CHECK | ONLY ONE | OF THE FOLLOWING TYPES | OF DISPOSITION | | |
| 1 BURIAL HA | CLUDES ENTOM | BMENTI | | SINTERMENT A | IND BURIAL (INCLUDES | | HENT AND REINTERMENT OF CREM (INCLUDES INURNMENT) | MATED |
| • | | NCLUDES INURNM | L 6 D | ISINTERMENT. O | CREMATION, AND BURIAL | | MENT OF CREMATED REMAINS AN ON OTHER THAN IN A CEMETERY | |
| 3. CREMATIO CEMETERY 4. SCIENTIFIC | COST SOCIAL SECURIZADA | ION OTHER THAN | ☐ 7. DI | ISINTERMENT, (THER THAN IN | CREMATION, AND DISPOSITION A CEMETERY | FOR | CORONER'S USE ONLY | |
| INTERMENT | | | | | TED REMAINS ARE TO BE INTERI t-San Diego, CA | 92102 | San Diego | |
| CREMATION | NAME AND ADI | DRESS OF CREMAT | ORY WHERE REMAI | NS ARE TO BE O | REMATED DATE SPEMATED | SIGNATURE OF | PERSON IN CHARGE OF CREMATO | PAY |
| BURIAL AT SEA OR OSITION OTHER ON A CEMETERY EMATED REMAINS | M/A | REST POINT ON S | Tray | 11 141 | NO THE PROPERTY OF THE PROPERTY FINA | AL PLACE AND COL | NTY OF DISPOSITION | |
| SCIENTIFIC USE | | dress of facilit | Y RECEIVING REMA | AINS (| Bottom | | | |
| ACKNOWLEDGMENT OF APPLICANT | remains of t and I hereb | he above named v acknowledge ti | decedent under hat trespass and | provisions of nuisance law | control the disposition of the the Health and Safety Code, s apply and understand that not owned by me. | | APPLICANT | _ |
| LOCAL REGISTRAR | OF THE CALIFORN | THE DISCOUNTION SOFT | TY CODE AND IS THE | \$3.00 | JUN 2 4 198 | SIGNATURE OF | LOCAL REGISTRAR ISSUING PERMI | f |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | 122/3/2/ | THE SPECIFIED | WITER DATE! | | UBLOF PERSON IN GHANGE OF | DISPOSITION | LICENSE NUMBER OF CREMATE DISPOSER, IF APPLICABLE | D REMAINS |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | N/A | RESS OF REGISTRA | R OF <u>COUNTY</u> OF | DEATH | 7 | | | 30 |

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/24/87

| | 16 | |
|---|--------------------------------|------------------------|
| You are hereby authorized and instructed, subject | to your rules and regulations. | , to inter the remain |
| of cross xebastes | Tolp | |
| 1 | al date time Mow BL | 50/11 Am |
| n a Venezioner VI I NO | al, date, time 4/00 15/ | 11 / IKM |
| Church, Chapel, Graveside | J. Alegsdal | Mortuar Mortuar |
| All Funeral cars must arrive before 3:30 p.m. of re | egular work day or an extra ch | narge will be annlie |
| | 6 | iai go iiiii bo appiio |
| and billed to undersigned. War time veteran ${\cal A}$ | <u></u> . | |
| 110 0 | 2 | 11 |
| Lot 120_GraveRow | Section Division | n/94eek _// |
| | 50 9 200 | and |
| Grave space & Care Fund | - Sallo | ason - |
| Additional spaces and care fund | day seems | -0- |
| TARREST SANDERS AND | | 3100 |
| Opening/Closing & Setup | | <u>Spie 2</u> |
| Burial Container Coxette Be | ll denn | /00 |
| | 20 | 1450 |
| landling Fees | | ····· |
| lower vases - Marker setting fee | | <u> </u> |
| Recording and filing fee | | 3(° |
| 100000000000000000000000000000000000000 | 4 | 600 |
| Sales taxes | | 200 |
| don's | Total Due | 806 |
| To Paid racei | pt number | |
| r aid recei | A HUMBER | W: 864 |
| | Balanc | e due |
| | | |
| hereby certify I am the | of the abo | ove named decede |
| and this is your authority to make disposition of r that I have the right to make this authorization and | | |
| any liability on account of said authorization and | | latery marinioss in o |
| | ~ / | INAL |
| hereby authorize the interment in lot I | Dassa H | race |
| old under deed. | Significant TIIO TYM | a Danie |
| | Address / 7 Ully / 2 | Comme |
| Syneture of recorded holder of deed | XX am Due | 0.4.7211 |
| | 7 263-19 | 55 pp.C |
| | Telephone | 7 |
| W | - aco | 121 |
| | | Carlo Carlo |
| E 6752 | | 1 |
| | | |

PY-593 (REV. B-85)

| .o. No | |
|--------|--|
|--------|--|

NOTE-STRAIGHT

E 6752

| 85200 | San Diego, California, | June 24 | .27 |
|---|--|--|--|
| Mr. Hope Cemetery | or San Diego City Treasur | eceived me undersigned maker(s) pror | mise(s) to pay to |
| | A The state of the | | or order |
| ne sum of | King Way, San Diego, CA | on the unpaid princip | DOLLARS. |
| Should interest not be paid with the state of this note. Interest after munited States. Each maker will be nereof before, at or after maturity, a person who signs this note agrees | hen due, it shall thereafter bear like interest a of principal and accrued interest shall become atturity will accrue at the rate indicated above, jointly and severally liable and consents to rend individual professional waives presentment, demand and profess are that recourse may be had against his ther sepathe undersigned promise(s) to pay such sum a | e immediately due, without notice, at the Principal and interest are payable in law ewals, replacements and extensions of the right to assert any statute of limits arate property for any obligation contains | the option of the dul money of the time for payment ations. A married |
| MAKE ALL PAYMENTS | AT MT. HOPE CEMETERY OFFI | TO Melwar Plant | 9 50951 |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

SEX

DATE OF BIRTH

E6752

| S. Calley | cluest separtion Lois | 0.0000000000000000000000000000000000000 | 1010 | May 30 1312 | June 23, 130/ | | |
|---|---|--|---|--|--|--|--|
| PLACE OF DEATH | CITY OR TOWN | PLACE OF DEATH—COUNTY I | OR STATE IF NOT IN CALIFORNIAL | 1. 5.45 (10 to 10 to | S OF SPOUSE OR OTHER INFORMANT | | |
| | | sen stego | | 740 Helrose | | | |
| Anderson-R | ss of funeral director for personal | Federal Blvd. | CALIFORNIA LICENSE NUMBER | The second secon | CA 92114 | | |
| Mana bare | San San | Hego, CA 92102 | 1363 | sen nießo | W 34114 | | |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES OF | DISPOSITION | | | |
| T 1. BURIAL (IN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND I | BURIAL (INCLUDES | | AND REINTERMENT OF CREMATED UDES INURNMENT) | | |
| 7 7. W. | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CREW (INCLUDES INURNMENT) | | | OF CREMATED REMAINS AND THER THAN IN A CEMETERY | | |
| 3 CREMATIO CEMETERY 4 SCIENTIFIC | | 7 DISINTERMENT, CREM OTHER THAN IN A CE | PMETERY | FOR CO | RONER'S USE ONLY | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | HERE REMAINS OR CREMATED | Print Marie Committee Township Internative or | Elec- | COUNTY SAn Diego | | |
| CREMATION | NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATOR | | | | | | |
| BURIÁL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | ine, or other description su | UFFICIENT TO IDENTIFY FINAL | PLACE AND COUNTY | OF DISPOSITION | | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | DE . | 9 | | |
| CKNOWLEDGMENT | This is to certify that I am the per remains of the above named dece | | | SIGNATURE OF APPL | ICANT | | |
| OF APPLICANT | and I hereby acknowledge that the this permit gives no right of unrest | espass and nuisance laws ap | ply and understand that | DATE SIGNED | | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | NO SAFETY CODE AND IS THE ST. OO JUN 25 1987 Condl & Consul M OF | | | | | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | SIGNATURE | OF PERSON IN CHARGE OF D | | CENSE NUMBER OF CREMATED REMAIN SPOSER, IF APPLICABLE | | |
| IF DISPOSITION IS TO OCCUP IN ANOTHER GOUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | | | | | |

BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

NAME OF DECEDENT

CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR

C529 7

ITY OF SAN DIEGO UDITOR & COMPTROLLER EPORT NO. C65-102

PROPERTY DEPT-MT HOPE CEMETERY

EPARTMENT 072

ACCOUNTS RECEIVABLE PAID INVOICE REPORT BY DEPARTMENT AS OF 07/23/87

DATE: 07/23/87 TIME: 221028 PAGE: 5

| INV | LNV | ACCT | CUSTOMER NAME FUND DEPT | ORG | ACCT | PAYM PD DATE BY J/O OPER BN/EG | PAYM REF NO AMOUNT PAID FACILI AMOUNT APPLIED | AMOUNT BILLED | UNPA ID BALANCE |
|-------|----------|--------|--|-----|---|---|---|---------------|--------------------|
| 58163 | 07/09/87 | 022538 | DDESSA H. POLK 100 072 100 072 100 072 100 072 100 072 100 072 60101 67007 | 8 | 77181 77182 77183 77184 77185 78390 77184 | 07/16/37 CK 7 000072 000072 000072 000072 000072 | 320.00 320.00 100.00 35.00 200.00 145.00 6.00 | 856.00 | PAID IN FULL |

MT. HOPE CEMETERY

INTERMENT OFFER

City of San Diego

| | | Date D/24 | 8/ |
|---|-----------------------------------|--|--|
| You are hereby authorized and ins | tructed, subject to your rules an | dregulations to inte | ar the remains |
| of Fusae | Mukai | o rogalations, to mit | , the following |
| ine Theal Vault | Funeral, date, time | Tuesday 6/an | 10Am |
| Vouls/Lines (7) | aveside Lou | w GO Bi | Mortuary. |
| | | | |
| All Funeral cars must arrive before | 1/2 | or an extra charge v | will be applied |
| and billed to undersigned. War tin | ne veteran _/V . | s 27 | |
| Lot Grave 3 | Row Section/ | Division/Black | * |
| Grave space & Care Fund | In head A-7 | 727 | |
| Additional spaces and care fund | | none | |
| Opening/Closing & Setup | | | 320= |
| Burial Container | | **** | 1753 |
| Handling Fees | | | 17000 |
| Flower vases - Marker setting fee | | | |
| Recording and filing fee | *********** | | 3500 |
| Sales taxes, | | | 10.50 |
| o tray late | Total | Due | 71050 |
| | Paid receipt number 34 | 789 | 7/0.50 |
| | 34. G 8 9 | Balance due | 0- |
| I hereby certify I am the | | of the above na | med decedent |
| and this is your authority to make that I have the right to make this a any liability on account of said au | uthorization and lagree to hold | | |
| I hereby authorize the interment i hold under deed. | n lot I Signature | er S. Me | to- |
| Signoture of recorded holder of deed | Address States | Valley | Ca 920 |
| | Telephorne | | |
| Tare to | Inva | | |
| Work Order # E 6753 | Acrt | 04 | |
| PY-593 (REV. 8-86) | | And the same of the last of th | addition to the last of the la |

W.O. NO. E6753

NOTE-STRAIGHT

| Mr. Hope Cemetery or San Diego City Treasurer .gr order at | : 7/050 | San Diego, California | June 24 1987 |
|---|---|---|--|
| the sum of | Mr. Hope Cemetery or S | | |
| with interest from | 3751 Mantin Luther Ki | ne Way. San Diego. CA | |
| Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and profest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his her separate property for any obligation contained herein. If any | the sum of Seven Year, with interest from | 125, 1937 at 50 | |
| A money A Mukes | Should interest not be paid when due interest when due, the whole sum of prince holder of this note. Interest after maturity we United States. Each maker will be jointly at hereof before, at or after maturity, and waive person who signs this note agrees that rec- | it shall thereafter bear like interest a cipal and accrued interest shall become will accrue at the rate indicated above, and severally liable and consents to ren- ves presentment, demand and profest a course may be had against his /her sep | ne immediately due, without notice, at the option of the Principal and interest are payable in lawful money of the newals, replacements and extensions of time for payment and the right to assert any statute of limitations. A married larate property for any obligation contained herein. If any |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES DATE OF BIRTH NAME OF DECEDENT SEX PURKE MUKAI Mov 10, 1891 female June 23, 1987 PLACE OF DEATH-CITY OR TOWN PLACE OF DEATH-COUNTY IOR STATE IF NOT IN CALIFORNIA! NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT San Diego Thomas D. Mukai - son Lemon Grove NAME AND ADDRESS OF FUNERAL DIRECTOR BE FREE ACCESSOR TO THE TOTAL 1207 Melix Street CALIFORNIA LICENSE NUMBER Levis Colonial/Benbough San Diego, CA 92104 F-480 Spring Valley, CA 92077 TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION □ 5. DISINTERMENT AND BURIAL (INCLUDES 8 DISINTERMENT AND REINTERMENT OF CREMATED 1. BURIAL INCLUDES ENTOMBMENT? **ENTOMBMENT)** REMAINS (INCLUDES INURNMENT) 2. CREMATION AND BURIAL (INCLUDES INURNMENT) 6. DISINTERMENT, CREMATION, AND BURIAL 9 DISINTERMENT OF CREMATED REMAINS AND (INCLUDES INURNMENT) DISPOSITION OTHER THAN IN A CEMETERY 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 7 DISINTERMENT, CREMATION, AND DISPOSITION FOR CORONER'S USE ONLY OTHER THAN IN A CEMETERY 4. SCIENTIFIC USE ☐ 10. DISPOSITION PENDING. NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED COUNTY INTERMENT Hount Hope Cometery - San Diego, CA (3751 Market St.) San Diego NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY CREMATION n/a BURIAL AT SEA ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS NAME AND ADDRESS OF FACILITY RECEIVING REMAINS SCIENTIFIC m/m LISE SIGNATURE OF APPLICANT This is to certify that I am the person having the right to control the disposition of the **ACKNOWLEDGMENT** remains of the above named decedent under provisions of the Health and Safety Code, OF and I hereby acknowledge that trespose and nuisance laws apply and understand that DATE SIGNED APPLICANT this permit gives no right of unrestricted access to property not owned by me. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS AMOUNT OF FEE PAID SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT DATE PERMIT ISSUED LOCAL OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE **53.6**0 REGISTRAR AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT SIGNATURE LICENSE NUMBER OF CREMATED REMAINS CERTIFICATION I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DISPOSER, IF APPLICABLE OF PERSON IN CHARGE OF DISPOSITION MENTER DATE INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH IF DISPOSITION IS

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

TO OCCUR IN ANOTHER COUNTY

| | OFFICIAL RECEIPT WHITE TO CUSTOME CANARY CEMETER PINK. AUDITO From Laman Make | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address: 1207 Heli | E6753 | Nº 34789 87 № 92077 |
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| | In Scill Payment of D | nterned of Fress Mus | MON Sales 1 | Division 7 |
| • | Pre-Need Lot At Need On Acc | | Opening/ Closing Burlet Containers 771 | 770 - |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

6/24/87

| ect to your rules and regulations, to inter the remai |
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| Paul |
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| Section Division/Seck / C |
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| of the above named deced of remains as above indicated. I certify and represent and lagree to hold Mt. Hope Cemetery harmless from the first of the same of the sa |
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| DDRESS 2 | 32 E. Lime Street, Apt B, Monrovia, Ca 91016 | RATING | | LIMIT | |
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| 4 87 | Lot 2313, Division 10 | 595 00 | | 450 00 | 145 00 |
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| 9 88 | Coupen # 8, Lecust # 35848 | | | 2500 | 950 |
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| Amount due when paid on, or before, due date above. 25.00 \$ 1.00 \$ 1.00 \$ Amount Berguer \$ | - 1 | 23 | aro | vi | t t | CA | 9 | 10 | 16 | | 75 | 50 |
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| Amount Received \$ 35 FE | A moun | it due | rt paid | more t | han | da | ys | \$ | 1 | .00 | 0 | |
| NAME Eva L. Paul | | | 9 | TE A | PAI | nount | Receiv | \$ ed \$ | R | <i>z</i> - | μe | 3: |

Invoice No. Acct. No.

| DFFICIAL | RECEIPT | 經過到 |
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| | WHITE | TO CUSTOMER CEMETERY AUDITOR |
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| rom: | went | - unit |
| CH | vil | 5.7 |

BALANCE DUE 195.00

Pre-need Trust Cash

AC-212 (Rev. 11-86)

Pre-Need Lot At Need On Acct

Grave.

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

| ugen # 4 Cus | lit de | ollars (\$ | 26.00 | The second |
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| Rows | ection | 1000 | Division / | 0 |
| OTVALID FOR PURPOSE STATED LINLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Suitel Containers Haruting Fee Reconding & Misc. Feed Pre-Need Trust Sales Tax | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 7718 — | 25 | 1 |

or bring one coupon with each remittance COUPON DO NOT MAIL ENTERE SOOK 4 Credit Lot ACCOUNT No. Paul Eva L. Paul 232-East Line #B E 679 Monrovia, CA Month and Day Due Indicated Below JUN OCT NOV DEC MAY JUL AUG SEP MAR Amount due when paid on, or before due date above. Amount due if paid more than after due date above. NAME EVA L. PAUL

ADDRESS 2.32 E. L. M. E. # B

CITY MONROVIA STATE CA ZIP 9/0/6

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

| PINKAUDITOR | 264-3151 | | |
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| From: Ca Vaul | Address 232 C. | me, afi | 5,91016 |
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| Lot 23/3 Grave | Row S | action | Division / O |
| Invoice No. | NOT VALID FOR PLRIPOSE STATED UNLESS STAMPED TRAID IN THIS SPACE. | CREDIT 577 | 184 |
| Acct. No. | | of Lots 77 | TEN TO THE TEN THE T |
| w.o. E-6757 | | Buriel | 100 |
| BALANCE DUE 215.00 | | | 100 |
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| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check X | | | 033 |
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| AC-212 (Ray, 11-86) XXX | | | |

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| end or bring | one cou | pen wi | th each remi | ttence C | OUPC | IN |
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| ACCOUN | T No. | | 6751 | | 4.4 | 7 |

Eva L. Paul #B E 6754 232 East Lime Monrovia. *CA 91016

| FEB. | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN |
|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | | 10 | | | | |

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

\$ 25.00

Amount due if paid more than after due date above.

\$ 26.00

Eva L Paul

ADDRESS 232 EAST LIME # B CITY Monrovia Ca 71791016

check (/) if this is new address

| OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR From: CVA. J. Jaw. | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 254-3151 | Date: | Nº 1-6 | 35507 1625aca |
|---|---|--|---|------------------|
| In Payment of Lot 23/3 Grave | ueigen \$6 Ge | ection_ | Divisi Blook | S 00) |
| Invoice No. Acct. No. W.O. E-6754 BALANCE DUE 145.00 Pre-Need Lot At Need On Acct | NOTVALIDED PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. CITY AUBITOR JAN 11 1988 | CREDIT 20% Sales Care 20% Sales of Lots Opening/ Closing Burtist Containers Plandling Fes Plandling Fes Plandling & Allsc. Fees 27s-Need | 67007 77164 100 77184 100 77181 100 77182 100 77182 100 77183 60033 9022 | 25- |
| Pro-need Trust Cash Check X | 185 ED BY or hea The | Salme Tax TOTAL PAID | 9022 60101 76390 | 25- |

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| OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR From: Loa L Places | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address: 232.2.0 | Vence a | Nº : | 35704 11/2 Love |
|--|--|---|--|--------------------|
| InPayment of | e 16/100 - Un | Dollar Son | Division | |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CITY AUDITOR FEB 12 1988 | GREDIT 577 20% Sales Care 777 50% Sales of Lots 77 Opening/ Closing 777 Burist Containers 777 | 007 184 190 184 180 161 | 500 |
| Pre-Need Lot Al Need On Acct Pre-need Trust Cash Check C | ISAUED BY and a Wa | Handling Fee 77 Recording & 77 Pre-Need 63 | 100 183 033 022 | 500 |

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land or bring one caupen with each remittance COUPON DO NOT MAIL ENTIRE BOOK. ACCOUNT NO. 1-6754 Monrovia, CA Month and Day Due Indicated Below AUG SEP OCT NOV DEC IAN FEB APR MAY JUN Amount due when paid on, or before, due date above. days Amount due if paid more than after due date above. Amount Received \$ 25 NAME EVAL, P ADDRESS 232 E. LIME APT CITY MONROVIA STATE check (/) if this is new address

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AC-212 (Rev. 10-07)

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| | OFFICIAL RECEIPT WHITE TO CUSTOMER CEMETERY | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY | Nº 36264 |
|--------|--|---|--|
| | From: Ova Paul twente, - frais | 284-3151 | Date: 6-7 1988 16, apt 8 Mexemia Dollars (\$ 25.00) |
| 11五三四省 | n Payment of Coc Paym | "PAID" IN THIS SPACE | Division O REDIT 57007 25 00 |
| | N.O. E - 6754 BALANCE DUE 20.00 | CITY AUBITOR | Time |

25 AC 410 10 40 40

| mount due when paid on, or before, ue date above \$ | - | Mo | REC | vi | | CA | | 10 | 16 | le | | 7 |
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| undount due when paid on, or before, use date above | VON | DEC | and the same of | - | And in case of the last | _ | _ | The real Property lies, the party lies, the pa | - | Accessed to the last | _ | OCT |
| S | we d | até abo int due | ve if paid | more ti | 460000000 | E004: | ys | \$ \$ \$ | 26 | .00 | 0 | 1000 |

OFFICIAL RECEIPT 36373 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY 284-3151 Date Dollars (\$ Payment of lime nen Division Grav Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID' IN THIS SPACE. CREDIT Invoice No 20% Sales Care 7718 80% Sales of Lots 77184 Acct. No. THE PERSON Opening/ Closing 100 Buriel Containers **BALANCE DUE** 100 Handling Fee 77165 Recording & 100 77183 Pre-Nees 00033 On Acct Pre-Need Lot 9022 Trust Pre-need Trust Eales Tax Check SSUED BY TOTAL PAID AC-212 (Rev. 10-87)

| DO | NOT CUN 23 | MAIL No. | ENTIR | E BOS | il iiii CA | • 4 | B 10: | 16 | 6 | | 2 |
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☐ check (/) If this is new address



MT. HOPE CEMETERY

INTERMENT ORDER

sitý of San Diego



Date 6-25-87

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| in a _ / | Funeral, date, times 7/2 | Defor 301 |
| Vault/Liner | Shien in | 0 / |
| Church, Chapel, Graveside | | Mortuan Mortuan |
| All Funeral cars must arrive before 3:30 p. | m. of regular work day or an extr | a chargewill be applied |
| and billed to undersigned. War time veters | an Prox | app |
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| ot / O/ Grave Row | Section Div | ision/Block |
| | | Taran - |
| Grave space & Care Fund | . 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | |
| Additional spaces and care fund | | |
| Opening/Closing & Setup | | 105 |
| Burial Container | g | 40. |
| landling Fees | \$ | 60. |
| Flower vases - Marker setting fee | 3 ^t / ₁ | |
| Recording and filing fee | V.// | |
| Sales taxes | .// | 2.9 |
| D. MI | // | 2/15/ |
| XU/ Cot 11/ | Total Due | DYLY |
| T/ St Pair | d receipt number | |
| (4) | 25 at 100 | 1 1/2 |
| 53M | Bai | ance due |
| | | |
| hereby certify I am the | | above named decede |
| and this is your authority to make dispositi that I have the right to make this authorizat | ion of remains as above indicated | d. I certify and represen |
| any liability on account of said authorization | | Cernotes y namineas ir u |
| | 0 00 | |
| hereby authorize the interment in lot I | Koromanio | Tunnick |
| hold under deed. | Signature | As a second seco |
| | ATON GIVE | we use |
| ligneture of recentled holder of deed | national (| 2t. 11.92 |
| | State 1/2/1-201/ | Zip Co |
| | Tolantoria | 11/0 |
| A. | 6.100 mg/l | |
| | | 1/65 |
| E CHEF | Invoice | |
| Work Order # E 6755 | Acct Date | 360 |
| Y-583 (NEV. 8-85) | CHANNE TO THE PARTY OF THE PART | |

| W.O. | NO. | |
|------|------|--------|
| | C.M. | F10755 |

NOTE-STRAIGHT

| : 242.40 | San Diego, | California, | Jaley 1 | |
|--|--|--|--|------------------------------|
| | days after dat | le, for value received. | the undersigned mak | er(s) promise(s) to pay to |
| Mt. Hope Cemetery | or San Diego City | Treasurer | 9-24 | |
| | | | | or order |
| at 3751 Martin Luthe | r King Way, San Di | | | 0.000 |
| the sum of Two heer | ared fort - | two 40 | 100 | DOLLARS. |
| with interest from | . , | | on the unn | aid principal at the rate of |
| | num, payable on deman | d | | are proverper at the rate of |
| | ALCOHOLOGICA CONTRACTOR OF THE | | noinal Chauld defau | It he made in average |
| interest when due, the whole sum | hen due, it shall thereafter bear li of principal and accrued interest | shali become immed | ately due, without n | otice, at the option of the |
| holder of this note. Interest after m United States. Each maker will be | | | | |
| hereof before, at or after maturity, a | nd waives presentment, demand a | and protest and the rig | ht to assert any statu | te of limitations. A married |
| person who signs this note agrees action be instituted on this note, the | nat recourse may be had against he undersigned promise(s) to pay | such sum as the Co | urt may fix as attorned | on contained herein. If any |
| | | | ru Minne | |
| | | | | N.C. 92050 |
| MAKE ALL PAYMENTS | AT MT. HOPE CEMETE | Contract of the contract of th | The same of the sa | ng Address |
| | | OUR CAST DISTRIBUTE | F77 47 | T 420313273 |

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

E6755

| NAME OF BEGERRA | | ** *** *** *** *** *** *** *** *** *** | l are | Tours or pipe. | Tours or bearing |
|--|--|--|--|-------------------------------------|---|
| NAME OF DECEDEN | | | SEX | DATE OF BIRTH | DATE OF DEATH |
| - Delivery of the second | ous Mannell | TEN TENNESS ENGINEER TO BRIDGE | Fomile | May 1,1923 | June 25,1987 |
| PLACE OF DEATH | CITY OR TOWN | PLACE OF DEATH—COUNT | Y IOR STATE IF NOT IN CALIFORNIA | Terrence Min | F SPOUSE OR OTHER INFORMANT |
| San Diego | | San Diego | Portonia de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la | | |
| | S OF FUNERAL DIRECTOR (SA PLASSING) | ANTETON Co. | F-843 | 2752 Grove S National Cit | |
| 1 | TYPE OF PERA | AIT, CHECK ONLY ONE C | F THE FOLLOWING TYPES (| OF DISPOSITION | |
| 1 SURIAL IIN | CLUDES ENTOMBMENTI | 5. DISINTERMENT AN ENTOMBMENT) | ID BURIAL (INCLUDES | B. DISINTERMENT AN REMAINS IINCLUDE | D REINTERMENT OF CREMATED ES INURNMENT) |
| 2. CREMATION AND BURIAL (INCLUDES INURNMENT) 3. CREMATION AND DISPOSITION OTHER THAN IN A | | 6. DISINTERMENT, CI | | | CREMATED REMAINS AND R THAN IN A CEMETERY |
| 3. CREMATIO CEMETERY | | 7 DISINTERMENT, CI OTHER THAN IN A | REMATION, AND DISPOSITION CEMETERY | FOR CORO | ONER'S USE ONLY |
| NTERMENT | NAME AND ADDRESS OF CEMETERY W | | ED REMAINS ARE TO BE INTEREST. San Diego,Ca | 0.3 | San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORYW | SUS WATTABETALY | EMATED DATE CREMATED | SIGNATORE OF PERSON | IN CHARGE OF CREMATORY |
| BURIAL AT SEA OR POSITION OTHER N IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | Road Of | | ALL PLACE AND COUNTY OF | DISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | Oun | ent | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unresh | dent under provisions of t espass and nuisance laws | he Health and Safety Code, apply and understand that | SIGNATURE OF APPLICA DATE SIGNED | -7 17 2 CZ |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | E AND IS THE | JUL 0 1 1987 | SIGNATURE LOCAL R | Land M.D. R.D |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | 2/87 SIGNATI | ME OF PERSON IN CHARGE | | SE NUMBER OF CREMATED REMAINS SER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | | | |

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

| 058165 07/09/87 022540 | TERRENCE MINNICK 100 072 100 072 100 072 100 072 60101 | 77181 000072 77182 000072 77183 000072 77185 000072 78390 | 21/37 CA | 242.40 105.00 40.00 35.00 60.00 2.40 |
|--|---|---|----------|---|
| NUMBER OF INVOICES PAID TOTAL AMOUNT PAID | 1,098.40 | | | |

242.40 PAID IN FULL

Cusitele

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/25/87

| of New York I have | Funeral, date, tim | · h O A | |
|--|--|--|--|
| Church, Chapel, Graveside | Before he | dollar | Mortua |
| All Funeral cars must arrive before 3:3 | 30 p.m. of regular work | day or an extra cha | rge will be appli |
| and billed to undersigned. War time ve | | sports - Charle Carlo Carlo Sambalac + Carlo | |
| 10 0 | MANAGEMENT OF THE BOOK | 2 | -11 |
| ot 6 Grave 7 Row | Section _ | Division. | / 211 |
| | | | 2500 |
| Grave space & Care Fund | | · · · · · · · · · · · · · · · · · · · | 6100 |
| Additional spaces and care fund | y anos | | 8.97.20 A |
| Opening/Closing & Setup | 1 1 Jat The | | NAME OF THE PERSON OF THE PERS |
| Iurial Container | Trink | | ID |
| landling Fees | | | .J. 🖳 |
| lower vases - Marker setting fee | | | 2:1007 |
| Recording and filing fee | | JUE 30 |) 1987 |
| Sales taxes | | MT. HOPE C | EMETERY |
| 1 | 3 | CITY of SAN D | EGO, CALIF. |
| HARM | A THE RESIDENCE OF THE PARTY OF | 24743 | 50 |
| | Paid receipt number . | 31112 | 74.0 |
| | | 34 75 3 Salance | due 200 |
| | | of the above | -0 |
| hereby certify I am the | | | artify and repres |
| ind this is your authority to make disp hat I have the right to make this autho | rization and lagree to l | above indicated. I co hold Mt. Hope Ceme | |
| and this is you'r authority to make disp hat I have the right to make this author any liability on account of said authori hereby authorize the interment in lot | rization and lagree to l ization and interment. | above indicated. I co hold Mt. Hope Ceme | |
| and this is you'r authority to make disp hat I have the right to make this author any liability on account of said author hereby authorize the interment in lot hold under deed. | rization and lagree to lization and interment. | above indicated. I co hold Mt. Hope Ceme | |
| and this is you'r authority to make disp hat I have the right to make this author any liability on account of said author hereby authorize the interment in lot hold under deed. | rization and lagree to lization and interment. | above indicated. I co hold Mt. Hope Ceme | |
| and this is you'r authority to make disp hat I have the right to make this author any liability on account of said author hereby authorize the interment in lot and under deed. | rization and lagree to lization and interment. | above indicated. I co hold Mt. Hope Ceme | tery harmless fr |
| and this is you'r authority to make disp hat I have the right to make this author any liability on account of said authori hereby authoriza the interment in lot hold under deed. | rization and lagree to lization and interment. | above indicated. I control Mt. Hope Ceme | tery harmless fr |
| hereby certify I am the | rization and lagree to lization and interment. It l Signature Address Sees | above indicated. I control Mt. Hope Ceme | tery harmless f |
| and this is you'r authority to make disp that I have the right to make this author any liability on account of said authori hereby authorize the interment in lot hold under deed. | rization and lagree to lization and interment. t I Signatura Address Telephone | above indicated. I control Mt. Hope Ceme | tery harmless f |

| The same | OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY GENETRY PINK AUDITOR From: Decie Journ From: Payment of Cul | CITY OF BAH DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Via Topone Address: Little of Lingle | Nº 34743 Date: 6/26 .187 Grame 0502 |
|----------|--|--|---|
| Chyami | Invoice No | PAID IN THIS SPACE. ROWSI MOT VALID FOR PLIPIPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CRIEDIT 87007 20% Sales Care 77184 50% Sales Care 77184 50% Sales 77184 60% Sales 77184 Opening 77184 Opening 77181 Gurier 77182 Containers 77182 Containers 77183 Recording A 100 Handling Fac 77183 Recording A 100 Misc. Fees 77183 Pre-Need 63033 77181 FORM 6002 Sales Tax 80101 TOTAL PAID \$ 500 |

OFFICIAL RECEIPT

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| GANARY PINK | AUDITOR MO | UNT HOPE CEMET | TERY | | | 3 |
|----------------------|-------------------|---------------------------------------|---|--|--------------------|--------|
| From Decile You | una Ad | dress: 873 N. | 494 St | 5. D. | 30 , | 87 |
| Two hundred | dollarson | LION H | A - D - i | - Dollars (\$ | 200.€ | |
| In full Payment | of fro-med | - Crossec Sol | (2) Same | your | Division | E APPE |
| Lot 68 | Grave 7 | Row | Section | | - | 4 |
| Invoice No. | PAID IN TH | OR PURPOSE STATED UNLESS IS SPACE. | 60% Sales | 100 | 750 | 00 |
| Acct. No. | Section 1 | | of Lots Opening/ Closing | 77184 — 100 17181 — | Par Tela | |
| W.O. & -6736 | | | Burial Containers | 77183 — 100 | THE REAL PROPERTY. | |
| BALANCE DUE | The second second | | Handling Fer Recording & Misc. Fees | 77185 - | | F16-3 |
| Pre-Need Lat At Need | On Acct 🗆 | 7 0 | Pro-Blood Trust | 83033 9022 — | Section 1 | Figs |
| Paragraphy Cash | Check | where Tow | Balon Tex | 80101 78560 — | | 1 |
| AG-212 (Nev. 11-86) | ISSUED BY | nau you | TOTAL PAID | Charles of the Control of the Contro | 200 | 00 |



City of San Diego

Date 425/87

| 200 | | / / | 000 |
|--|--|---------------------------|-------------------------------|
| You are hereby uthorized and instru | ucted, subject to your ryles | agregulations, to inter | the remains |
| of Herman | zan gen | N | ./ |
| ina Bell win | Funeral, date, time | 200 - 18M | 929 |
| Church, Chapel, Graveside | averile :_ | Heath | _ Mortuary. |
| All Funeral cars must arrive before | 3:30 p.m. of regular work of | lay or an extra charge wi | II be applied |
| and billed to undersigned. War time | veteran WWZ - a | eny- | n de ana a man bak an dagan m |
| 226 | | | 100 |
| Lot 2380 Grave — Ro | ow Section | Division/Block | 10 |
| Grave space & Care Fund | u E-6609 | (· | |
| Additional spaces and care fund | ~ | eone | |
| | | | 3200 |
| Opening/Closing & Setup | | | 10000 |
| Burial Container | ~ | **************** | ILL QC |
| Handling Fees | | | 779 - |
| Flower vases - Marker setting fee . | | | 3 - (4) |
| tecces ag Ning fee | ******************* | ************** | 37 |
| Sales taxes | | 37/7-284-6 | 1600 |
| JUN 24 1987 | 96 | tal Due | 606,00 |
| ME LIGHT CEMETERS | Paid receipt number | 34740 | 606.00 |
| MT. HOPE CEMETERY CITY of SAN DIEGO, CALIR. | Steady seemaally all throse | Balance due . | -0 |
| 7 | 0 | | |
| I hereby certify I am the and this is your authority to make di | in the state of th | of the above name | ned decedent |
| that I have the right to make this aut | horization and lagree to ho | old Mt. Hope Cemetery h | armless from |
| any liability on account of said auth | orization and interment. | | |
| I hereby authorize the interment in | lot i | | |
| hold under deed. | Signature | | |
| Signature of recorded holder of deed | Address | | |
| | State | | Zlp Code |
| | Telephone | | |
| | Invoice # | | |
| Work Order # E 6757 | Acct. # _ | - | |
| WORK OTORY # | AUCL # _ | . = | |

| OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY HANK AUDITOR From Letter Lock In full Payment of The Customer Canary Control of the Customer Canary Control of the Customer Canary | CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 204-3151 Address: Jou Terment from for 9 | bata: 6/c | Nº 25/8 | 347 06 22 ill - d | 40 ———————————————————————————————————— |
|--|---|---|--|-------------------------|--|
| Invoice No. Acct. No. W.O. E 6757 BALANCE DUE Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 11-80) 23 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | 00% Sales of Lots Opening/ Closing Starts Containers Hendling Fee Recording & Miss. Feel Pre-Need Trust | 000 77184 100 77184 100 77182 100 77183 100 77 | 320 | 20000 |

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES SEX. DATE OF BIRTH DATE OF DEATH HERMAN EARL KIRK MALE OCT. 24, 1926 JUNE 24. 1987 PLACE OF DEATH-COUNTY (OR STATE IF NOT IN CALIFORNIA) NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT PLACE OF DEATH-CITY OR TOWN Carl G. Kirk - Brother San Diego San Mego

CALIFORNIA LICENSE NUMBER

807

4775 Hormandie Place

La Mosa. CA 92041

TYPE OF DEPART CHECK ONLY ONE OF THE EQUIOWING TYPES OF DISPOSITION

| | THE OF TERM | i, chieck oit | tr one or me | OLLOWING THE OF | Distrosition | |
|---|--|---------------------------------|---|--|-----------------------------|--|
| 1 BURIAL (IN | CLUDES ENTOMBMENT) | | ERMENT AND BURIA | L IINCLUDES | | NT AND REINTERMENT OF CREMATED NCLUDES INURNMENT) |
| 2 CREMATIO | N AND BURIAL (INCLUDES INURNMENT) | | ERMENT, CREMATIO | N, AND BURIAL | | INT OF CREMATED REMAINS AND |
| CEMETERY | | 7 DISINT | | N. AND DISPOSITION | FOR | CORONER'S USE ONLY |
| 4 SCIENTIFIC | USE | J.M. | THAN IN A CEINET | | ☐ 10 DISPOSITIO | N PENDING |
| INTERMENT | Mt. Hope Genetary 37 | | | | D: | COUNTY San Mego |
| CREMATION | NAME AND ADDRESS OF CREMATORY WH | ERE REMAINS AF | RE TO BE CREMATED | DATE CREMATED | SIGNATURE OF P | ERSON IN CHARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHORELIN | e, or other d | ESCRIPTION SUFFIC | IENT TO IDENTIFY FINAL | PLACE AND COUN | TY OF DISPOSITION |
| SCIENTIFIC | NAME AND ADDRESS OF FACILITY RECEI | | | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the personants of the above named decederand I hereby acknowledge that tres | ent under prov pass and nuis | isions of the Heal ance laws apply o | th and Safety Code, and understand that | SIGNATURE OF A DATE SIGNED | PPLICANT |
| 500055530065 | this permit gives no right of unrestrict THIS PERMIT IS ISSUED IN ACCORDANCE WITH P | | | DATE PERMIT ISSUED | SIGNATURE OF U | CAL RECISTRAR ISSUING PERMIT |
| LOCAL REGISTRAR | OF THE CALIFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN 1 | AND IS THE | 3.00 FEE PAID | JUN 26 1987 | | & Ramos M. Dom |
| CERNIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | ER DATEI | SIGNATURE OF F | ERSON IN CHARGE OF D | ISPOSITION | LICENSE NUMBER OF CREMATED REMAIN DISPOSER, IF APPLICABLE |
| IF DISP SITION IS | INDICATE ADDRESS OF REGISTRAR OF CI | DUNTY OF DEA | TH. | | | |

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

TO OCCUR IN ANOTHER COUNTY

NAME OF DECEDENT

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)

Heath Funeral Home

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| PINK | MOUNT HOPE CEMETERY 284-3151 | | - 1 | 2 | 2 |
|------------------------------|---|--|---|------------|-----|
| From: Curtes VKe | RADDIESS P.O. BOX | Date: 31/6 | 100 | This | 26 |
| | Marka Castell | D | ollars (\$ | 35.0 | 10, |
| In Payment of | an E. Cerk | acon | 7 | | 72 |
| Lot 2380 Grave | RowSe | ection | | Division / | 0 |
| Invoice No. | MOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots | 87007 77184 ———————————————————————————————————— | | 250 |
| w.o. E-6/5/ | CITY AUDITOR | Opening/ Closing Buries Containers | 77181 —— 100 77182 —— | 2 | |
| Pre-Need Lot At Need On Acct | MAY 26 1988 | Handling Fee Recording & Misc. Fees Partised Trust | 77165 | 135 | 00 |
| Pre-need Trust Cash Chack | 18SUED BY Sande les | Philai Salan Tax | 9022 90101 78390 | 135 | 7 |

MT PE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-25-87

| | Michael Marcheller - Carlot Marcheller - Mar |
|--|--|
| naFu | neral, date, time |
| hurch, Chapel, Graveside | |
| all Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applie |
| nd billed to undersigned. War time veteran . | |
| ot 778 Grave Row | (pp 3 |
| ot // Grave Row | Section GTT/C_ Division/Block |
| Grave space & Care Fund | |
| Additional spaces and care fund | |
| pening/Closing & Setup | |
| Burial Container | |
| landling Fees | |
| lower vases - Marker setting fee | |
| Recording and filing fee | |
| eit Claim Deed | Total Due |
| ron clos secon | Balance due |
| hereby certify I am the | of the above named deced |
| ind this is your authority to make disposition | of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment. |
| · · · · · · · · · · · · · · · · · · · | Approx |
| ignature of recorded holder of deed | State 264-2244 Zb |
| | Invoice # |

THE CITY OF SAN DIEGO

| ~ | 0 |
|------|--------------------|
| Pros | issed |
| 6/2 | 5/87 |
| 1000 | 0.001.0.004.004.00 |

Quitclaim Deed

| 3 | 00. | 00-1 | F6130 |
|--|--|---|---|
| In consideration of | <i>smag</i> | Xav | |
| | | | |
| I/We Elva / | Ferchio | willow, | |
| Do Hereby Remise, Release | 1000 | | IEGO, a Municipal Corpora- |
| tion, all that Cemetery prope | | | SETERY, in said City of San |
| Diego, County of San Diego, | | | |
| Section SAR | | m 3 | ****** |
| | | 1/1966 Deel # 26: | 2 in Part |
| | 31: | | ty unto the said THE CITY |
| of San Diego, its successors | and assigns forev | er. | 19.87 |
| WITNESS my/our | hand this | day of | 19.0.2 |
| EXECUTED IN THE PRESEN | (S) (S) (S) | X Cha X | 1 Firsh |
| THE FOLLOWING WITNESS | ES: | ¥. | 3 |
| Leany Stiller, | en mgv 1 | | |
| Bette Low Ri | rdsell | | |
| | Witnesses. | • · · · · · · · · · · · · · · · · · · · | |
| ETATE OF CALLEODNIA | , | 20 | |
| STATE OF CALIFORNIA, COUNTY OF SAN DIEGO. | ss | | |
| On thisday | of | , 19, before | me |
| | | , a Notary Public in and | d for said County and State |
| residing therein, duly commis | ssioned and sworn | , personally appeared | -, |
| | | known to be the perso | n described in and whose |
| namesubscribed to | | | |
| | REOF I have her Diego, State of Cal | reunto set my hand and a ifornia, on the date first al | fixed my official seal at my pove written. |
| | | Notary Public in and | for said County and State |
| My Commission expires | | rotary rubile in and | or said County and State |

| Deal | OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY GEMETERY PINK AUDITOR From Patty Law Burl | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEFANTMENT MOUNT HOPE CEMETERY 284-3151 Address: 2605 Ballon | Date: 6/85 Vist Dr. 108 | 92/04 |
|-------|---|--|---|-------------------|
| 11418 | In Gall Payment of Tro | | Low Bulse | OL- Division 3 |
| | Acot. No. E-6758 BALANCE DUE | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Caro 77184 Caro 77182 Caro 77184 Caro 77184 | 35 60 |
| | Pre-Need Lot At Need On Acct Pre-need Trust Cash Check CA | Legen Stelle | Milec, Feeb 77183 — Prys-Need 55033 Trust 5022 — Selen Tax 80101 76300 — TOTAL PAID \$ | 3500 |

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 264-3151 Division Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT Invoice No 20% Sales Care MPS. Spice of Lots 77184 Acct. No. Opening/ Closing W.O. Bursh Containers 77182 **BALANCE DUE** Handling Fee According & Pre-Need On Appt Pre-Need Lot Trunt Sales Tax Pre-need Trust ISSUED BY TOTAL PAID AC-212 (Rev. 11-86)

MT, HOPE CEMETERY INTERMENT ORDER





Date 6-26-87

| Marriel Kal | vegy, | 2:08 px | 2629 |
|---|----------------------|--|-----------------|
| na Veult/Univer | eral, dare, time | 2.00 p.1 | J. MIN |
| Church Chapel, Graveside | Leve Ju | UNILOOK | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. o | regular work day o | r an extra charge wil | be applied |
| and billed to undersigned. War time veteran | | | 16 |
| or 10 6 Ferning Bow | / | 0.0000000000000000000000000000000000000 | 8 |
| Lot ZGraveRow | Section/_ | Division /Block | |
| Grave space & Care Fund | | | |
| Additional spaces and care fund | | | |
| Opening/Closing & Setup | | | 103. |
| Burial Container | | | |
| Handling Fees | | = | 40 |
| Flower vases - Marker setting fee | | | 60- |
| Recording and filing fee | | = | 35. |
| Sales taxes | | ****** | 2.90 |
| | Total D | ue | 42.4 |
| Paid re | ceipt number 34 | 1750 6 | 242.42 |
| | | Balance due | -6- |
| | | Dalaine Coe _ | |
| I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a | and lagree to hold M | of the above name indicated. I certify an it. Hope Cemetery ha | nd represent |
| I hereby authorize the interment in lot I hold under deed. | Man 1320 | Nedden Ka | He et |
| Signature of recorded holder of dead | State // | 0-0601 | 2020 Za Code |
| F 08-00 | Invoice # | | |
| Work Order # L 6759 | Acet.# | | |

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

EG 759

| Derrical E. Kolpacoff | | | Yemale Temale | Mov. 11, 1952 | DATE OF DEATH 1987 |
|---|--|--|--|--|--|
| Sen Diego | | PLACE OF DEATH—COUNTY IOR STA | ATE IF NOT IN CALIFORNIA) | | F SPOUSE OR OTHER INFORMANT |
| NAME AND ADDRES | SS OF FUNERAL DIRECTOR (OR PERSON AC | TING AS SUCHI A1, Sah Diego, Ca. | P-843 | 1320 Hidden El Cajen, Ca | |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF THE F | OLLOWING TYPES OF | DISPOSITION | |
| 1 BURIAL (IN | ICLUDES ENTOMBMENT) | 5 DISINTERMENT AND BURIA ENTOMBMENT) | L IINCLUDES | 8 DISINTERMENT AND REMAINS IINCLUDE | REINTERMENT OF CREMATED S INURNMENT) |
| 15 <u>05</u> | N AND BURIAL IINCLUDES INURNMENT) | 6 DISINTERMENT, CREMATION (INCLUDES INURNMENT) | N, AND BURIAL | | CREMATED REMAINS AND R THAN IN A CEMETERY |
| 3. CREMATION CEMETERY 4. SCIENTIFIC | Lacon and the second se | 7 DISINTERMENT, CREMATION OTHER THAN IN A CEMETE | RY | FOR CORO | NER'S USE ONLY |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | HERE REMAINS OR CREMATED REMA 751 Dr. Hartin Luth | INS ARE TO BE INTERRE | lay,San Diago | OUNTY See Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | | JUN 2 9 1987 | SIGNATURE OF PERSON | IN CHARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY REMATED REMAINS | ADDRESS, NEAREST POINT ON SHORED | NE, OR CHICK DESCRIPTION SUFFICI | | | DISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECI | EIVING REMAINS | (| Commun. | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre this permit gives no right of unrest | dent under provisions of the Healt espass and nuisance laws apply a | h and Safety Code, nd understand that | SIGNATURE OF APPLICANT DATE SIGNED | NT . |
| + LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY CON AUTHORITY FOR THE DISPOSITION SPECIFIED IN | E AND IS THE \$6.00 | 6 28 87 | Donald & 0 | EGISTRAR JESUING PERMIT |
| CERTIFICATION OF PERSONNAL CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED 92 | SIGNATURE OF P | ERSON IN CHARGE OF D | ISPOSITION LICENS | E NUMBER OF CREMATED REMAINS SER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | - A - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 | | |

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

OFFICIAL RECEIPT

WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR

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

| PINK AUDITOR | MOUNT HOPE CEMETERY | 是 2000 | | |
|-----------------------------------|--|--|--------------------------------|-----|
| mas ms. ta | Buck 1320 14 | Date: 6 | old Mai | 27 |
| Two lechdings | John two 40 | | oHere (\$ 242.5 | 10, |
| InPayment of VC | erreel Carrie | 4 | 16 | |
| Lot 1062 Grave_ | RowS | ection_/ | Division Block | 8 |
| Involce No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED TRAID IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots | 67007 77184 100 77194 | 7 |
| No. E - 6759 | | Opening/ Closing | 77181 05 | = |
| BALANCE DUE | THE RESERVE THE STATE OF | Containers Handling Fee | 77182 60 77183 60 | - |
| Pre-Need Lot At Need Or Acct C | | Recording & Misc Feet Pre-Head Trust | 77/85 | |
| Pre-need Trust D Cash D Check A | | Sales Tax | 9022 90101 78390 | 70 |
| AC-212 (Rev. 11-80) 6573 | IBSUED SV LOCAL COO CO | TOTAL PAID | 1040 | 70 |

MT. HOPE COMETERY INTERMENT ORDER

City of San Diego

Dato 6/26/87

| | | | | Mark 901 |
|--|------------------|---------------------------------------|----------------|-----------------|
| You are hereby authorized and instructed, sub | oject to your ru | les and regula | tions, to int | er the remains |
| of Norocky were | | 77.1 | ON. | |
| in aFu | neral, date, ti | me May | IF.W | - 6/29 |
| Church, Chapel, Graveside | - ADS | Koz | w | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular wo | rk day or an ex | tra charge | will be applied |
| and billed to undersigned. War time veteran | MO | | | |
| Lot 829 Grave Row | Section | -/- D | ivision/ | -8- |
| Grave space & Care Fund | Al Cu | -44 | | 59500 |
| | nou! | 1 | | |
| Additional spaces and care fund | | | ***** | 32000 |
| Opening/Closing & Setup | · C | • • • • • • • • • • • • • • • • • • • | | 2204 |
| Burial Container | W. Sanday | *********** | | 72000 |
| Handling Fees | | | ******* | 320 |
| Flower vases - Marker setting fee | ••••••• | *********** | | 2 000 |
| Recording and files fee | | | | 30 - |
| Sales taxes | | | | 1/ 10 00 |
| JUN 2 6 1987 | | Total Due | / | 1617.80 |
| raid | ceipt number | 37/4 | <u> </u> | 1617.00 |
| MT. HOPE CEMETERY CITY of SAN DIEGO, CALIR | | В | alance due | 7 |
| I hereby certify I am the | of remains as | s above indicat | ted. I certify | |
| that I have the right to make this authorization any liability on account of said authorization | | | e Cemetery | harmless from |
| I hereby authorize the interment in lot I | 4~ | 2 Lavel | 12 8 | Ortan |
| hold under deed. | Signature 1 4 | 84/07 | Brone | 1000 |
| Signature of recorded holder of deed | Address | 1-0 | · P | 00107 |
| Contains or Paconago Horas or Deep | State | 222 | 202 | Zip Code |
| | Talephon | 283-7 | 07/ | |
| F amaa | Invoic | e# | | |
| Work Order # E 6760 | Acct. | # | | |
| | | | | |

E6760

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | | CHOCK TORCK TO CONTINUE | The state of the s | Designed Asset - Control Control Control | *************************************** | | |
|--|---|-------------------------|--|--|---|-------------|--|
| NAME OF DECEDEN | | | | SEX | DATE OF BIRTH | 4 | DATE OF DEATH |
| The state of the s | THY IREMS CRITON | 11-11- | | Female | July 10 | | June 25, 1987 |
| PLACE OF DEATH- | | 04 (2000) | | ATE IF NOT IN CALIFORNIA) | NAME AND AD | DRESS OF S | POUSE OR OTHER INFORMANT |
| Sen | Diego | Sem Diego | 0 | | Plavell | a Orton | daughter |
| NAME AND ADDRES | SS OF FUNERAL DIRECTOR FOR PERSON AC | TING AS SUCHO | CALIF | ORNIA LICENSE NUMBER | 4846 La | ag Bres | ich Ave. |
| Roge | rs Mortuary | | 4 | 69 | See Die | go, CA. | 92107 |
| 7 1 | TYPE OF PERA | AIT, CHECK ONL | Y ONE OF THE | FOLLOWING TYPES OF | POSTROPIED | | |
| BURIAL (IN | CLUDES ENTOMBMENT) | 5. DISINTE | ERMENT AND BURI. | AL IINCLUDES | | | REINTERMENT OF CREMATED NURNMENT) |
| 2 CREMATIO | N AND BURIAL (INCLUDES INURNMENT) | B. DISINTE | ERMENT, CREMATIC | N. AND BURIAL | | | EMATED REMAINS AND THAN IN A CEMETERY |
| 3 CREMATION CEMETERY 4 SCIENTIFIC | | 7 DISINTE | | ON, AND DISPOSITION ERY | 20,000.0 | CORONI | ER'S USE ONLY |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | | | | 100 | inty ion Mogo |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS AR | RE TO BE CREMATED | DATE CREMATED | SIGNATURE OF | PERSON IN | CHARGE OF CREMATORY |
| BURIAL AT SEA OR SPOSITION OTHER AN IN A CEMETERY CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | INE, OR OTHER DE | ESCRIPTION SUFFIC | IENT TO IDENTIFY FINAL | PLACE AND COL | INTY OF DIS | POSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECO | EIVING REMAINS | | | | | |
| ACKNOWLEDGMENT OF | This is to certify that I am the per remains of the above named dece- | dent under provi | isions of the Heal | th and Safety Code, | SIGNATURE OF | APPLICANT | |
| * APPLICANT | and I hereby acknowledge that tre this permit gives no right of unresh | | | | DATE SIGNED | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | E AND IS THE | 3.00 | JUN 2 9 1987 | SIGN SURE OF | 12 | STRAR ISSUING RERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | VTER DATE | SIGNATURE OF F | PERSON IN CHARGE OF D | DISPOSITION | | NUMBER OF CREMATED REMAINS I. IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEAT | эн : | | | 24.2 | |

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

OFFICIAL RECEIPT

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINK AUDITOR | MOUNT HOPE CEMETERY 284-7151 | Date: 6 | -26 | 1987 |
|--|---|--|--|------------------------------------|
| Die Theusen | Address 4746 Mindle | 100 80 pc | ollars (\$ 26) | 19.80, |
| In Payment of | Row_So | setion / | Division Block | on 8 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Suriel Containers Heading Fise Recording & Misc. Fees | 87007 777184 100 77184 100 77181 100 3 77182 100 77183 | 19 76 20 - 30 20 35 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (New, 11-85) | | Pro-Head Triser Beles Tex TOTAL PAID | 60033 60101 78380 * 161 | 19 80 |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

| You are hereby authorized and instruct | red, subject to your, rules and regulations, to inter the remains |
|---|--|
| of Viola El | vail Wilhelm |
| ina T.S. Vault | Funeral, date, time Well 1:30 7/1 |
| Church, Chapel, Graveside Chapel | 4 95 Pac Beach Mortuary. |
| | |
| | 0 p.m. of regular work day or an extra charge will be applied |
| and billed to undersigned. War time ve | iteran 💯 . |
| Lot 224 Grave Row | SectionDivision/Blask 8 |
| Grave space & Care Fund Ce. M | valle A-9200 - |
| Additional spaces and care fund | none - |
| Opening/Closing & Setup | 34.00 |
| D. (110-111) | 17500 |
| Burial Container | um of arthur C. (Hould) 170 00 on 224 and return to Chult 10500 |
| Handling Fees 70. Rencore | Con of arthur C. (Good) 1000 |
| Howbited address the second | on dital reliends coult 100 - |
| Recording and filing fee | <u></u> |
| Sales taxes | 10.40 |
| andors | Total Due 8/5.50 |
| 3 mate | Paid receipt number |
| | Balance due |
| 00 | |
| I hereby certify I am the SANDSO | of the above named decedent |
| that I have the right to make this author any liability on account of said author | osition of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from ization and interment. |
| I hereby authorize the interment in lot hold under deed. | Signature V625 LAW SHEFF |
| Signature of recorded holder of deed | - SAN NEGO MUEDONA GRIOQ |
| | State (60) 203-0038 Zip Code |
| | Tolephane) A (J T J J J J |
| | K58160 |
| E 6761 | Invoice # 2016 7 |
| Work Order # E 6761 | Acct II Udd 37 |

| H | 0 | N | Λ. | |
|-----|----|------|----|--|
| 400 | ٠. | - 44 | υ. | |

E 6761

NOTE-STRAIGHT

| s 8/5 50 San Diego, California, Quene 27 | 19 87 |
|--|----------------|
| 30 - days after date, for value received, the undersigned maker(s) promise | e(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 hemeling Refleen of 100 | _ DOLLARS. |
| with interest from | 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 if | |
| interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice at 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 hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitation | |
| person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained action be instituted on this note, the undersigned promise(s) to pay such surplay the Court may fix as attorney's fees | |
| X Maria Hustington on this licite, the undersigned promise(s) to pay such suit as the court may in as another sietes. | |
| Transact a record | |
| MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE Mailing Addi | ress |

E6761

•

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | | | | | _ | | |
|---|--|--|--|--|--------------------|--|---------|
| VIOLA L. WILHELM FEMALE | | JULY 14, | 1895 | JUNE 26, | 1987 | | |
| PLACE OF DEATH—CITY OR TOWN PLACE OF DEATH—COUNTY OR STATE IF N | | FOR STATE IF NOT IN CALIFORNIA) | NAME AND ADD | RESS OF SP | OUSE OR OTHER INFO | RMANT | |
| BUFFALO | | NEW YORK | | ARLENE B | LING-D | AU. | |
| | S OF FUNERAL DIRECTOR JOB PERSON AS | JING AS SUICH | CALIFORNIA LICENSE NUMBER | 1625 LAV | ST. | | |
| | PACIFIC BEACH MORTUARYSAR DIEGO, CA 92109 815 | | 815 | SAN DIEGO, CA 92109 | | | |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES OF | DISPOSITION | The said | | |
| | 1112 01 1210 | mi, eneer one or | inc rottomino tires of | Diarestillor | | | |
| A . BURIAL UN | ICLUDES ENTOMBMENT) | 5 DISINTERMENT AND ENTOMBMENT) | BURIAL UNCLUDES | | ENT AND RE | INTERMENT OF CREMA | ATED |
| 2 CREMATIO | N AND BURIAL INCLUDES INURNMENT) | ND BURIAL (INCLUDES INURNMENT) 6. DISINTERMENT, CREMATIC | | | | MATED REMAINS AND IAN IN A CEMETERY | |
| ☐ 3 CREMATION CEMETERY | N AND DISPOSITION OTHER THAN IN A | | Γ | | | | |
| ☐ 4 SCIENTIFIC | | OTHER THAN IN A C | MATION, AND DISPOSITION EMETERY | FOR CORONER'S USE ONLY In disposition pending | | | |
| | | | | La la biscastila | de E Prapuso | | |
| ERMENT | MT. HOPE CENETERY-3 | 751 MARKET ST., | SAN DIEGO, CA | D | SAL | N DIEGO | |
| CREMATION | NAME AND ADDRESS OF CREMATORY | HERE REMAINS ARE TO BE CREE | MATED DATE CREMATED | SIGNATURE OF F | ERSON IN C | HARGE OF CREMATOR | IΥ |
| BURNL AT SEA | ADDRESS, NEAREST POINT ON SHOREL | INE, OR OTHER DESCRIPTION S | SUFFICIENT TO IDENTIFY FINAL | PLACE AND COUN | TY OF DISP | osmon | |
| OF CREMATED REMAINS | N/A P.C. | "note Husb | and Cremain | w Vay | 7 | | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY HEC | EIVING REMAINS AV | rult top | ourile | | | |
| | This is to certify that I am the per | son having the right to con | trol the disposition of the | SIGNATURE OF APPLICANT | | | |
| ACKNOWLEDGMENT | | | nder provisions of the Health and Safety Code, | | • | | |
| OF APPLICANT and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me. | | | DATE SIGNED | | | | |
| LOCAL | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORMA HEALTH AND SAFETY COC AUTHORITY FOR THE DISPOSITION SPECIFIED IN | EAND IS THE \$3.00 | DATE PERMIT ISSUED | SIGNATURE OF | 18.0 | HAR ISSUING PERMIT | 9 |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED 7/ | 187 SIGNATUR | Account of the Control of the Contro | SPOSITION | | UMBER OF CREMATED IF APPLICABLE | REMAINS |
| IF DISPOSITION IS | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | | 100 | |
| TO OCCUR IN ANOTHER COUNTY | VITAL RECORDS, P.O. | BOX 85222, SAN | DIEGO, CA 92138- | -5222 | | | |
| | | | | | _ | | |

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

E-676/ 100 072 100 072 100 072 100 072 100 072 100 072 100 072 100 072 100 072 100 072 100 072 100 072 100 072 100 072

77181 000072 77182 000072 77183 000072 77185 000072 78390

815.50 320.00 175.00 35.00 275.00 315.50 PAID IN FULL

Winn !

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Shore year

Date 6-29-86

| at X ha | 1,1 | Date | 4 |
|--|-------------------------|------------------------|--------------------|
| You are hereby authorized and instrumed, su | bject to your rules and | d regulations, to inte | er the remains |
| | | Dag -1 | -/1 |
| in a Veut/Uner | uneral, date, time | men I was | 10 |
| Church, Chapel, Graveside | | escis | Mortuary |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day | or an extra charge v | vill be applied |
| and billed to undersigned. War time veteran | | AVI | |
| 9/2 7 | 55 9 | / | 11 |
| Lot Grave Row | Section/ | Division/Bloc | *_/(|
| Grave space & Care Fund | ********* | | |
| Additional spaces and care fund | | | |
| Opening/Closing & Setup | - Top | 0'/ | 320. |
| Burial Container | | | 100 |
| Handling Fees | | 10 | 145 |
| Flower vases - Marker setting fee | 11/ | | ·~~ |
| J & | | | 35 |
| Recording and filing fee | | | 10 |
| Sales taxes | Released | | 1.0 |
| orthodox Service | Jotal I | Que | 606 - |
| / Paid r | eceipt number | 35282 | 606.4 |
| therefore here | | Balance due | 4 |
| about 11:30 | | Delance due | |
| hereby certify I am the | | of the above na | med decaden |
| and this is your authority to make disposition that I have the right to make this authorization | | indicated. I certify | and represen |
| any liability on account of said authorization | | nii rropo comotory / | iai iiiiaga (j Gj) |
| hereby authorize the interment in lot I | Signature | | |
| hold under deed. | | | |
| Signature of recorded holder of deed | Address | | |
| Δ | S1000 | | Zip Cod |
| See Reverse | Telephone | | 36 |
| side | | | |
| E cheo | Invoice # | | _ |
| Work Order # E 6762 | Acct. # | | |
| PY-693 (REV. 8-85) | | | |

Estate
Person in charge:
Robert W Stevens
3630 Marajo Rd
El Coyon, Ca
Phone 463-5507

66762

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES.

| NAME OF DECEDEN | T | *** *********************************** | SEX | DATE OF BIRTH | DATE OF DEATH |
|--|--|--|------------------------|---|--|
| ANNA A. CARPENTER Female | | Feb. 14, 1905 | June 29, 1987 | | |
| | | Dust manipo | | NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT | |
| | | San Diego, CA | ORNIA MCENSE NUMBER | 3460 Meade Av San Diego, CA | The Principal Control of the Control |
| 1 | TYPE OF PER | MIT, CHECK ONLY ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | |
| 1 BURIAL DIN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND BURIA ENTOMBMENT) | AL IINCLUDES | B. DISINTERMENT AND REMAINS IINCLUDES | REINTERMENT OF CREMATED INURNMENT) |
| | N AND BURIAL IINCLUDES INURNMENT) | 6 DISINTERMENT, CREMATIC IINCLUDES INURNMENT) | N, AND BURIAL | 9. DISINTERMENT OF C DISPOSITION OTHER | REMATED REMAINS AND THAN IN A CEMETERY |
| CEMETERY | 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 7. DISINTERMENT, GREMATION, AND DISPOSITION FOR CORONER'S US OTHER THAN IN A CEMETERY 10. DISPOSITION PENDING | | | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | HERE REMAINS OR CREMATED REMAINS W | ay, San Diego | , CA S | an Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | WHERE REMAINS ARE TO BE CREMATED | DATE CREMATED | SIGNATURE OF PERSON II | CHARGE OF CHEMATORY |
| BURIAL AT SEA OB OSITION OTHER OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHORE | TWOOD PER | IENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DI | SPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | CEIVING REMAINS | | | |
| ACKNOWLEDGMENT OF APPLICANT This is to certify that I am the person having the right to central the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that | | SIGNATURE OF APPLICANT DATE SIGNED | | | |
| LOCAL | this permit gives no right of unrest THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED I | H PROVISIONS AMOUNT OF FEE PAID | JUL 1 1987 | SIGNATURE LOUIS | GAMPAS M.D.M. |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | SIGNATURE OF E | SERSON IN CHERCE DYD | | NUMBER OF CREMATED REMAINS R, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | |

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

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| | CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | 1 | 1 | |
|---|--------------------------------|--|--|--------------------|----|
| | Men Guba | he hate a la D | Date: 4//10 | /87 | 19 |
| 1 | Seig Hundred Six | Address: Sum Pu | Dollars | 15 606 2 | 0 |
| | In Lenna Carpen | ter-der | und of and | for | |
| | Lot 96 Grave | 2 Row Se | ection/ | Division // | 0 |
| | Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 6700 20% Sales Care 7718 80% Sales 10 of Lots 7718 | 0 | |
| | Acct. No. E - 6 762 | | Opening/ D/P 10 Closing chap) 7718 | 0 320 | 00 |
| | W.O. F - 6 162 | | Burial 10 Containers 7718 | 775 T-B T-C-1 (44) | 00 |
| | BALANCE DUE | The same of the sa | Handling Fee 7718 | 145 | 00 |
| | | | Recording & 10 Misc. Fees 7718 | | OK |
| | Pre-Need Lot At Need D On Acct | 2 1. | Pre-Need 6303 Trust 902 | | |
| | Pre-need Trust Cash Check E | (D) IAAA | Sales Tax 6010 7839 | 1 6 | OC |
| | AC 313 (Day 11.86) #2 | ISSUED BY COULUMN SILLING | TOTAL PAID | \$ 606 | 00 |



City of San Diego

Date 6/29/87

| You are hereby authorized and instructed, subject to | your rules and regulations, to inter the rem | ains |
|---|--|---|
| of anthony Rel | (Learson | |
| in a TS Vault Funeral | date, time 6/30 // Am True | |
| Veult/Liner CO AN Q | 12.00 | |
| Church, Chapel, Graveside | : Augstall Morti | uary. |
| All Funeral cars must arrive before 3:30 p.m. of reg | ular work day or an extra charge will be app | beilo |
| and billed to undersigned. War time veteran | Ø. | |
| / -/ / | | ~ |
| Lot 5/ Grave 6 Row ~ | Section Division/Plest | |
| <u> </u> | 99 9 396 40 | 100 |
| Grave space & Care Fund | | 12 |
| Additional spaces and care fund | #2 | - 26 |
| Opening/Closing & Setup | 3200 320 | 2 |
| Buriel Container | 175 | 5 |
| A N | 170 |) ^ |
| Handling Fees | | - |
| Flower vases - Marker setting fee | 6 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | _ |
| Recording and filing fee | U 33 | |
| Sales taxes | 35,00 10.5 | 0: |
| + 1- 30800 | Total Due 34748 1205 | SO |
| ter | 300 | 3 |
| A Paid receipt | number 3 4757 708 | 38 |
| 7 | Balance due | 3 |
| Ethil | 303, | |
| I hereby certify I am theand this is your authority to make disposition of re | of the above named dece | |
| that I have the right to make this authorization and is any liability on account of said authorization and in | agree to hold Mt. Hope Cemetery harmless | |
| any habitity on account of said authorization and if | a h | / |
| I hereby authorize the interment in lot I | wystern 2. les | ars |
| hold under deed. | Signature 4 C SKETLE | 2 42) |
| | Address & S. D. C. | 2117 |
| Signature of recorded holder of deed | | Zip Code |
| | 7 2 5 3 - 9 6 7 6 | 200000000000000000000000000000000000000 |
| - 137 | | |
| | Invoice # 058/58 | |
| Work Order # E 6763 | 122523 | - |
| Work Order # = 0100 | Ace a company | - |
| | | |

E6763

| | 91 | SE BLACK INK-MAKE NO AL | TERATIONS OR ERASURE | 3 | A . | |
|--|--|--|---|---|---|--|
| NAME OF DECEDEN | <u> </u> | | SEX | DATE OF BIRTH | DATE OF DEATH | |
| Anthony Refell Pearson | | son | Male | Sept. 5, 1957 | June 18, 1987 | |
| Sa Mesa San I | | PLACE OF DEATH-COUNTY IOR | STATE IF NOT IN CALIFORNIA | NAME AND ADDRESS OF | SPOUSE OR OTHER INFORMANT | |
| | | San Diego | | James L. Pear | son - Father | |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR ION PERSONS | O'INGAS GUCHA Blvd. CA | LIFORNIA LICENSE NUMBER | 4365 Keeler Steest | | |
| Anderson- | Danedala Martuary | Diego, CA 92102 | 1329 | San Diego, CA | 92113 | |
| | restaurant retermination in interesta | MIT, CHECK ONLY ONE OF THE | F FOLLOWING TYPES OF | DISPOSITION | x-aramound- | |
| 52 N | | mi, sheat stat state of the | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| D 1 BURIAL UN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND BUILD ENTOMBMENT) | RIAL (INCLUDES | B DISINTERMENT AND REMAINS (INCLUDES | REINTERMENT OF CREMATED INURNMENT) | |
| 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | | 6 DISINTERMENT, CREMAT | | 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY | | |
| 3. CREMATION CEMETERY | N AND DISPOSITION OTHER THAN IN A | П з вослитения выс | Г | FOR 0000 | PERIO HAE ONLY | |
| 4 SCIENTIFIC | | 2 DISINTERMENT, CHEMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | FOR CORONER'S USE ONLY Disposition Pending | | |
| 6 | | | | LI IO DISPOSITION PENDI | NO. | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY Y | HERE REMAINS OR CREMATED RE | San Diego, | À CC | San Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | WHERE REMAINS ARE TO BE CREMAT | ED DATE CREMATED | SIGNATURE OF PERSON II | N CHARGE OF CREMATORY | |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY F CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREI | ine. OR OTHER DESCRIPTION SUFF | PICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF D | ISPOSITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | | |
| | This is to certify that I am the pe | rson having the right to control | the disposition of the | SIGNATURE OF APPLICANT | | |
| ACKNOWLEDGMENT | | edent under provisions of the Health and Safety Code, | | | | |
| • OF • APPLICANT | and I hereby acknowledge that to this permit gives no right of unres | [발발: 10] (T. 10) | | DATE SIGNED | | |
| LOCAL | THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE \$3.00 | JUN 3 0 1987 | | GISTA ISSUING PERMIT | |
| , CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED OISPOSITION WAS MADE ON | | PERSON IN OFFICE PAR | | E NUMBER OF CREMATED REMAINS ER, IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | A Section 1 | | | |

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

| OFFICIAL RECE | PT |
|-------------------|------------------------------------|
| WHITE CANARY PINK | TO CUSTOMES CEMETERN AUDITOR |
| | |
| From: Utila | lia g m |
| in Pert | Payment of |
| LOI 57 | Grave |
| Invoice No. | |
| Acct. No. | A GIBIE |

W.O. E 6763 BALANGE DUE 1019.80

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

AC-212 (Rev. 11-86)

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

| 200 Address: 16980lan | Sollers | D. 92139 |
|--|--|-------------|
| AND RESIDENCE OF THE PARTY OF T | action 2 | Division /2 |
| NOT VALID FOR PURPOSE STATED LINLESS STAMPED PAID IN THIS SPACE. | CREDIT 6700 6700 6700 6700 6700 6700 6700 670 | 396 00 |
| SSUED or Scoywellet | Recording A 10 Aliac Face 7718 Pro-Need 5303 Trust 902 Bates Tax 6010 TOTAL PAID | |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CAMARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 284-3151 | | 20 00 |
|------------------------------------|--|---|----------|
| From Cladia Mr Cain | Address: 1698 alman | May S.D | 92139 |
| Two feedy | cel = Danie | Dollars (\$ | 200 - |
| In Payment of | The state of the s | - ouver | |
| Lot Grave | ROW S | CREDIT 87007 20% Bases Care 77184 — | Block 12 |
| Acot. No. F-6263 | PAID IN THIS SPACE. | 278 Sales 100 61 Lots 77184 — Opening/ 100 Olosing 77181 — | 500 - |
| BALANCE DUE \$505.50 | 42 10 10 10 | Gurler 100 Containers 77182 — 100 Heading Fee 77183 — | |
| Pre-Need Lot ☐ At Need ☑ On Acct ☐ | 1 11 0 | Recording & 100 Misc. Fee 77183 — Pre-Need 63039 Trust 9032 — | STATE OF |
| Pre-need Trust Cash Check C | enter Ward | Sales Yes 80101 78360 — TOTAL PAID \$ | 200- |

| 058158 07/09/87 022533 | JAMES PEA | RSON |
|--|-----------|------|
| COMPANIANCE STATE ASSESSMENT ASSE | 100 | 072 |
| | 100 | 072 |
| A DANAGE TO A SECOND CONTRACT OF THE PARTY O | 100 | 072 |
| E-6763 | 100 | 072 |
| 2 0100 | 60101 | |
| NUMBER OF INVOICES PAID | | 2 |
| TOTAL AMOUNT PAID | 1,01 | 0.50 |

| | 07/10/87 CA | 300.00 |
|------------------|--|--------|
| 77181 | 000072 | 68.25 |
| 77182 | 000072 | 103.86 |
| 77183 | 000072 | 20.7 |
| 77185 | 000072 | 100.89 |
| 78390 | and the second s | 6.2 |
| 35 HT (527536-7) | | |

505.50 205.50 PARTIAL PAYMENT

| OFFICIAL RECEIPT WHITE TO GUSTOMER CEMETERY PINK AUDITOR | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 | 001283 /3 | 187 | 8/2 |
|---|--|--|------------|-----|
| In Box Payment of _ | anthony leason | Date: Dollars (\$ | 1000 | 19 |
| Lot 5/ Grave | | Section 2 | Division / | 12 |
| Invoice No | NOT VALID FOR PURPOSE STATED LINLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 67007 20% Sales Care 77184 — 60% Sales 100 of Lots 77184 — | 100 | 00 |
| wo. E 6743 | CITY AUDITOR | Opening/ 100 Closing 77181 — Busiss 100 Cantalyses 77182 — | | |
| BALANCE DUE | AUG 1 2 1987 | Handling Fee 77185 — | 15 10 E2 | |
| Pre-Need Lot At Need On Acct | A O see | Pre-Need 80033 Trust 9022 | 0-100 | |
| Pre-need Trust Cash Check AC-212 (Nev. 11-85) | ISSUED BY LOCURIDA | Sales Tex 80101 78360 — | 100 | 00 |

NO REPLY REQUIRED MESSAGE REPLY DATE SIGNED

E6763

IN EDITENT ORDER

| | City of San Diego | | 1 |
|--|--------------------------|---|----------------|
| A STATE OF THE STA | NEED TO | 1/20 | 100 |
| | 100 | Date Date | 8/_ |
| CANADA CA | 44 | The second | Calledon. |
| You are hereby authorized and instru | cted, subject to your ru | les and regulations, to inte | the remains |
| of anthony | Pel (| Learson | |
| Tic Want | Funeral, date, tir | 1 6/30 // Am | Trues. |
| Commence Co | ONSS | Disadel. | |
| Church Chapel Graveside | () | Transfer Sent | Mortuary, |
| All Funeral cers must arrive before 3 | 30 p.m. of regular wor | k day or an extra charge w | ill be applied |
| end billed to undersigned. Wer time | veteren AQ. | | |
| 6 - | wSection | 2 Division/Bleet | - /2 |
| Lot Ko | wsection . | 2 C C | |
| Grave space & Care Fund | 77.3 | 7 376 | 49500 |
| Additional spaces and care fund | | do.2 | |
| Opening/Closing & Setup | | 777-00 | 32000 |
| 7. (1.7 | | 11/ 0 | 175 |
| Buriel Container | | 7. | 770" |
| Handling Fees | | | ~ |
| Flower vases - Marker setting fee | | | 3,- |
| Recording and filing fee | | | - 23 |
| Sales jaxes | | (00 MZ | 10,50 |
| + 60 30 800 | 72. | Total Dua 347748. | 300.00 |
| | Paid receipt number | | 208.50 |
| .7. | | 34757 | 200,00 |
| a serious seri | 4 1 | 31/4 3 | 35,50 |
| I hereby partify I am the | the | of the above nam | ned decedent |
| and this is your authority to make dis that I have the right to make this auth | position of remains as | above indicated, I certify a hold Mt. Hope Cametery h | nd represent |
| any liability on account of said autho | rization and interment. | . L | 0 |
| Harris II | · V1 | water to | Hans- |
| hereby authorize the interment in k | ot I James . | Jan Jan | 15000 |
| 4.234 MAY 4.44 | Address | RETVEE | TO CLE |
| Signature of reported bother of deed | X | NEW DIGEO | 1.5113 |
| | , | 263-9676 | |
| | _ | | |
| | Invoice | printer the formation | |
| E 6763 | 4 | | |

| - nation | THE ORDER OF | VEIL 19 | | Property-Mt | . Hope | 10119 | BT DCR N | No. 00120 | 742 |
|----------|---|---------------------------------------|---------|-------------|---------|-----------|-----------------------|------------------------------|--------|
| | EXPLANATION | FUND | DEPT. | ORG. LEVEL | ACCOUNT | JOB ORDER | FACILITY | AMOUNT | Es* = |
| | the second second the second | (16-21) | [22-27] | (28-33) | [24-39] | (40-45) | (47-72) | (89-59) | |
| | 34872 - 34909 Receipts | 67007 . | 072 | | 77184 | | 1 | # 119 | 00 |
| | 34905-Retained | 100 | 072 | | 77184 | Y-11 | | 1675 | 00 |
| | | 100 | 072 | 7 4 | 77181 | NUG 12 | | 850 | 00 |
| | | 100 | 072 | | 77182 | NUG 1 E | EAS. | 1249 | 100 |
| | | 100 | 072 | | 77185 | - Smet | 34 | 585 | 00 |
| | | 100 | 072 | TAL WEST | 77183 | | | 400 | 00 |
| | | 63033 | 072 | | 9022 | | | 136 | 00 |
| | 104 A | 60101 | | | 78390 | | | 30 | 60 |
| | * 444 | 1 7 14 | | | | | 3699208/ /3699208/ | / 1/87 4305.6 1/87 4305.6 | en net |
| ~ | | , n, | | | | | /36392467 | 1767 430013 | J 57 . |
| 5 | 10163 | 1 KT 24.0 | | | | | ii e | | |
| | (4) | ŕ | 10 | | | | | | |
| | | No. | | | | × | | $t^{P^{\perp}}$ | |
| | | | | | | | | | |
| | San | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | - 45 din 1 di | |
| | JOYCE Domain PHONE 264-3151 | GEOFFE STATE | | AUDITED SY: | DATE: | тот/ | AL DEPOSIT | * 4,305 | 60 |

| OFFICIAL RECEIPT | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT LEMETERY MOUNT HOPE CEMETERY | N <u>9</u> 34872 |
|---|--|---|
| (iii) | Address: 264-3151 | Date: 8/3/87 ₁₉ |
| n Since Payment | athon Jews | Dollars (8 / 00) |
| Tot- Tivolog No. Acct. No. | Grave Row | 80% Sales 100 of Lots 77184 |
| W.O. E. G. / L. 3 BALANCE DUE | | Opening 100 Closing 77181 Burial 100 Containers 77182 |
| のでは、100mm | Check I ISSUED BY | Pre-Mood 53333 Trust 9022 Sales Tax 90101 TOTAL PAID 1 1000 |

PA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/29/87

| Balance due Thereby certify I am the | You are hereby authorized and instructed, s | ubject to your rules and regulation: | s, to inter the remains |
|--|--|--|--|
| Church, Chapel, Graveside | of Martta Tru | in gills - | |
| All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran | ina | Funeral, date, time Well- | 18.M 71 |
| and billed to undersigned. War time veteran | Church, Chapel, Graveside | - neptun | Mortuary. |
| 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 33077 - Khurstum Paid receipt number Balance due I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hops Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature Address Takephone Invoice # | All Funeral cars must arrive before 3:30 p. | m. of regular work day or an extra | charge will be applied |
| Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filling fee Sales taxes O33077 - Khuystum Total Due Balance due I hereby certify I am the and disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and lagree to hold Mt. Hong Cernetery harmless from any liability on account of said authorization and intermenty I hereby authorize the interment in lot I hold under deed. Signature Figure of recorded holder of deed Telephone Invoice # | and billed to undersigned. War time vetera | n | 72 |
| Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filling fee Sales taxes O 3 3 0 7 7 — Khustim Paid receipt number Balance due I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hops Cemetery harmless from any liability on account of said authorization and interment I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Takephone Invoice # | Lot Grave Row | Section LOOF Divisi | on/Block <u>43</u> |
| Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes O 3 3 0 7 7 — Khuystimi Total Due Paid receipt number Balance due I hereby certify I am the and is position of remains as above indicated. I certify and represent that I have the right to make this authorization and lagree to hold M1. Hope Cemetery harmless from any liability on account of said authorization and interment of the sales o | Grave space & Care Fund | | Toofed |
| Burial Container Handling Fees Flower veses - Marker setting fee Recording and filling fee Sales taxes 7 Total Due Balance due I hereby certify I am the | Additional spaces and care fund | | Thurs) |
| Flower veses - Marker setting fee Recording and filing fee Sales taxes 7 Total Due Balance due I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and lagree to hold M1. Hong Cemetery harmless from any liability on account of said authorization apel interment. I hereby authorize the interment in lot I hold under deed. Signature Flower veses - Marker setting fee Total Due Of the above named decedem and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and lagree to hold M1. Hong Cemetery harmless from any liability on account of said authorization apel interment. I hereby authorize the interment in lot I hold under deed. Signature Takephone Invoice # | Opening/Closing & Setup 2P. | FATOR - | epino) |
| Recording and filing fee Sales taxes O 3 3 0 7 7 — Khurstim Total Due Paid receipt number Balance due I hereby certify I am the | Burial Container | | <u>' </u> |
| Sales taxes O 3 3 0 77 — Khuyatimi Total Due Balance due I hereby certify I am the | Handling Fees | | |
| Sales taxes O 3 3 0 77 — Khuyatimi Total Due Balance due I hereby certify I am the | Flower vases - Marker setting fee | and all | 40000071000 501 3 3 3 3 |
| Sales taxes O 3 3 0 77 — Khuyatimi Total Due Balance due Balance due I hereby certify I am the | Recording and filing fee | N 3 11 | CENSULAR DE LA COMPANION DE LA |
| Total Due | SPACE OF THE SPACE | MANA | DOWN TO DOWN THE TOTAL T |
| I hereby certify I am the | 033077-Khystini | Total Due | |
| I hereby certify I am the | 033087 - Kaela Pai | STATE OF THE STATE | *** |
| and this is you'r authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed. Signature of recorded holder of deed. Invoice # | | Ol . Balai | nce due |
| that I have the right to make this authorization and I agree to hold M1. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature Address Signature Invoice # | I hereby certify I am the | for of the a | bove named decedent |
| Fignature of recorded holder of dead Address Stanse Zip Code Telephone | that I have the right to make this authorizat | ion and lagree to hold Mt_Hope Ce | |
| Signature of recorded holder of deed Sease Zip Code Telephone Invoice # | I hereby authorize the interment in lot I hold under deed. | Signature | |
| Telephone Zip Code Telephone Invoice # | | Address | |
| E CTCA Invoice # | Signature of recorded holder of deed | Same | Zip Code |
| E OFCA | Ð | Telephone | |
| Work Orde # 6764 Acct. # | P ower | Invoice # | |
| | Work Ord. # E 6764 | Acct. # | |

E6764 - I day all Maatta, Kala - 1033085 Joe me cornet Wed - 1 P.M.

Derfr

PY-883 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_6-2987

| You are hereby authorized and igstructed, subject | to your rules and regulations to inter the remains |
|--|---|
| of Mayout Tho | mpser (X) |
| ing Cabllant Funera | al, date, time 3-5-87 |
| Church, Chapel, Graveside Julia | 2 Hunghrey Mortuary |
| All Funeral cars must arrive before 3:30 p.m. of re | igular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | - Deal all |
| Lo.5 8 Grave 5 Row | Section 3 Division/Block 5 |
| Grave space & Care Fund | |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 105 |
| Burial Container | <u>40</u> |
| Handling Fees | _60= |
| Flower vases - Marker setting fee | ··,····(··)······ |
| Recording and filing fee | very 20 |
| Sales taxes | 101 |
| usy I ac w | 34749 2920 |
| Med show Paid receip | Balance due 6 |
| I hereby certify I am the | of the above named deceden |
| and this is your authority to make disposition of re that I have the right to make this authorization and any liability on account of said authorization and | emains as above indicated. I certify and represent I agree to hold Mt. Hope Cemetery harmless from |
| | MARIC ARONX |
| I hereby authorize the interment in lot I hold under deed. | 2765 Sale Moura |
| Signature of recorded holder of deed | Basis 478-5401 2006 |
| | Telephone |
| (M) | Invoice # |
| Work Order # E 6765 | Acct. # |

E6765.

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | T | | SEX | DATE OF BIRTH | DATE OF DEATH |
|--|--|--|---|--------------------------------------|--|
| MARGA | ARET VIVIAN THOMPSON | | Female | 10-03-1907 | June 28, 1987 |
| PLACE OF DEATH- | AND THE RESERVE OF THE PROPERTY OF THE PROPERT | PLACE OF DEATH-COUNTY | OR STATE IF NOT IN CALIFORNIA | | SPOUSE OR OTHER INFORMANT |
| Lemon | n Grove | San Die | go | Marie M. Arno | old (Daughter) |
| ACCOUNT AND ASSESSMENT OF THE PARTY OF THE P | ss of funeral director (un person a) hula Vista Mortuary— | TING AS SUCHI | CALIFORNIA LICENSE NUMBER F-964 | 2165 Lake Mon Campo, CA 92 | rena Drive |
| t t | 30 -5 | AIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES O | F DISPOSITION | |
| 1 BURIAL IN | CLUDES ENTOMBMENTI | 5 DISINTERMENT AND ENTOMBMENT) | BURIAL (INCLUDES | B DISINTERMENT AND REMAINS (INCLUDES | REINTERMENT OF CREMATED INJURNMENT) |
| XX 2 CREMATIO | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CRE | | 9 DISINTERMENT OF CO | REMATED REMAINS AND THAN IN A CEMETERY |
| 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | | 7 DISINTERMENT, CRE | MATION, AND DISPOSITION | FOR CORONER'S USE ONLY | |
| 4 SCIENTIFIC | USE | O THE THE THE THE | DEWETER P | 10 DISPOSITION PENDIN | lG . |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | REMAINS ARE TO BE INTERRI | ED //CO | UNTY San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W Leneda, Inc 14065 Olde Highway | HERE REMAINS ARE TO BE CRE | MATED DATE CAEMATED | SIGNATURE DE PERSON IN | CHARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER IAN IN A CEMETERY CREMATED REMAINS | N/A | INE, OR OTHER DESCRIPTION | SUFFICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DI | SPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest | dent under provisions of the espass and nuisance laws a | e Health and Safety Code, pply and understand that | SIGNATURE OF APPLICANT DATE SIGNED | |
| 1 LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COS AUTHORITY FOR THE DISPOSITION SPECIFIED IS | PROVISIONS AMOUNT OF FEE | ALTICANO HOLY AND MICHIEF AND | SIGNATURE OF LOCAL REC | SISTRAR ISSUING PERMITS |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | 6/87 SIGNATUR | OF PERSON IN CHARGE OF | | NUMBER OF CREMATED REMAINS R, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | () some | | |

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 RIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

OFFICIAL RECEIPT

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINK AUDITOR | MOUNT MOPE CEMETERY | 15.302.351 | |
|--|---|---|------------|
| From: Alasie Cernal | A Address 2165 76/6 | Date: 6- | 29 127 |
| Two lunded | fit - two yo- | Dollars | 1 242.00 |
| InPayment of | anded Admit | 2 desue | is |
| Lot 58 Grave | 5 Row 9 | action 3 | Division 5 |
| Acct, No. | NOT VALID FOR FURPOSE STATED UNLESS STAMPED TAID IN THIS SPACE. | CREDIT 87007 20% Sales Care 7718- 50% Sales 100 of Lots 7718- Opening/ 100 | |
| BALANCE DUE 1 | | Opening/ 10/ Closing 7718 Burler Conceiners 77182 100 Handling Fee 77183 | 60 - |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | | Recording a 100 Miss. Fees 77163 Pre-Head 63033 Trust 9025 Sales Tax 9015 | 2 40 |
| AC-212 (Rev. 11-20) 13/9 | ISSUED SY XILLY WILLY | TOTAL PAID | 242 40 |

MT. HOPE GEMETERY

INTERMENT ORDER

| Simulation Circumstance | San Diego /) |
|--|--|
| Die Justine Cityrof | 1/29/27 |
| alo en Da | Date 9011 |
| You are hereby authorized and instructed, subject | pt to your rules and regulations, to inter the remains |
| of trank When | Minglow |
| in a Double Cuffy Fune | eral, date, time Monday - 1/2 3/11 |
| Church, Chapel, Graveside | : Capstele Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. of | regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | 16 For Danber Cappe |
| 1. 111 - 12 | 2 |
| Lot Grave Row T | Section Bivision/Block |
| Grave space & Care Fund To C Docu | de Cupp 2502 |
| Additional spaces and care fund | ne reserved |
| Opening/Closing & Setup | |
| Burial Container | 320- |
| Handling Fees | <u>330=</u> |
| Flower vases - Marker setting fee | |
| Recording and filing fee | 3500 |
| Sales taxes | 1980 |
| 30 day Note | Total Due |
| Paid rece | sipt number |
| | Balance due |
| *11.60 | |
| | of the above named decedent remains as above indicated. I certify and represent nd I agree to hold Mt. Hope Cemetery harmless from d interment. |
| I hereby authorize the interment in lot I hold under deed. | Porture ELIA SEMA |
| Signature of recorded heider of deed | 3AN DIEGO 92113 |
| | 264-6062 |
| | THE STATE OF THE S |
| | Involue # |
| Work Order # L 6766 | - naxos |

PY-593 (REV. 8-85)

W.O. NO._ E-6766 NOTE-STRAIGHT San Diego, California days after date, for value received, the undersigned maker(s) promise(s) to pay to Mt. Hope Cemetery or San Diego City Treasurer 3751 Martin Luther King Way, San Diego, CA 92102 DOLLARS with interest from on the unpaid principal at the rate of on demand per repr per annum, payable ____ Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his /her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E6764

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | it . | | SEX | DATE OF BIRTH | DATE OF DEATH |
|---|---|--------------------------------|--|---|--|
| | FRANK WHITTIN | CTON | Male | Nov. 17, 1907 | June 29, 1987 |
| PLACE OF DEATH- | | PLACE OF DEATH—COUNTY | | NAME AND ADDRESS OF | SPOUSE OR OTHER INFORMANT |
| NAME AND ADDRES | SO DE ELIMEDAL DIRECTOR JORDESCON AS | San Dieg | CALIFORNIA LICENSE NUMBER | | ittington - Wife |
| , ,) | SS OF FUNERAL DIRECTOR SUSSESSE AN | eral Blvd. | and the state of t | 620 Elizabeth | |
| Auderson-R | egsdele Mort.:San Vieg | o, California | 1329 | San Diego, Ca | lifornia 92113 |
| 1. | TYPE OF PERA | NIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES C | OF DISPOSITION | |
| 1 BURIAL (IN | CLUDES ENTOMBMENT! | 5 DISINTERMENT AND ENTOMBMENT) | BURIAL (INCLUDES | 8 DISINTERMENT AND I REMAINS (INCLUDES | REINTERMENT OF CREMATED INURNMENT) |
| 450 | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CRE | | 9 DISINTERMENT OF CE DISPOSITION OTHER | REMATED REMAINS AND THAN IN A CEMETERY |
| CEMETERY | N AND DISPOSITION OTHER THAN IN A | ☐ 7 DISINTERMENT, CRE | MATION, AND DISPOSITION | FOR CORON | ER'S USE ONLY |
| 4 SCIENTIFIC | USE | OTHER THAN IN A (| EMETERY | ☐ 10 DISPOSITION PENDIN | 6 |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | 51 Martin Katha | r King Way: San | | San Diago |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO BE CRE | MATED DATE CREMATED | SIGNATURE OF PERSON IN | CHARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHORELI | NE, OR OTHER DESCRIPTION S | UFFICIENT TO IDENTIFY FINA | L PLACE AND <u>COUNTY</u> OF DIS | SPOSITION |
| SCIENTIFIC | NAME AND ADDRESS OF FACILITY RECE | IVING REMAINS | | | |
| USE | W/A | | | | |
| | This is to certify that I am the per | son having the right to con | trol the disposition of the | SIGNATURE OF APPLICANT | |
| ACKNOWLEDGMENT OF | remains of the above named deco | | | > | |
| APPLICANT | and I hereby acknowledge that tre this permit gives no right of unrest | | | DATE SIGNED | |
| # LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | E AND IS THE | PAID TOTE PERMIT IS 198 | SIGNATURI LOCALE | STAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | TER DAYE) SIGNATUR | OCCUPANTO | | NUMBER OF CREMATED REMAINS R, IF APPLICABLE |
| IF DISPOSITION IS - TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | |

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

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

PAID INVOICE REPORT BY DEPARTMENT AS DF 07/31/87

DATE: 07/31/87 TIME: 202322 PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY ACCT INV PD INV PAYM PAYM NO DATE NO CUSTOMER NAME FUND DEPT REF NO AMOUNT PAID DATE AMOUNT BILLED UNPAID DEPT DRG ACCT 1/0 BN/EQ FACILI OPER AMOUNT APPLIED BALANCE 058160 07/09/37 022535 PINKNEY U. WHITTINGTON 07/27/87 CK 1.274.80 1.274.80 U.00 0000 72 0000 72 0000 72 0000 72 0000 72 072 072 072 072 100 77131 320.00 PAID IN FULL E-6766 77182 35.00 290.00 320.00 19.80 50.00 100 77184 100 100 072 60101 78390 77184

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-29-87

| | eral, date, tin | ne Woo | 7-1-87 | LTI |
|--|-----------------|------------|------------------|-----------------|
| hurch, Chapel, Graveside declared | | Berge | Roberts | Mortuary |
| III Funeral cars must arrive before 3:30 p.m. of | regular wor | k day or a | n extra charge w | vill be applied |
| nd billed to undersigned. War time veteran | <u>NO</u> . | | | 200 |
| ot 102 Grave 2 Row | Section _ | 2 | _ Division/ | 1/ |
| | (7) 1 | 20 | C) | 250 |
| irave space & Care Fund | | | | 20 |
| additional spaces and care fund | | | | 20() |
| pening/Closing & Setup | | | | 320 |
| urial Container | | | | 100 |
| landling Fees | | | ***** | 145 |
| lower vases - Marker setting fee | | | | |
| ecording and filing fee | | | ********* | _35 |
| ales taxes | | | | 16 |
| | | Total Due | 4 | 856 |
| Paid race | eipt number | 2475 | | 500 |
| Palu rece | sipt number | | 64 | 356 |
| onces of a | | | Balance due | |
| hereby certify I am the <u>Father</u> nd this is your authority to make disposition of | remains as | | of the above nar | |
| hat I have the right to make this authorization a ny liability on account of said authorization an | nd lagree to | hold Mt. F | lope Cemetery h | armless from |
| The state of the s | 200 | 4 | | |
| hereby authorize the interment in lot I | Cele | Vino | novoa | |
| old under deed. | 276 | 2 IS/A | Nd AV. AP | |
| ignature of recorded holder of deed | | ANdi | ego CA | 42102 Zo Co |
| | State | 544 | 9451 | Zip Cor |
| | Telephone | -20, -30 | = 10597 | |
| | 250 | | | |
| * | Invoice | 67 | 8/6 | |

E 6767

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | | ade abren iran mane / | o necessitions on annex | 423 | THE PERSON NAMED IN |
|---|--|---------------------------------------|--|-------------------------------|----------------------------|
| NAME OF DECEDEN | T) | 7000400407 | SEX | DATE OF BIRTH | DATE OF DEATH |
| JORGE | AVEELTO | MONGY | Male | MOV. 25, 1976 | June 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 | West of the second | Mr. Calastino | Hoves -Father |
| NAME AND ADDRES | SS OF FUNERAL DIRECTOR, JOA PERSON A | CTING AS SUCHI | CALIFORNIA LICENSE NUMBER | 2762 Island A | re. Apt. A |
| MERCE-ROLL | THE MINITURES THE PERSON AND | ger.g | F-284 | Sen Diego, CA | 92102 |
| | | | | A DISCOULANT | 16011.0 |
| | TIPE OF PER | MIT, CHECK ONLY ONE O | F THE FOLLOWING TYPES C | OF DISPOSITION | |
| T 1 RURIAL UN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AN | D BURIAL (INCLUDES | D 8 DISINTERMENT AND | REINTERMENT OF CREMATED |
| 7. | ococco car ombacary | ENTOMBMENT) | D DONNE MICEDON | REMAINS (INCLUDES | |
| 2. CREMATIO | N AND BURIAL IINCLUDES INURNMENTI | ☐ 6 DISINTERMENT CE | EMATION, AND BURIAL | 9 DISINTERMENT OF C | BEMATED BEMAINS AND |
| | A Part Acres and the Property of the Control of the | INCLUDES INURNI | | | THAN IN A CEMETERY |
| LI 3 CREMATIO | N AND DISPOSITION OTHER THAN IN A | T 3 DISINTERMENT CO | EMATION, AND DISPOSITION | COR CORON | ER'S USE ONLY |
| 4. SCIENTIFIC | USE | OTHER THAN IN A | CEMETERY | ☐ 10. DISPOSITION PENDIN | |
| | | | | LI 10. DISPOSITION PENDI | WL3 |
| The second second | NAME AND ADDRESS OF CEMETERY V | VHERE REMAINS OR CREMATE | D REMAINS ARE TO BE INTERE | ED CO | UNTY |
| INTERMENT | Mr. Hope Constany | 3751 Masket St., | Sam Diego, CA | | lan Diego |
| | NAME AND ADDRESS OF CREMATORY V | VHERE REMAINS ARE TO BE CR | | SIGNATURE OF PERSON IN | CHARGE OF CREMATORY |
| CREMATION | H/A | 0 | 6 | S 55 | |
| BURIAL AT SEA | ADDRESS, NEAREST POINT ON SHORE | INE. OF OTHER DESCRIPTION | SUFFICIENT TO IDENTIFY FINA | L PLACE AND COUNTY OF DI | SPOSITION |
| OR POSITION OTHER | 00 | Haven | 7 - | | 7/0 |
| IN A CEMETERY OF CREMATED REMAINS | 1/4 | FLATCH | my Den | E- (| 161 |
| SCIENTIFIC | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | Wood | | |
| USE | W/A | | | | |
| | This is to cortify that I am the pe | and boules the water as | and the Boundian of the | SIGNATURE OF APPLICANT | |
| ACKNOWLEDGMENT | remains of the above named dec | | | Service Ask a No. Visualistic | |
| OF APPLICANT | and I hereby acknowledge that to | | | DATE SIGNED | |
| ALLEICANI. | this permit gives no right of unres | tricted access to property n | ot owned by me. | TOWN CASE WENNES NO | / |
| LECAL | THIS PERMIT IS ISSUED IN ACCORDANCE WIT | | E PAID PATE BERMIT ISSUED | SIGNATURE OF LOGALINE | RAR ISSUING POMIT |
| REGISTRAR | OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND 19 THE IN 1915 PERMIT 83.00 | JUN 3 () 1981 | - Nonall & | General Miles of |
| CERTIFICATION | I CERTIFY THAT THE SPECIFIED | | E OF PERSON IN LUNROR OF | DIPPOSITION LICENSE | NUMBER OF CREMATED REMAINS |
| OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | NTER DATE | as actil Vol | DISPOSI | R. IF APPLICABLE |
| Commissions: | INDICATE ADDRESS OF REGISTRAR OF | | and the same | | |
| IF DISPOSITION IS TO OCCUR IN | | | | | |
| ANOTHER COUNTY | M/A | | | | |
| WOODS AND ADDRESS OF THE PARTY | MARION SERVICES OF RESIDENCE AND ADDRESS OF THE PARTY OF | | A STATE OF THE STA | Company of the second | SERVICE THE CONTRACTOR |

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

| GANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | | |
|--|---|---|------------------|
| From Celestino 11 | 1000 2262 G | Pland and | FA 98. |
| five lande | 1 40 | Dollars (| 500 9210 |
| In Payment of | ge novoa se | rocces | |
| Lot 102 Grave 1 | 2 Row_S | action | Division // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 07007 20% Salan Care 77184 | 200 - |
| Acct. No. | 经开建 人名英格 | 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 | 250 - |
| W.O. 4 -6/01 | | Burtel 160 Contelners 77182 | S4 7 7 8 1 |
| BALANCE DUE 7556.00 | | Handillog Fee 77185 Recording 6 100 Maco, Fees 77183 | Participation of |
| Pre-Need Lot At Need On Appt Pre-need Trust Cash Check | 1 61.1 | Pre-Head 83083 Trust 6082 | DK STA |
| AC-212 (Am. 11-80) | 1550ED Krdea Wie | Sales Tax 60101 78300 TOTAL PAID 8 | 500 - |

058161 07/09/87 022536 CELESTING NOVOA

E-6767 100 072
100 072
100 072
100 072
100 072
100 072
100 072

77181 000072 77182 000072 77183 000072 77185 000072 78390 356.00 70.00 100.00 35.00 145.00

356-00 PAID IN FULL

...

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: CITY AUDITOR Dollars (\$ 80.07) Payment of March Catalan Dollars (\$ 80.07) Division Division Division Dollars (\$ 80.07) Division Division Division Dollars (\$ 80.07) Division Di | | 204-3151 | Date: 6- | 1588 |
|--|-------------------|--|----------------------------------|-------------|
| InPayment of | From: Ottolessa ! | aco Adress | Dale: | |
| Lot | eighte dal | laco, 10/100 | Dollars (\$ | 80,00 |
| Lot | In Payment of | when charact | the Xe | e for |
| Acct. No | Lot 102 Grave | | oction 2 | Division // |
| Acct. No | Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | 20% Sales Care 77184 - | |
| BALANCE DUE CITY AUDITOR " Gontainers 77182 100 100 100 100 100 100 100 100 100 10 | Acct. No | | of Lots 77184 - | |
| Manufact Fax 17195 | | CITY AUDITOR " | Sorier 100 Containers 77182 - | |
| | BALANCE DUE | JUN 20 1988 | Handling Fee 17185 - | 80 00 |
| | | | Pre-Need 83033 704 9027 - | |
| Pre-need Trust Cash Check Ac-cash Check Ac-cash Check Ac-cash Check Ac-cash Check Cash Check Cash Check Cash Check Cash Cash Cash Cash Cash Cash Cash Cash | | The state of the s | 78380 - | 80 00 |

MT. OPE CEMETERY

| INTERM | MENT ORDER | |
|--|---|----------------------|
| Ser Process D City | of San Diego | 1 . |
| Bur - mon Did Gaw | Davies Date 6/2 | 9/87 |
| You are hereby authorized and instructed, sub | plect to your fules and regulations, to | inter the remains |
| of Mildred Lee I | raggs | 0 0 0 1 1 18 |
| in a Bell Lener Fu | ineral, date, time Monday - | 9 1911-16 |
| Church, Chapel, Graveside | 6 Ragidal | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra char | rge will be applied |
| and billed to undersigned. War time veteran | | |
| Lot 103 Grave 6 Row ~ | Section Division/ | Block 12 |
| Grave space & Care Fund | 79 £3/6 | 32500 |
| Additional spaces and care fund | none lles | |
| Opening/Closing & Setup | | 320= |
| Burial Container | | 100- |
| Handling Fees | | 14500 |
| Flower vases - Marker setting fee | | <u>0.</u> |
| Recording and filing fee | | 35 |
| Sales taxes | | 10000 |
| 30day note | Total Due | 10012 |
| Paid re | eceipt number | 7001 |
| 2000 | Balance | due—O |
| I hereby certify I am the | of remains as above indicated. I ce n and I agree to hold Mt. Hope Cemet | |
| I hereby authorize the interment in lot I hold under deed. | X Lisa Sancier | |
| | X nois behoon r | A Market Branches To |
| Signature of recorded holder of deed | San Dico Cu | 92114 20 Carlo |
| | (619) A63-15 | 44 |
| | 0581 | 57 |
| Work Order # E 6768 | Invoice # | 400 |
| Work Order # L | Acct.# | |

PY-593 (REV. 8-88)

| W.O. | NO. | | |
|------|-----|---|------|
| | | E | 6768 |

NOTE-STRAIGHT

| 401 | | | | ^ | |
|--|---|--|--|---|--|
| 100/2 | Se | n Diego, | , California | Kene 29 | 87 |
| - / | 30 | | THE RESERVE WE SHEET A | the undersigned maker(s |) promised to severe |
| Mt. Hope Cer | netery or San I | | | , the shocking has maken (s | / promise(s) to pay to |
| | | | | | or order |
| at 3751 Marti | n Luther King V | Way, San Di | ego, CA 921 | .02 | |
| the sum of | Mayrail | and & | me at | 100- | DOLLARS. |
| with interest from | July 29, | 1987 | | on the unpaid | principal at the rate of |
| 12pe | r cemper annum, payable | on deman | đ | | • |
| Should interest not interest when due, the holder of this note, lote United States. Each ma hereof before, at or after person who signs this f | t be paid when due, it she whole sum of principal a rest after maturity will accider will be jointly and sever maturity, and waives premote agrees that recourse this note, the undersigned | all thereafter bear lind accrued interest true at the rate indicerally liable and consentment, demand a may be had against | ike interest as the p shall become imme saled above. Principal sents to renewals. I and protest and the r his/her separate pr | diately due, without notice at and interest are payable epiacements and extension ight to assert any statute of openy for any obligation of | e, at the option of the in lawfu! money of the ns of time for payment limitations. A married intained herein, if any |
| MAKE ALL PA | YMENTS AT MT. | HOPE CEMETE | RY OFFICE | Mailing | Address |

E6768

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | T | 100000000000000000000000000000000000000 | SEX | DATE OF BIRTH | DATE OF DEATH Sound | |
|--|--|--|---|--|---|--|
| | Maidred Lee | Braggs | Female | August 25,193 | | |
| PLACE OF DEATH- | | | IOR STATE IF NOT IN CALIFORNIA | | SPOUSE OR OTHER INFORMANT | |
| San | Diego | San Diago | Administration of the same | Lisa M. Sander | rs - Daughter | |
| NAME AND ADDRES | SS OF FUNERAL DIRECTOR (OR PESOS | Federal Blvd. | CALIFORNIA LICENSE NUMBER | 7065 Benson A | M | |
| Andaeson-R | lagsdale Mortuary: San | Diego, CA | 1329 | San Diego, CA | 92114 | |
| | TYPE OF PER | MIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES C | F DISPOSITION | | |
| A SHEW MAN | • Company of the Comp | III i die Streiterich der der Steite r. Die 1922 : Triedrich der Streiterich | | | | |
| 1 BURIAL (IN | ICLUDES ENTOMBMENT) | 5. DISINTERMENT AND ENTOMBMENT | BURIAL IINCLUDES | B DISINTERMENT AND REMAINS (INCLUDES | REINTERMENT OF CREMATED (NURNMENT) | |
| - encuration and the | N AND BURIAL (INCLUDES INURNMENT) | 6. DISINTERMENT, CRI | EMATION, AND BURIAL ENT) | 9 DISINTERMENT OF CONTROL OF CONT | REMATED REMAINS AND | |
| 3 CREMATIO CEMETERY | N AND DISPOSITION OTHER THAN IN A | | EMATION, AND DISPOSITION | FOR CORONER'S USE ONLY | | |
| A SCIENTIFIC | USE | OTHER THAN IN A | CEMETERY | O DISPOSITION PENDING | | |
| TERMENT | NAME AND ADDRESS OF CEMETERY | | | NO.400 | YTAUC | |
| TERMEN! | Mt. Hope Cemetery: | | eet; SAn Diego, | | San Diego, | |
| CREMATION | NAME AND ADDRESS OF CREMATORY | WHERE REMAINS ARE TO BE CRE | MATED DATE CREMATED | SIGNATURE OF PERSON I | N CHARGE OF CREMATORY | |
| BURIAL AT SEA OR OSITION OTHER N A CEMETERY | ADDRESS, NEAREST POINT ON SHOP | ME ON EXPLED DESCRIPTION | SUFFICIENT TO IDENTIFY FINA | L PLACE AND COUNTY OF D | ISPOSITION . | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RE | CEIVING REMAINS | | | l. | |
| | This is to certify that I am the p | erson having the right to co | ntral the disposition of the | SIGNATURE OF APPLICAN | Т | |
| ACKNOWLEDGMENT OF | remains of the above named dec | edent under provisions of th | e Health and Safety Code, | > | | |
| APPLICANT | and I hereby acknowledge that t this permit gives no right of unre | # : 실구, 투발 : [1] 프로스 B O S (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 | [20] - 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | DATE SIGNED | | |
| * LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE | JUN 30 100 | A Secondary A | GISTAR ISSUING PERME | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | SIGNATULE SIGNATULE | eogus To | | E NUMBER OF CREMATED REMAINS ER, IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 4 | | | |

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

CITY OF SAN DIEGU AUDITOR & COMPTROLLER REPURT NU. C65-102

PAID INVOICE REPORT BY DEPARTMENT AS OF 08/28/87

DATE: 08/28/87 TIME: 204219 PAGE: 7

| DEPART | MENT 072 | PRO | PERTY DEP | T-MT HO | PE CEME | TERY | | | | | | | |
|--------------|------------------|--------|---|---------------------------------|---------|---|--|----------------------|----|--------------------------|--|---------------|----------------|
| INV | INV | ACCT | CUSTOMER FUND | NAME DEPT | JRG | ACCT | J/0 | PAYM GATE UPER | | PAYM REF NO FACILI | AMOUNT PAID AMOUNT APPLIED | AMOUNT BILLED | UNPAID BALANCE |
| 058159 E- | 07109/87 6768 | 022534 | LISA SAN 100 100 100 100 100 60101 67007 | 072 072 072 072 072 | | 77181 77182 77183 77184 77185 78390 77184 | 0000 72 0000 73 0000 73 0000 73 | 2 2 2 | CA | | 1,001.00 320.00 100.00 35.00 316.00 145.00 6.00 79.00 | 1,001.00 | PAID IN FULL |
| | OF INVOIC | | 1,0 | 01.00 | | | | | | | | | |

MT. HOPE-CEMETERY

INTERMENT ORDER

City of San Diego

military

RDER Date 6/29/87

| 1/2-0 | Date 6/27/6/ |
|--|--|
| You are hereby authorized and instructed, subject to | your rules and regulations, to inter the remain |
| of Jan Jommy | Dawsey fr. |
| in a Violet Line Funeral, | date, time |
| Church, Chapel, Graveside | . tags vale Mortua |
| AJI Funeral cars must arrive before 3:30 p.m. of reg | Marie Control of the |
| and billed to undersigned. War time veteran Wu | 12-nave |
| . 17 . 8 | 2 - 11 |
| Lot Grave S Row S | Section Division/Block |
| Grave space & Care Fund Tov Doub | 4 Cuffer - 250° |
| Additional spaces and care fund | _ 0' |
| Opening/Closing & Setup | 320 |
| Burial Container | 3309 |
| Handling Fees | 3200 |
| Flower vases - Marker setting fee | |
| Recording and filing fee AUG. 1.1.199 | 87 I |
| | 1980 |
| - I WIT DEPT CEME | CALIFF and Due 1274 |
| CITY of SAN DIEGO | 24011. 1770-5 |
| Paid receipt | |
| , 10/ 2 | Belance due |
| I hereby certify I am the | of the above named decede |
| and this is your authority to make disposition of ren that I have the right to make this authorization and I any liability on account of said authorization and in | agree to hold Mt. Hope Cemetery harmless fro |
| any naturally on account of said authorization and m | 0.1 00 |
| hereby authorize the interment in lot I | Surans Damoey |
| hold under deed. | 30.55 L. St MA |
| Signature of recorded holder of deed | x den Dugo co 9210 |
| | 23913812 |
| | -6/0 |
| / | 100 01 01 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 |
| Work Order # E 6769 | Acre # 022537 |
| | Control of the Contro |

W.O. NO. E-6769

NOTE-STRAIGHT

| s/274 - | San Diego, | , California, | gene 2 | 9 1987 |
|--|--|---|--|------------------------------|
| -30 - | days_after d | late, for value receive | d, the undersigned make | er(s) promise(s) to pay to |
| Mt. Hope Cemetery o | | | SALEST CONTROL OF A SALEST | |
| | | | | or order |
| at 3751 Martin Luther | | | | |
| the sum of Twelve He | | your a | 1,00 | DOLLARS. |
| with interest from | 2 30, 1987 | QD . | on the unp | aid principal at the rate of |
| 12 per can per annu | m. payane on dema | nd | SOMETHING A | |
| Should interest not be paid when | due in mail thereafter bear | like interest as the | principal Should defau | It be made in payment of |
| interest when due, the whom umout | principal and accrued interes | st shall become imm | ediately due, without n | otice, at the option of the |
| holder of this note. Interesterior mote United States. Each make 2011 be form | ntly and accide at the rate inc | onsents to renewals. | replacements and exter | isions of time for payment |
| hereof before, at or after managery, and | waives a esentment, demand | and protest and the | right to assert any statu | te of limitations. A married |
| person who signs this not speed as the action be instituted on the home, too | it recourse may be had agains | of his/her separate p | coperty for any obligation | on contained herein. If any |
| TEH T | Control of the property of the | VE | Lora & Do | analis - |
| - 192 | | 4/- | 200 | and y |
| | | 100000000000000000000000000000000000000 | | |

E6769

| | | USE BLACK INK-MAKE NO | ALTERATIONS OR ERASUR | ES | |
|---|--|--|--|-------------------------------|--|
| NAME OF DECEDEN | TONNY DAWSEY | | SEX | SEPT. 64.15 | DATE OF DEATH |
| | | | OR STATE IF NOT IN CALIFORNIA CALIFORNIA LICENSE NUMBER | ELDORA DAMS 3055 "L" ST | S OF SPOUSE OR OTHER INFORMANT LEY -TIPE INCET, APT. 1 |
| ANDERSON-R | AGSDALE MORTUARY 505 | D FEDERAL BLVD. | 1329 | SAN DIEGO, | CALIFORNIA 92102 |
| 2 CREMATIO | ICLUDES ENTOMBMENT) IN AND BURIAL (INCLUDES INDRINMENT) | S DISINTERMENT AND ENFONDERS AND ENFONDERS NEW AND ENFONDERS NEW AREA INVESTIGATION OF THE IN | DOMAC AMOLUDES | B DISINTERMENT REMAINS (INCLU | AND REINTERMENT OF CREMATED JOES INURNMENT) OF CREMATED REMAINS AND THER THAN IN A CEMETERY |
| ☐ 3 CREMATIO CEMETERY ☐ 4 SCIENTIFIC | | 7 DISINGERMENT CRE | MATION, AND DISPOSITION EMETERY | FOR COL | RONER'S USE ONLY |
| NTERMENT | NAME AND ADDRESS OF CEMETERY | WHERE REMAINS OR CREMATED | | N DIEGO, CA. | SAN DIEGO |
| CREMATION | NAME AND ADDRESS OF CREMATORY | WHERE REMAINS ARE TO BE CREM | NATED DATE CREMATED | SIGNATURE OF PERSO | ON IN CHARGE OF CREMATORY |
| BURIAL AT SEA OR OSITION OTHER ON IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHORE | edne, on bither description s | UFFICIENT TO IDENTIFY FINA | LAY Sou | a a |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACURA RE | CEIVING REMANDE | 700 | tray. | W. |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the premains of the above named dec and I hereby acknowledge that the permit gives no right of unre- | sedent under provisions of the trespass and nuisance laws ap | Health and Safety Code, ply and understand that | DATE SIGNED | CANT |
| L'OCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WI OF THE CALIFORNIA HIBALTH AND SAFETY OF AUTHORITY FOR THE DISPOSITION SPECIFIED | DOE AND IS THE 3.00 | JUN 3 0 198 | - words | GISTEAR ISSUING PERMY |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | ENTER BATES | OF PERSON IN SHAREST OF | DISPOSITION LIC DIS | ENSE NUMBER OF CREMATED REMAINS POSER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | g | | |

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

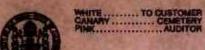
OFFICIAL RECEIPT

WINTE TO CUSTOMER
CANARY CELETRY
PINK AUDITOR

PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY

| | PINKAU | ROTTO | BOUNT HOPE | | Marie Control | | |
|--|--------------------------|---------|-----------------------------|--|--|-------------------|----------|
| 27 | From Eldor S. K | Daws | At Address: 30 | 011 | Ast #1 | 51)92 | 19/7 |
| . 00 - | Twelve Hundredse | went | Tour dolla | us and | at Turo | lara (\$ /2.75 | 1.80 |
| .00 | in fiell Payment of | John | Any Douse | - E 676 | 9-30- | Day Not | + |
| | | | 1 | | The Road of the Party of the Pa | 0 | The same |
| .94 | Lot 17 G | rave | 8 | RowSec | tion Z | Division Blook | 11 |
| 00 | Invoice No. | 17000 | NOT VALID FOR PURPOSE STATE | The second secon | | 57007 50 | 100 |
| 76 | Acct. No. | PLD I | PAID IN THIS GRACE | | | 100 200 | 00 |
| 20 | w.o. E 6769 | 200 | | | Opening/ | 700 320 | 0 00 |
| 33 | | | | 100 | Burial | 771.02 | 90 |
| # 15 | BALANCE DUE | | | | Manual State of the Control of the C | 7/105 | 000 |
| 34 | | - | 1 | - | | 7710 | 200 |
| The state of the s | Pre-Need Lot At Need On. | Acct C | 11 - | 1 | Pre-Heed I Trust Sales Tax | 80002 80002 | 80 |
| 04 | AC-212 (New, 11-86) | 400 100 | ISBUED BY April | Louney | TOTAL PAID | 1,274 | 180 |

OFFICIAL RECEIPT



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

| | are V 14 | | 10-7 | - | 19.87 |
|-------------------------------------|---|---|----------------------------|-------------------|-------|
| From: Eldora S. Anuse | 92102 (239-3822 | 5 | ollers (\$ _ | 125,00 | 2 , |
| In Agel Payment of | stellation of ma | when for | w.J. | Daur | reggi |
| Lot 17 Grave | How Bolland | ection 2 | die | Division Block | 11 |
| trivoice No | NOT VALID FOR PURPOSESTATED UNLESS STAMPED PAID' IN THIS SPACE. | CREDIT 20% Sales Gare | 67007 77584 | | |
| Acct. No. E 6769 | THE REPORT OF | 80% Sales of Lots Opening/ Closing | 77184 — 100 77181 — | | |
| BALANCE DUE | | Burlet Containers Handling Fee | 77182 — 190 77183 — | 10.0 | - |
| Pre-Need Lot D At Need 10 On Acct D | THE RESERVE | Hacording 6, Misc. Pers Pre-Hand Trust | 77185 — 63030 9022 — | 123 | |
| Pre-need Trust Cash Check A | ISSUED SV W. J. Flague | Seles Tax TOTAL PAID | 80101 78380 — | 125 | 00 |



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6/30/87

| You are hereby authorized and instru | cted, subject to your rules and regulations, to inter the remains |
|--|--|
| of alexander | Mac Donald |
| in a Line | Funeral, date, time 2:30 clip 1/2 Thur |
| Church, Chapel, Graveside | IVNS Lewis Colored Mortuary. |
| The same of the sa | :30 p.m. of regular work day or an extra charge will be applied |
| and billed to undersigned. War time | veteran |
| 1 15 1 | 1 |
| Lot /5 Grave / Rov | w Section Division/Black |
| Grave space & Care Fund | hed 1910 - Nc |
| Additional spaces and care fund | Sp2 for Callie |
| Opening/Closing & Setup -/10 | |
| Burial Container Levi 73.50 | |
| Handling Fees | |
| | |
| Flower vases - Marker setting fee | 2500 |
| Becenting and filing fee | _35.60 |
| Pet can segu | Total Due |
| Cop Care 1 | 중 중심하게 (Barrier 12명 20 12명 |
| 7/2- | Paid receipt number 34769 3500 |
| Sweet | Balance due |
| I hereby certify I am the | of the above named decedent |
| and this is your authority to make dis | position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from |
| I hereby authorize the interment in lo hold under deed. | 8060 Cont rollore |
| Signeture of recorded holder of deed | Giata Jolla, CA92037 |
| | Telephone |
| | Invoice # |
| Work Order # E 6770 | Acct. # |
| DV COO DCV & Adv | |

E-6770

| | | USE BLACK II | NK-MAKE NO ALTE | RATIONS OR ERASUR | RES | | | |
|--|---|--|---|--------------------------|------------------------|---|--------------------------------|-----------|
| NAME OF DECEDEN | ıπ | 6.7 | | SEX | DATE OF BIRTH | 3 | DATE OF DEATH | |
| PLACE OF DEATH- | Ives Ree Mecdonel | d | | Male | Feb. 2, | CONTRACTOR OF THE PARTY OF THE | June 27, | 1987 |
| | -CITY OR TOWN | | EATH—COUNTY (OR ST | ATE IF NOT IN CALIFORNIA | Self-by | | USE OR OTHER IN | FORMANT |
| NAME AND ADDRES | SS OF FUNERAL DIRECTOR ION PE | and the state of t | 090 | ORNIA LICENSE NUMBER | SMITT INT | HE WILL | ant Mountaine | (A) |
| | /Sonham Brothers | ************* | | 76 | | | | |
| 1953 Amperia | i l Ave.,San Diego, | CA . 92113 | | (本行者) 東京市 17年十二 | SC SH S | | - F - W | |
| | TYPE C | PERMIT, CHECK | ONLY ONE OF THE | FOLLOWING TYPES C | F DISPOSITION | | | |
| . 📮 1. BURIAL (IN | ICLUDES ENTOMBMENTI | | INTERMENT AND BURIA | AL (INCLUDES | 8 DISINTERME | NT AND REIN | ITERMENT OF CRE | MATED |
| | N AND BURIAL (INCLUDES INURNI | L 6. DIS | INTERMENT, CREMATIC CLUDES INURNMENT) | N, AND BURIAL | | | ATED REMAINS AL | |
| CEMETERY | N AND DISPOSITION OTHER THAN | | INTERMENT CREMATIO | N AND DISPOSITION | FOR (| CORONER | S USE ONLY | |
| 4 SCIENTIFIC USE | | οπ | 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | 10 DISPOSITION PENDING | | | |
| | NAME AND ADDRESS OF CEME | TERY WHERE REMAIN | IS OR CREMATED REMA | INS ARE TO BE INTERR | ED | COUNT | Υ | |
| NTERMENT | Haunt Hoos Compte | 3751 Mar | ket St. Sen | Diego, CA | | San | Diego | |
| CREMATION | NAME AND ADDRESS OF CREMA | TORY WHERE REMAIN | 10 | 1. | . | | ARGE OF CREMAT | ORY |
| BURIAL AT SEA OR POSITION OTHER IN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON | HOREUNE OF OTHE | The flu | ENT TO IDENTIFY FINAL | L PLACE AND COUNT | Y OF DISPO | SITION | |
| SCIENTIFIC | NAME AND ADDRESS OF FACILI | TY RECEIVING REMAI | NS | | | | | |
| USE | N/A | | I. | | | | | |
| ACKNOWLEDGMENT | This is to certify that I am remains of the above name | | | | SIGNATURE OF AF | PPLICANT | | |
| OF APPLICANT | and I hereby acknowledge this permit gives no right of | that trespass and r | uisance laws apply o | and understand that | DATE SIGNED | | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDAN OF THE CALIFORNIA HEALTH AND SAL AUTHORITY FOR THE DISPOSITION SP | ETY CODE AND IS THE | AMOUNT OF FEE PAID | JUL 0 1 198 | SIGNATURE OF LE | La | HAR ISSUING BERN | " On |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | 7/2/87 SENTER DATE) | | PERSON IN CHARGE OR | DISPOSITION | | MBER OF CREMAT F APPLICABLE | ED REMAIN |
| IF DISPOSITION IS - TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTR | AR OF COUNTY OF I | DEATH / |) | • | | | |
| • | S/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 EMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

| | OFFICIAL RECEIPT WHITE TO CUSTOMER OANARY CEMETERY PINK. AUDITOR From July Live | MOUNT HOPE CEMETERY 264-3151 ASCRIPTION 2060 (March to | Nº 347 ralel 7-2 Melloca Dollars (\$ 0.35-00) | 200 |
|-------|---|--|--|-----|
| · · · | In Payment of Less In Payment of Less Invoice No. Acct. No. | ROW Section OREDIT ON THIS SPACE STATED UNLESS STAMPED OREDIT SON Sales of Lots | Division - Block Care 77184 | 10 |
| | Pre-Need Lot | Opening/Closing Surial Container Hamiling Facording Misc. Fee Pra-Nand Trust Sales Tax TGTAL PAR | Fac 17783 g.8 100 35 6 77183 6 80035 0022 6 00161 7 8360 | の方と |

JOPE CÉMETERY INTERMENT ORDER City of San Diego You are haveby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container ... Handling Fees Flower vases - Marker setting fee 11 % Recording and filing lee MI. HOPE LEMELERY Sales taxes CITY of SAN DIEGO, CALIF. Paid receipt number 9 Balanca 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 Sepreture hold under deed. Signature of recorded holder of dead Zip Code Invoice # E 6771 Work Order # Acct. # PY-593 (REV. 8-66)

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| Capus - Yorkal | 284-3181 | Date: | 7-1 | 9311 | 7 |
|--|---|--|--|----------|-----|
| Auf Numbered | Sie dallors - | | ollars (\$ 60 | 06.00 | 2, |
| Lot 32 Grave | 2 Row_s | ection 16 | | vision 7 | 100 |
| Invoice No | NOTVALID FOR PURIPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 25% Sales Care 80% Sales of Lots Opening/ Closing Burtel Ogntainers | 07007 77154 100 77184 100 77161 | 320 0 | 0 |
| Pre-Need Lot At Need A On Acct Pre-need Trust Cash Check X | | Hendling Fee Recording & Misc, Feet Pre-Nand Trust Sales Tax | 77183 | 35 00 | 500 |
| AC-212 (Rev. 11-40) 8/3/ | ISSUED TRACY Word | TOTAL PAID | 78390 | 606 00 | 5 |

OFFICIAL RECEIPT

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINK CEMETERY | MOUNT HOPE CEMETERY 264-8151 | | |
|--------------------------|---|--|-------------|
| Theder se & Van | Roll soon Factor | Date: 7-0 | 2 .03 .1987 |
| from the headred | end Six hallo | OS Dollars (\$ | 606.00 |
| In Payment of CLL | vixea Hudepot | 10 Serve | US |
| Lot 35 Grave | 2sese | ection 16 | Division 7 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 87007 20% Sales Care 77154 – 50% Sales 100 of Lots 77184 – | |
| w.o. E - 6771 | | Opening/ 100 Closing 77181 – Surial 105 Containers 77182 – | 100 |
| BALANCE DUE | | Handling Fee 77183 - Recording & 100 Misc. Fee 77183 - | 35 |
| Pre-Need Lot | Dord Wood | Pre-Heed 53933 Trivel 6022 - Sales Tax 60101 78390 - | 6 |
| AC-212 (Rev. 11-88) 8/90 | ISSUED BY | TOTAL PAID | 606 - |

E6771

.

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | τ | | SEX | DATE OF BIRTH | DATE OF DEATH | |
|--|---|--|-----------------------------|---|--|--|
| Luvina Hudspeth | | | Female | June 24, 1924 | June 25, 1987 | |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH—COUNTY TOP | STATE IF NOT IN CALIFORNIA) | | SPOUSE OR OTHER INFORMANT | |
| | lational City | San Diego | | James Bladney | - Brother | |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR ION PESOSO | Tederal Blvd. | ALIFORNIA LICENSE NUMBER | 844 Pyramid St | reet | |
| Anderson-I | lagsdaleeHortuary: San | Dlego, CA 92102 | 1329 | San Diego, CA | 92114 | |
| 2 82 | TYPE OF PERM | IT, CHECK ONLY ONE OF TH | E FOLLOWING TYPES OF | DISPOSITION | | |
| I BURIAL (IN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND BL | IRIAL (INCLLIDES | 8 DISINTERMENT AND REMAINS (INCLUDES | REINTERMENT OF CREMATED INURNMENT! | |
| 2 CREMATION AND BURIAL INCLUDES INURNMENT) | | 6 DISINTERMENT, CREMA | | 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY | | |
| 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE | | 7 DISINTERMENT, CREMA OTHER THAN IN A CEN | | FOR CORONER'S USE ONLY 10. DISPOSITION PENDING | | |
| ERMENT | NAME AND ADDRESS OF CEMETERY WI | | | 7650 (April 100) | ionty San Blego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO BE CREMA | | | CHARGE OF CREMATORY | |
| BURIAL AT SEA OR OSITION OTHER N.A. CEMETERY MATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | NE. OR STREET WORKSPITION SUP | FICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DI | SPOSITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECE | IVING REMINIS | | | | |
| ACKNOWLEDGMENT OF APPLICANT | and I havely advantable that terrors and misses have each and understand that | | | SIGNATURE OF APPLICANT DATE SIGNED | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | AND IS THE | DUN 3 1987 | SIGNATURA OF LOCAL RE | GANGE M.D. mt | |
| CERMFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | SIGNATURIO | PERSON IN CHARGE OF | | NUMBER OF CREMATED REMAINS R. IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF C | COUNTY OF DEATH | 0 | | * | |

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

MT. HOPE CEMETERY

INTERMENT ORDER

cult sik

Work Order # PY-593 (REV. 8-86) City of San Diego

subject to your sules and regulations, to inter the remains data 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 nd billed to undersigned. War time veteran Grave space & Care Fund . Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee ... 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 intermed I hereby authorize the interment in lot hold under deed. Invoice #

500 00 20.00 8/7/87 34905 980 € 9/4/87 20 00 34996 160.00 105-87 20.00 35106 440.00 352 37 11-3-87 20.00 35397 420,00 12-8-87 20.00 400.00 1-6-88 35518 20.00 380.00

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY AUDITOR | MOUNT HOPE CEMETERY 284-3151 | ALC: N | 07 | | - |
|--|--|---|----------------|------------------|-------|
| | "在这个时间,我们也是一个时间,我们也不是一个时间,我们也不是一个时间,我们也不是一个时间,我们也不是一个时间,我们也不是一个时间,我们也不是一个时间,我们也 | Date: | B- L | | 1967 |
| From: Valorie Yates | Address: 950 47th St | . SAN I | niego | - | 1 |
| Twenty | Dollars - | | ollars (\$ 2 | 10.00 | 1 |
| in Coupon Payment of Cre | dit Sale - Coupon | +1 | | | 100 |
| The state of the s | 6772 | 2000 | MAN SA | OF THE | Tarin |
| Lot Grave | RowSe | ation | 6 | livision lock | 733 |
| Invoice No | NOT VALID FOR IT POSE STATED UNLESS STAMPED | CREDIT SON Sales Core | 87007 77184 | 4年人 | |
| Acet, No. | PAID IN THE AGE | 80% Sales of Lots | 77184 | 20 | 00 |
| wo E-6772 | 6 120. | Opening/ Closing Burisi | 77181 | CCER | 100 |
| BALANCE DUE | MIG1" 001284 | Containers | 77182 | 2 100 | 1 |
| | The state of the s | Hendling Fee Recording & Misc. Fees | 77183 100 | Q 73 113 | 100 |
| Pre-Need Lot At Need On Acct | CALL STREET, S | Pre-Need Trust | 77183 63039 | | 2000 |
| Pre-need Trust Cash Check | | Sales Tax | 80101 78380 | 11-3 | 1070 |
| AC-212 (New: 11-85) 787 | ISSUED BY CLD | TOTAL PAID | 135 | 20 | 00 |

| DO | | MAIL | | | | ittane | · C | OUP | ON | | 1 |
|-----------------|-------------------|-------------------|---------|--------|---------|---------|-----------|--------------|------|-----|-----|
| AC | COUN | T No. | E- | -67 | 72 | SER | Cre | ed1 | t 1 | Lot | |
| ^ | E 0 | 1.7 | 2.14 | | | | Y : | | | 7- | اھ |
| | | Mon | th ar | id Da | y D | ue in | dicat | ed B | elow | | |
| JAN | FEB | MAR | APR | MAY | NUL | JUL | AUG 10 | SEP | OCT | NOV | DEC |
| _ | | | | | | | TO | | | | |
| | nt due ste abo | when (| oaid on | or Del | ore, | | 5 | 20 | .00 | | _ |
| Amou after o | nt due Jue da | if paid te abo | more ti | nan | da | ys | \$ | _1 | .00 | | |
| | | | | | | | S | .21 | .00 | | |
| NAM | F | | | An | nount l | Receive | o \$ |) | | | |
| 10000 | RESS | | | | | | | | | | |
| CITY | 0.71000 | | | | | STAT | | | ZIP | _ | |
| | | | heck | W | if th | nis is | new | add | ress | P | |

| DO ACI | NOT | MAIL T No. | ENTIF E. | -67 | OK 772 | rie | CI | edi | t | | |
|----------------|---------|---------------|-------------|------|-----------|---------|------------|----------|---------|---|-----|
| | au | | | | | | | allow To | ALEXON. | | 3 |
| MAR | APR | | | | AUG | | | | | | FEB |
| | | | | | | | 10 | 100 | | | 7 |
| lue da Amou | nt due | 1970 | more t | 1 to | fore. | nys | > 5 > 5 | | .0 | | 100 |
| | | | | A | mount | Receivi | s ed \$ | | 10 | | |
| NAM | SYMPLE. | - | - | - | | _ | | - | - | _ | |
| ADD | RESS | | | | | | | - | | _ | |
| CITY | 8 | | | |) if t | STAT | E | | ZIF | 2 | |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: HDRACE O VALORIE > | ATES Address: 950 47+6 5 | Dete: | 92102 | 1987 |
|--|---|---|---------------------------|------|
| In Part Payment of Co | did dales Coupon #4 | Dolla | rs (\$ 20.00 | 2_) |
| Lot 91 Grave | 5 \$ 6 Row — Se | ection 2 | Division | 7 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "FAID" IN THIS SPACE. | 80% Sales of Lists 77 | 184 180 180 20 | 00 |
| W.O. E-6772 BALANCE DUE \$20.00 | | Closing 77 Burlal Containers 77 Handling Fee 77 | | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | | TOUR | 100 1185 033 022 | F2. |
| AC-212 (Rev. 11-00) 846 | SSUED BY Bruce Molligon | TQTAL FAID | 1 20 | 00 |

| DO | NOT COUNT | MAIL | ENTIF | E BO | DK | E | 6 | 17 | QN 15 | Lo | 4 |
|-----------------|-------------------|----------------------|--------------|---------|--------|----------------|-------|------|----------|-----|-----|
| 9 | 50 | 47 | th | St | re | rie et 9 | | / | 6 | | |
| 100 | | Mon | th ar | d Da | y D | e Ind | licat | ed B | elow | | 13 |
| APR | MAY | NUL | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
| | nt due até abo | | aid or | , or be | fore. | | 1 | 20 | .01 | 0 | |
| Amou after o | nt due due dar | if paid i te abov | moret /e. | han_ | da | iys | s | _1 | .01 | 0 | |
| | | | | | | | S | | | | |
| MAM | E | | | An | nount | Receive | d \$ | | | | |
| ADD | RESS | | | | | | | | | | |
| CITY | ā: | 10000 | | | | STAT | | | ZIF | | |
| Side | | | check | CIV |) if t | his is | new | ado | ress | | |

CITY OF SAN DIEGO, CALIFORNIA

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY | | |
|--|--|--|-------------|
| From Horace Gates | Address 950 47 | Dete: Herr | 4 92/02 |
| twent Jayou | and the diedi | Dollars (\$ | 20.00 |
| - Tayment at 200 | -6/- 2 | CAS . | Division // |
| Lot 77 Grave | NOT VALID FOR PURPOSE STATED UNLESS STAMPED | CREDIT 67007 | Bleck |
| Invoice No. | PAID IN THIS SPACE. | GREDIT 87007 20% Sales Care 77184 — 60% Sales 100 of Lots 77184 — | 20 - |
| NO. E-6772 | | Opening/ 100 Closing 77181 — | |
| BALANCE DUE 460 00 | (A) 万字 (A) (A) | Containers 77182 — 100 Handling Fee 77183 — | APT PER |
| | A STATE OF THE PARTY OF THE PAR | THE PARTY OF THE P | |
| Name and Address of the Owner, where the owner, which is the ow | 1 1 | Alisc Fees 77183 — | |
| Pre-Need Lot At Need On Acct O | D. 11. X | Pre-Need 89033 Trust 8022 Bales Tax 80107 | |

| 100 | COUNT | | E-1000 | | 1000 | | Cı | ed | iţ | Lo | t |
|-----------------|-----------------|--------------------|---------|--------|--------|----------|------|---------|-------|----------|------|
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35518

WHITE TO CUSTOMER CANARY CANARY AUDITOR

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

| 1 20 | Pollars (\$ | 20.0 | 0 |
|-----------------------------|------------------|-----------|------|
| 001 | h | Division | 11 |
| ction | 7 | _Blesk | 4_ |
| CREDIT 20% Sales Care | 67007 77184 — | the Party | |
| 80% Sales | 100 | 20 | - |
| Opening/ | 77184 - | ~~ | |
| Closing | 77101 - | The same | - |
| Burtel Containers | 77182 - | S. Sen | |
| 14.000000000 | 100 | | |
| Handling Fee Recording & | 77185 - | 18.00 | |
| Mind. Feet | 77183 - | | |
| Pre-Head | 83033 | 1.07.00 | |
| Sales Tax | 60101 | | 14.3 |
| | 78360 | | |

| worke made | and 10100 |
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| nPayment of Lace | Ja #6 Gest |
| Lot 66 Grave_ | 9 \$ 10 ROW Set |
| nvoice No. | NOT VALID FOR PUMPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. |
| No. E-6772 | CITY AUDITOR |
| BALANCE DUE 360.00 | JAN 1 1 1988 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | ssus proto Clark |
| The state of the s | |

| | | MAIL | | | OK | ittano | · C | OUP | ON | | 6 |
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| OFFICIAL RECEIPT WHITE | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY | | No | 35642 |
|--|---|---|-----------------------------|-------|
| Pario Sato | 284-3151 957) UNT | Date: 2- | 3 | |
| Twester to | gellaros no/12 | Dolla | 119 Ja 20 | .00, |
| In Payment of | 9310 | ection 2 | Divisio | on // |
| Invoice No | NOTVALID FOR PURPOSE STATED UNI SOUSTAMPED - PAID IN THIS SPACE | CREDIT 67 20% Sales Cere 77 80% Sales of Lots 77 | 7007 184 100 184 C | 20 00 |
| W.O. E-6772 BALANCE DUE 360.00 | FEB 05 1988 | Burtal Containers 73 | 100 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | 1. 1). | Recording & Misc. Fees 77 Pre-Need 55 Trust 5 | 100 1183 1033 1022 | |
| AC-212 (Plan, 10-87) 9 \$ 169 | ISSUED BY ASSUED MY | TOTAL PAID | 1 0 | 20 00 |

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| CITY | 6(| - | | | | STAT | | v ado | ZIF | | |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| | 264-3151 | PRODUCTION OF | |
|--|--|---|---------------------------|
| From Valaric Lates | Address: 950 472 | Date: JFS | <u>5-6</u> , 19 <u>66</u> |
| In_ Payment of Ly | Cars No/100 | D O Oollare | 10.00, |
| /-/- | 9 10 - | 5 | Division // |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE AUDITOR | OREDIT 6700 20% Sales Care 7716 80% Sales 110 | 00 /0 - |
| W.O. E-6772 | MAR 11 1988 | of Lots 7718 Opening/ 10 Closing 7718 Burial 10 Containers 7718 | 30 31 30 |
| BALANCE DUE 990.00 | | Handling Fee 7718 Recording & 10 Misc. Fees 7718 Pre-Need 6300 | 13 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | Isougner bidera Wood | Pre-Need 6300 Trust 900 Seles Tax 6010 7836 | n |
| AC-212 (Rev. 10-67) | | | |

| ACC | COUNT | T No. | | -67 Va | 72 | rie et 9 | Y | ite | it is | | 4 |
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| AUG | SEP | | | | | FEB | | | | | JUL |
| | 7.5 | 100 | W. | Value | | | - | | 307 | 07. | 1,000 |
| we da | te abo | ve. | nore the | RECORD | 15571 | ys) | 5 | | .00 | - | |
| moui fter d | ite abo nt due lue dat | ve. If paid to about | more ti | nan | da | Receive | 5 | | | - | |

OFFICIAL RECEIPT Nã 35963 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 264-3151 Date Dollars (\$ 00 Division Block Grave Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 20% Sales Care Invoice No 60% Sales Acct. No. of Lots CITY AUDITOR Opening/ Closing 1988 77186 Handling Fee Recording & Pre-Need Lot On Acct Pre-Houd 83030 Truet Pre-need Trust Check Sales Tax TOTAL PAID AC-212 (Rev. 10-87)

| -127 | | - | | | | rie et 9 | | 1 | Steel Co. | 7 | 73 |
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| NAM | E | 7 | | A | nount | ricceive | 50 90 -1 | | | | |

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WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINK. AUDITO | MOUNT HOPE CEMETERY | (5) 图数) | |
|------------------------------------|--|---|-------------|
| From: Valerie & Uh | 111) / Address: 950-47th & | SND 92102 | ,1087 |
| Sweety delasto | Sepond Chedid to Caro | Dollars (| * 20.00 |
| In flux Payment of L | re 50/0 Bow - 8 | ection 2 | Division // |
| Invoice No. | NOT VALID FOR PLIRPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 67087 20% Gains Care 77194 80% Sarine 100 of Lots 77194 | 20 00 |
| W.O. E-(0773 BALANCE DUE 410.00 | | Closing 77181 Barial 100 Containors 77182 Hendling Fee 77183 | |
| Pre-Need Lot III At Need I On Act | B I I Mach | Recording & 100 Miles. Free 77185 Pre-Need 8003 Trust 80101 78960 | 1920 (10 A) |
| AC-212 (Rev. 11-86) 8(64) | 7 IBSUED BY AND SIGNED | TOTAL PAID # | 20 00 |

| Amount due when paid on, or before, lue date above. \$ 20.00 Amount due if paid more thandays | ot ot |
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| MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB M Amount due when paid on, or before, fue date above. \$ 20.00 Amount due if paid more thandays \$ 1.00 | Q 1 |
| Amount due when paid on, or before, due date above. \$ 20.00 Amount due if paid more thandays \$ 1.00 | |
| Amount due if paid more thandays \$days \$ | MAR APR |
| ofter due date above. \$\$ | |
| \$ | |
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| Amount Received S NAME | |
| ADDRESS | |
| CITY STATE ZIP ☐ check (/) if this is new address | |

| WHITE GANARY | CEMETERY |
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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY PINKAUDITOR | MOUNT HOPE CEMETERY 264-9151 | | STATE ASSESSMENT |
|------------------------------|--|---|---------------------|
| | | 5 | -388 |
| From Valoree ptes | Address: 950 477 | S Lovet | SD 9210: |
| twenter (da | Class 20/100- | Dollags (| 20,00 |
| InPayment ofC | ergan 10 alde | I dot | |
| | V | THE REAL PROPERTY. | |
| Lot 66 Grave | 9 \$ 10 ROW Se | oction_2 | Division // |
| Invoice No. | MOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 87007 20% Sales Care 77184 | |
| Acct. No. | CITY AUDITOR | 80% Sales 100 of Lots 77184 | 20 00 |
| W.O. E-6772 | THE RESERVE OF THE PARTY OF THE | Opening/ 100 Closing 77181 Buriel 100 | T1303 34 1935 |
| BALANCE DUE 320, 00 | MAY 06 1988 | Containers 77182 100 | Control of the last |
| | | Handling Fee 77185 Recording & 100 Misc. Fees 77183 | |
| Pre-Need Lot At Need On Acct | The state of the s | Pre-Need 63033 Trust 9022 | LES EN |
| Pre-need Trust Cash Check | Debrall has | Seies Tex 60101 78390 | 03 13 |
| AC-212 (Rev. 10-87) 75 A | ISSUED BY ALLOW COLOR | TOTAL PAID \$ | 0000 |

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| noui ter d | nt due lue dat | ve if paid i te abov | more ti | | da | | > \$ \$ \$ \$ \$ \$ \$ \$ \$ | 20 | .00 |) | |

OFFICIAL RECEIPT 36367 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY 284-3151 Date Dollars (\$ 000 Payment of Division Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT Invoice No. 20% Sales Care 80% Sales Acct. No. of Lots CITY AUDITOR Closing Conteinera BALANCE DUE C

Pre-need Trust AC-212 (Rev. 10-87)

Pre-Need Lot

On Acct

JUL 11 1988

Handling Fee Recording & 100 Pre-Need 83033 PHARE Suine Tax TOTAL PAID

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OFFICIAL RECEIPT Nº 36488 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY 264-3151 Date: Dollars (\$ Division Row Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 20% Sales Care Invoice No 80% Sales Acct. No of Lots Opening/ Closing CITY AUDITOR Surial Containers **BALANCE DUE** AUG 09 1988 Handling Fee Recording & Pre-Need 63033 Pre-Need Lot Trust Sales Tex Pre-need Trust Check ISSUED BY TOTAL PAID AC-212 (Rev. 10-87)

| AC | COUN | 2000 | - | 67 | 72 | | Gre Ya 210 | | _ | | 12 |
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| lue da Amou | ate abo | when p ve. if paid i te abov | nore t | | | ys | s | 20 | .00 |) | |
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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MALINT WARE CEMETERY

| | WHITE | TO CUSTOMER |
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| PINKAUDITOR | 284-3151 | | | - 11 |
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| - Valoric Jates | Address: 950 | "477% Jth | 9-7 ect SS | 9210 |
| twente 1 not | 000 | THE PERSON NAMED IN | Collars 15 20 | 00, |
| nPayment of | upon 14 | Ulat 80 | 7 | |
| | | | | |
| et 66 Grave | 9910 Row_ | Section | 2 Division | /_ |
| nvoice No. | NOT VALID FOR PURPOSE STATED UNLE | 20% Sales Care | 67007 | 1 |
| Acct. No. | | BO% Sales of Lots Opening/ Closing | 77184 AC | 100 |
| N.O. 6'-6112 | | Closing Surial Chainers Handling Fee | 77181 100 77182 | |
| BALANCE DUE 090.00 | d | Handling Fee | 77185 | S 12 22 2 |
| Pre-Need Lot At Need D On Acct D | | Recording & Misc. Fees Pre-Need | 100 77163 63033 9022 | |
| Pre-need Trust Cash Check | 1/4/11 | Trust Sales Tax | 9022 60101 - 76390 | 9 277 9 |
| AC-212 (Mov. 10-67) /027 | ISSUED BY ANA A | ALLO TOTAL PAID | - 20 | 00 |

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OFFICIAL RECEIPT Nº 36920 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINKAUDITOR 264-3161 Date: Dollage (\$ 0 Division Grave Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 77184 Invoice No. 20% Salan Care 80% Sales 7715 Acct. No Opening/ Closing Barriel Containers BALANCE DUE Handling Fee Recording & On Acct Pre-Need Lot Pre-need Trust Check A Sales Tax TOTAL PAID AC-212 (Rev. 10-87)

| ACC | NOT | MAIL No. | ENTIF | RE BOO |)K 72 101 | ie | Cz | ed | it | Lo | 1 |
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| ue da | nt due ite abo nt due itue dai | ve. If paid | moret | n, or bei | 99 | lys) | > s | | .00 | | 9 |
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| CITY | _ | П | chec | (V |) if t | STAT | | v ado | dress | | |

CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

TO CUSTOMER

| From Valence Jutes Address: 950 4776 Full Date: |
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| A Albina |
| in perment of Coupon 18 Cleans of |
| |
| Lot 66 Grave 9710 Row Section 2 Division/ |
| Invoice No. PAID IN THIS SPACE CARE TITLE CARE TO THE SALE CARE TO THE SAL |
| Acct. No. 2 - 6772 VAN 09 100 20 00 00 00 00 00 00 00 00 00 00 00 0 |
| Po Goriainers 77182 |
| BALANCE DUE 100 77185 100 Misc. New 77183 |
| Pre-Need Lot At Need On Acct O |
| Pro-need Trust Cash Check Sales Tax 60101 76380 TOTAL PAID SOLED BY CLASS COLOR TOTAL PAID SOL |

| ACC | OUN 50 | MAIL No. | E- | Va Se | 72 101 | rie | - | ted te | = 4 | | 12 |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| PINKAUDITOR | 264-3101 | | 27 | 19 |
|--|---|--|--|-----|
| From Valence Unter | Address 950 47-77 | Dates | SD 921 | 102 |
| trocated 20 | 1100 - 19 CIL | d. 7 L | 20.00 | 1 |
| In Payment of | 0413 | | 2 Division // | |
| Lot 66 Grave | | oction | -Block | |
| Acct. No. 2-6772 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED - PAID IN THIS SPACE. | CREDIT 20% Sales Care 50% Sales of Lots Opening/ Closing Suriel Containers | 97007 77184 100 77184 100 77181 100 | 2 |
| BALANCE DUE 140.00 | West 70 10 10 10 10 10 10 10 10 10 10 10 10 10 | Handling Fee Recording & Miss. Fees | 77 100 77 | OP |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 10-87) | ISSUED BY MINING MINING | Pre-Name Trust Sales Tax TOTAL PAID | 80100 80101 78380 | 5 |

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| mot | | if paid | | han_ | di | lys | 5 | 1 | .00 | | |
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| Amou ifter | int due due da | if paid | | | | | 5 | 1 | | | |

WHITE TO CUSTOMER CAMARY CEMETERY

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

| PANKAUDITOR | 284-3161 | · · · · · |
|------------------------------|---|-------------|
| From: Valorie Intes | Address: 950 47 Th Freel, | D. 19. 6/ |
| twenty I not | | 20,00, |
| in Payment of | augen 20 Ulaus But | |
| Lot 66 Grave | 9 \$ 10 Row Section 2 | Division // |
| Involce No | MOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 20% Sales Cere 77194 | 20 (1) |
| Acct. No. | CTTY AUDITION 77184 — 77181 — | 20 00 |
| W.O. 2'-61/2 | Blvs 100 Containers 27182 | |
| BALANCE DUE 100.10 | MAR 1 0 19 19 19 19 19 19 19 19 19 19 19 19 19 | 200 E 100 E |
| Pre-Need Lot At Need On Acct | Miac Femi 77183 — 99-Need 83033 — 9022 — | BERT BY |
| Pre-need Trust Cash Check | Mandra / /2/ Sales Tax 80101 - | - 1/2 (52) |
| AQ-212 (Nov. 10-67) //35 | ISSUED BY TYPE TOTAL PAID 8 | 0000 |

| DO ACC | NOT COUN | MAIL T No. | ENTIR E- & th | E BO | 72 101 | ile | CI | ed | it | 2 10 | - |
|----------------|-------------|----------------|------------------------|----------|-----------|--------|-----------|-------------|------|------|-------|
| | | 2000 | th ar | STATE OF | | OF US | ALC: N | STATISTICS. | elow | | 100 |
| AUG | SEP | - | NOV | | | FEB | MAR 10 | - | - | | JUL / |
| due da Amou | nt due | ve. if paid | paid on | | | lys I | > 5 | 20 | .00 | , | 13 |
| after d | lue da | te abov | ve, | | | | \$ | | | 5985 | 49 |
| NAM | E | | | Am | nount | Receiv | ed S | | | - | _ |
| ADD | RESS | | | | | | | | | | |
| CITY | 1 | | 100 | | | STAT | E | | ZIP | | |

| 950 San | 47 Di | | | | | | | | , | 1 |
|----------------------------|-----------|----------------|---------|-------|---------|----------|--|-----|-----|-----|
| | | | | UM | 9 | 210 | 2 | EI | 5 | 10 |
| | MOI | | | | ue In | | | | | - 2 |
| SEP OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | NUL | JUL | AUG |
| mount due lue date abo | | oaid on | , or be | fore, | 1 | > \$ | 20 | .00 | | |
| Amount due ofter due da | if paid i | more ti ve. | han | da | rys) | s | 1 | .00 | | |
| | | | | | | \$ | - | | | |
| NAME | | | Ar | mount | Receive | ed S | Signature of the state of the s | | | |
| ADDRESS | 00 | | | | | | | | | |
| CITY | | | | | STAT | | 100 | ZIF | _ | |

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY 264-3151 Date Address From - Dollars 16 -Payment of Division Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 20% Sales Care Invoice No. 00% Sales Acct. No. CITY DONOR BALANCE DUE MAY 48 1989 On Acct Pre-Need Lot

Pre-need Trust

AC-212 (Rev. 10-87)

Check

| DO ACI | NOT COUNT | MAIL T No. 100 47 Di | ENTIF | Va St | ch rem DK 72 101 Tec CA | ie t 9 | C: Y. | ed ite | 1t | | 2 |
|----------------|--------------|----------------------------------|--------|----------|--|--------------|----------------|-----------|-----|--------|-----|
| OCT | NOV | - | _ | - | MAR | | MAY | - | JUL | AUG | SEP |
| | | DIT THE | 2000 | 10,000 | C196.00 | 55087 | 10 | 19.00 | | (Mash) | 10 |
| due da Amou | nt due | | moreti | han | da | Ne) | \$ \$ \$ | 1 | .00 | - | |
| NAM | IE . | | | Ar | nount l | Receive | ed \$ | | | | |
| ADD | RESS | | | | **** | | | | | | |
| CITY | | | | |) if t | STAT | | 5229 | ZIF | | |

OFFICIAL RECEIPT

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

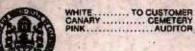
Nº 38111

| CAMARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY | / | - 29 |
|---|---|--|-------------|
| From: Valacia fate | Address: 950 472 | Pate: Hick, | 7 38 |
| In Payment of | Caugar 23 0 | realet dot | 10,00 |
| Lot 66 Grave | 9410 Row_ S | ection2 | Division // |
| Acct. No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 87007 20% Sales Care 77134 — 80% Sales 100 of Lots 77184 — | 20 60 |
| wo 8-6772 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | Opening/ 100 Closing 77181 — Burlat 100 Containers 77182 — | |
| Pre-Need Lot At Need On Acct | Jun | Pre-Need 83033 | |
| Pre-need Trust Cash Check Check | ISSUED BY Adrely | Trust 9022 — Sales Tax 85101 78380 — TOTAL PAID \$ | 20 00 |

| 1 | 9 T | 47 | & | Va St | re | _ | Cr Y | ate | El | ,7 | 78 |
|--------------|------------------|-------------------|---------|----------|--------|---------|---------|--------|-----|-----|-----|
| | | Mon | th ar | nd Da | y Di | | | | 100 | | # |
| ov | DEC | | | MAR | | | | | | | OCT |
| - | | | | 48 | | | 10 | STRA | | 10: | |
| nour e da | nt due te abo | when p | paid on | or bel | ore | - 1 | 5 | 20 | .0 | 0_ | - 5 |
| | | if paid te abo | more t | han | da | ys | \$ | -1 | .0 | 0 | =H |
| | | | | | | 1 | 5 | | | | - |
| | | | | 12/6 | 000000 | 2000200 | j R | | | | |
| | H | ORK | RE | N | W O | Receive | 0 5 | VA | 7 | 55 | 1 |
| AM | | | | | | 5 | 4 | 100000 | 1 | | |

| NAME Y | ates, Horace & Valorie 263-537: | 5 | E(| 0772 E-6772 |
|----------|---|--------|--------|----------------|
| ADDRESS | 950 47th Street, San Diego, Ca 92102 RAT | NG | LIMIT | |
| DATE | ITEMS | DEBIT | CREDIT | BALANCE |
| 30 87 | Lot 66, Graves 9 & 10, Section 2, Division 11 | 500 00 | 120 00 | 380 00 |
| -3 88 | Jaupon #7, Receipt # 35642 | | 2000 | 3600 |
| 88 8 | Coupent 8. Recent # 35838 | | 2000 | 34177 |
| -3 88 | Carpon 10 , Leceist 36086 | | 2000 | 3200 |
| -8 88 | Caden 11! Report 36277 | | 2000 | 3000 |
| -2 88 | Guen 12 Recept 36367 | | 2000 | 2800 |
| -3 88 | Carbon 13 Receipt 36488 | | 20 m | 2600 |
| -7 88 | Calan W Stene st 36655 | | 5000 | 2010 |
| 1-10. 88 | CHURRY 19/ KOULDE STORY | | 2000 | 9900 |
| 14 8 | 11 Parior 16 Parior 3/920 | | 2000 | 2000 |
| 2-7 88 | CANDOX 17 DICION 37065 | 16 | 3320 | 1800 |
| -4 89 | DAY 000 18 POR AT 30100 | | 2000 | 1600 |
| 8 89 | Parada & Dean at 303 (1) | | 2000 | 11411 |
| v. Der | 1/2 Jan 26 Vage 1 20011 | | 9000 | 1500 |
| 194 | Parlam 21 Downt 30615 | | 2000 | 1900 |
| 7 59 | Man por po Vacalet 30050 | | 2/7/ | 10000 |
| 5 29 | On 100 23 Dogs of 28/1/ | | 9800 | 800 |
| 3 09 | Car da 201 De 2010 | - | 2000 | 000 |
| 1108 | 18 m es Do 259/3 | | 70100 | 200 |
| 780 | Yates, Horace & Valorie 66 - 9 | | - Xow | 400 |

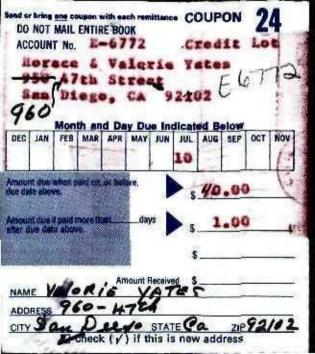
OFFICIAL RECEIPT



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

| | 50 | | 7 | 10 3 | 7 | 10 | |
|----------|-----|-------|------|------|-----|----|--|
| | | | E 27 | 10 | | 1- | |
| G-143 | 23 | 1334 | V | W | | 10 | |
| 10 | 8 | 20 | 20.7 | A | 150 | | |
| 2.25 | | 70.76 | | 4 | | | |
| St. Red. | - 4 | ~~ | 4 | | | | |

| From: Value 10 10 10 10 10 10 10 10 10 10 10 10 10 | Address: 160 - 47 | The Street | Jaiment |
|--|---|--|------------------|
| Lot 66 Grave | 75/0 Row Se | ection 2 | Division // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 670 20% Sales Care 771 | 1/40000 |
| Acct. No. 2 - 6772 | | of Lots 771 Opening/ 1 Closing 775 | CITY A IDITOR |
| BALANCE DUE | | Containers 771 Handling Fee 771 | 00 1111 1 4 4000 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | | Misc. Fees 771 Pre-Need 630 Trust 80 | 83 33 22 |
| AC-212 (Aev. 10-87) /2/7 | issued and | Sales Tax 601 783 TOTAL PAID | 2000 |



| 10/87 MT. HOPE CEMETER | RY | |
|--|----------------------------------|-----------------------|
| CHANGE INTERMENT OR | DER | |
| tres City of San Diego | | - |
| William | Date 7-1-87 | 7 |
| You are hereby authorized and instructed, subject to your surely and are hereby authorized and instructed, subject to your surely are hereby authorized and instructed, subject to your surely are hereby authorized and instructed, subject to your surely are hereby authorized and instructed, subject to your surely are hereby authorized and instructed, subject to your surely are hereby authorized and instructed, subject to your surely are hereby authorized and instructed, subject to your surely are hereby authorized and instructed, subject to your surely are hereby authorized and instructed, subject to your surely are hereby authorized and instructed, subject to your surely are hereby authorized and instructed, subject to your surely are hereby authorized and instructed, subject to your surely are hereby authorized and instructed are hereby authorized are hereby authorized and instructed are hereby and hereby authorized are hereby and are hereby and are hereby an | 2 7/10 | e remains |
| Church, Chapel Graveside Haveside ; | Doodbady | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. of regular wor | rk day or an extra charge will b | e applied |
| and billed to undersigned. War time veteran NO | 92- | 2 |
| Lot 783 Grave Row Section | 5 Division/Black | 8 |
| Grave space & Care Fund In Apace with | Jerry H. Fennel | |
| Additional spaces and care fund | | and the second second |
| Opening/Closing & Setup | | 05.00 |
| Burial Container | <u> </u> | 40.00 |
| Handling Fees | CX | 60.00 |
| Flower vases - Marker setting fee | 8 • _ | |
| Recording and filing fee | | 35,00 |
| Sales taxes | | 2.40 |
| | Total Due | 12.40 |
| Paid receipt number | 34759 5 | 0,00 |
| | | 2.40 |
| I hereby certify I am the and this is your authority to make disposition of remains as that I have the right to make this authorization and I agree to any liability on account of said authorization and interment | o hold Mt. Hope Cemetery harn | represent |
| I hereby authorize the interment in lot I hold under deed. | Betty Fennel | IL II |
| Signature of recorded holder of deed. State | Cajon Caly 92 | DD Code |
| Work Order # E 6773 Invoice | 422614 | |

NOTE-STRAIGHT

| : 192.40 | San Diego, | California, | aly 1 | 1987 |
|--|--|--|--|--|
| \$25 month each o | 30 days after date | e, for value received, th | ne undersigned maker(s) pro | omise(s) to pay to |
| Mt. Hope Cemetery or | | | 14.70 | |
| | | | | , or order |
| at 3751 Martin Luther | King Way, San Die | ego, CA 92102 | 2 | |
| the sum of \$25 months | until ba | love of \$190 | 240 poeal s | L'HOLLARS. |
| with interest from | | 0 | on the unpaid princ | and the same of the same of the |
| 12 per cent per annum | payable on demand | | | |
| Should interest not be paid when interest when due, the whole sum of pholder of this note. Interest after maturi. United States. Each maker will be jointly hereof before, at or after maturity, and we person who signs this note agrees that action be instituted on this note, the united states. | rincipat and accrued interest ty will accrue at the rate indici- y and severally liable and con- raives presentment, demand at recourse may be had against I | shall become immedia ated above. Principal a sents to renewals, repl nd protest and the right his/her separate prope such sum as the Cour | tely due, without notice, at no interest are payable in la acements and extensions of I to assert any statute of limi erty for any obligation contai | the option of the twill money of the films for payment itations. A married ined herein, If any |
| | | 200 Tat AV | HT Ellim Ca. | |
| MAKE ALL PAYMENTS AT | MT. HOPE CEMETER | RY OFFICE | POSIZZ3 | |

V30 F6773 Deorge San Diego, CA 92102 264-3151 Call Betty Fannell @ 444-4953 Re: 783 - 5 - 8 She would like to have askes intered in above grave. (Believe Mothers) She would like to talk to you about money arrangements. \$100 down and sist in payments if possible. The will come in on The found on't get her by plane. _ She talked to D. Naley from Loodbody

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6773

| | 8 | JSE BLACK IN | K-MAKE NO ALI | TERATIONS OR ERASUR | ES | | | |
|---|---|---------------------------------|--|-------------------------------------|--|------------|-------------------------------|---------------|
| GLADYS B. | DAVIS | | | FEMLE | NGUST 25. | 1906 | JUNE 2 | |
| EL CAJON | Devil Anna Zaronia | SAN DI | E60 | STATE IF NOT IN CALIFORNIA) | NAME AND ADDR | ESS OF SPO | | R INFORMANT |
| | S OF FUNERAL DIRECTOR FOR PERSON AC ORT. SO27 EL CAJON BL | | | F790 | EL CAJON. | CALIFO | RNIA 9 | 2020 |
| | TYPE OF PER | MIT, CHECK O | NLY ONE OF THE | FOLLOWING TYPES O | F DISPOSITION | | | |
| ☐ 1 BURIAL IIN | CLUDES ENTOMBMENT) | | NTERMENT AND BUR | RIAL IINCLUDES | | NT AND REI | INTERMENT OF URNMENT) | CREMATED |
| Carlos | N AND BURIAL (INCLUDES INURNMENT) | | NTERMENT, CREMAT LUDES INURNMENTI | | B DISINTERME DISPOSITION | | MATED REMAIN AN IN A CEME | |
| 3. CREMATION CEMETERY 4. SCIENTIFIC | | OTHE | NTERMENT, CREMAT FR THAN IN A CEME | ION, AND DISPOSITION | FOR CORONER'S USE ONLY | | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | ET STREET. | SAN DIEGO, C | LIFORNIA | SA | N DIEGO | |
| CREMATION | REENWOOD CREMATORY | SAN DIEG | MPERIALMAN | JUL 2 1987 | SIGNATURE OF P | Kal | llown | MATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | NA Fiber | glass | lew do | CIENT TO IDENTIFY FINAL X — AW O | The same of the sa | | OSITION - | <u>-</u> |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | BIVING REMAIN | s | | 7-101 | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest | edent under pr espass and nu | oith and Safety Code, and understand that | | | | | |
| LOCAL . HEGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED I | DE AND IS THE | 3.00 | JUL 0 2 198 | SIGNATURA DE LI | 016 | 2 | PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | /0/87 NTER/DATE) | SIGNATURE OF | PERSON IN CHARGE | olle- | | UMBER OF CRE IF APPLICABLE | MAYED REMAINS |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DE | ATH / | 0 / | | | | |

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

MT, HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/2/87

| You are hereby authorized and instructed, subject | t to your rules and regulations, to inter the remains |
|--|--|
| Poulle Count | ral, date, time 10 Am - 7/6 - 87 - Mon |
| | |
| Church, Chapel, Graveside | , Mortuary. |
| Name of the second seco | egular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | |
| Lot 119 Grave 8 Row | _ Section Division/Block/_ |
| Grave space & Care Fund | 25000 |
| Additional spaces and care fund . Willow | 2 T. O'Brien |
| Opening/Closing & Setup | 320 20 |
| Burial Container | .C. 330 ° |
| Handling Fees | 3000 |
| Flower vases - Marker setting fee | AID |
| | III 0 0 1007 35°° |
| Sales taxes | JUL 0.6.19pz 33. |
| | HOPE CEMETERY 1274. 80 |
| THE DAY MONTH | 4 SANDAGO, ALIF |
| Paid recei | ipt number 04 773 12188 |
| Septie . | Balance due |
| I hereby certify I am the | of the above named decadent |
| that I have the right to make this authorization an | remains as above indicated. I certify and represent of Lagree to hold Mt. Hope Cemetery harmless from |
| any liability on account of said authorization and | Interment. |
| I hereby authorize the interment in lot I | 5/ Willand 70% |
| hold under deed. | 1 4243 Capiland our |
| Signature of recorded holder of deed | 29 92105 |
| | 563 - 1073 Ze Cod |
| | Telephone |
| _ | Invoice # |
| Work Order # E 6774 V | Acct.# |
| TTOIR GIVES IT | Forest) II |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

ELMY

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | NO. | | SEX | DATE OF BIRTH | DATE OF DEATH | |
|--|--|--|--|------------------|--|--|
| PLACE OF DEATH— | CITY OR TOWN | PLACE OF DEATH—COUNTY (OR | | NAME AND ADDRE | SS OF SPOUSE OR OTHER INFORMANT | |
| | wary-1094 University | | 69 | Sen Diego | | |
| | TYPE OF PER | MIT, CHECK ONLY ONE OF THE | FOLLOWING TYPES O | F DISPOSITION | | |
| 1 BURIAL (IN | ICLUDES ENTOMBMENT) | 5. DISINTERMENT AND BUI | RIAL (INCLUDES | | AND REINTERMENT OF CREMATED | |
| 2 CREMATIO | N AND BURIAL (INCLUDES INURNMENT) | 8 DISINTERMENT, CREMAT | | 9 DISINTERMENT | OF CREMATED REMAINS AND | |
| 3 CREMATIO CEMETERY 4 SCIENTIFIC | | 7. DISINTERMENT, CREMAT OTHER THAN IN A CEME | TION, AND DISPOSITION | r | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | | 570 | COUNTY Sen Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | . 0 . 1 | A | 1 9 | SON IN CHARGE OF CREMATORY | |
| BURIAL AT SEA OR OISPOSITION OTHER AN IN A CEMETERY CREMATED REMAINS | | metal on | CIENT DO GOVERNA | PLACE AND COUNTY | OF DISPOSITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | Double Co | int. | ~ | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the pe remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest | ident under provisions of the He espass and nuisance laws apply | alth and Safety Code, and understand that | SIGNATURE OF APP | LICANT | |
| LOCÁL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED I | DE AND IS THE & 3.00 | DATE PERMIT ISSUED | SIGNATION OF LO | GUEDAR ISSUING PERMIT | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | SIGNATURE OF | PERSON IN CHARGE OF | DEPOSITION L | CENSE NUMBER OF CREMATED REMAINS ISPOSER, IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | WEIGHT - W. W. | | |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED. OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN 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. HÔZE CEMETERY INTERMENT ORDER City of San Diego athorized and instructed, subject t Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Division/Block Additional spaces and care fund Opening/Closing & Setup Flower vases - Marker setting Recording and filing fee ... I hereby certify I am the . of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Zio Code E 6775 Work Order # PY-683 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6775

| the second second | | USE BLACK INK | -MAKE NO AL | TERATIONS OR ERASURE | 5 | | | | |
|--|---|---|---|--|-------------------------------------|--|---|------------|--|
| MAME OF DECEDEN | ANN CONTRACTOR OF THE PARTY OF | | | SEX | DATE OF BIRTH | 1012 | DATE OF DEATH | | |
| PLACE OF DEATH | CIARLIE N. | | TH-COUNTY IOR | STATE IF NOT IN CALIFORNIA | | RESS OF SP | August 8, ouse on other in Turner - N | | |
| NAME AND ADDRE | SS OF FUNERAL DIRECTOR FOR PERSON | Diego, Cal | CA | LIFORNIA LICENSE NUMBER | SAN DI | ieneva ego, C | Avenue alifornia | 92114 | |
| 3 | TYPE OF | PERMIT, CHECK ON | NLY ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | | | 1 | |
| XX 1. BUTTAL III | NCLUDES ENTOMBMENT) | | TERMENT AND BUI MBMENT) | RIAL (INCLUDES | | ENT AND RE | INTERMENT OF CRE | EMATED | |
| 2 CREMATIO | ON AND BURIAL IINCLUDES INURNME | LI 6. DISIN | TERMENT, CREMAT JDES INURNMENT) | | | | MATED REMAINS A | | |
| 3 CREMATION CEMETERS | | 7 DISIN | 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | | FOR CORONER'S USE ONLY 10 DISPOSITION PENDING | | | |
| NTERMENT | NAME AND ADDRESS OF CEMETER | | | | San Blog | cour | San Dieg | je . | |
| CREMATION | NAME AND ADDRESS OF CREMATO | RY WHERE REMAINS A | ARE TO BE CREMAT | ED DATE CREMATED | SIGNATURE OF | PERSON IN C | HARGE OF CREMA | TORY | |
| BURIAL AT SEA OR SPOSITION OTHER MAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHI | ORELINE, OR OTHER I | DESCRIPTION SUFF | ICIENT TO IDENTIFY FINAL | PLACE AND COUR | ITY OF DISP | OSITION | | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY | RECEIVING ALMAINS | | | | | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the remains of the above named and I hereby acknowledge the this permit gives no right of us | decedent under pro at trespass and nui | visions of the He sance laws apply | alth and Safety Code, and understand that | SIGNATURE OF APPLICANT DATE SIGNED | | | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE OF THE CALIFORNIA HEALTH AND SAFET AUTHORITY FOR THE DISPOSITION SPECIF | Y CODE AND IS THE | MOUNT OF FEE PAID | AUG 1 2 1987 | SIGNATURE OF | ULC | MAR ISSUING PART CONTROL MA | 9. Mar | |
| CERTIFICATION OF PERSON BY CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | 5/5/2/11 TENGER TUAKE | SIGNATURE | PERSON TO THE PE | DISPOSITION | | UMBER OF CREMAT IF APPLICABLE | ED REMAINS | |
| | INDICATE ADDRESS OF REGISTRAF | OF COUNTY OF DEA | ATH | | 11-11-12 | | | | |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY PINK AUDITOR . | MOUNT HOPE CEMETERY | | |
|--|---|---|-------------|
| From Sentetta Sun | W Address 5416 Jene | Dete: 7-2 | 8 92119 |
| InPayment of | red t Xet Seles | W Caup | 1 1-5 |
| Lot 65 Grave C | 76 RowSe | iction 2 | Division // |
| Aost. No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 8700 8200 Care 7718 80% Sales 10 07 Lots 7718 Coentral 10 | 100 - |
| BALANCE DUE 1100 | | Opening/ 10 Closing 7718 Surisi 10 Containers 7718 Handling Fee 7718 | 0 |
| Pre-Need Lot At Need On Acct Pre-need Trust O Cash O Check O | | Pre-Vised 5010 Pre-Vised 5000 Pre-Vised 5000 Pre-Vised 5000 Saine Text 5010 | |
| AC-212 (Rev. 11-80) /325 | ISSUEDEN Trink, Wed | Saine Tex 5010 7638 TOTAL PAID | 100 - |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 244-3151

| WHITE TO CUSTOME CAMARY CEMETER AUDITOR |
|---|
| |

| From: HENRETTH TURNER | 5416 GENEW | Date: 5-7 | , 1907 |
|---|--|--|-------------|
| Sever hundred fift | y six dollars are | L' X/100 Dollars (\$ | |
| In Payment of 2 | - | 1 | Division // |
| Invoice No | MOT VALID FOR PURPOSE STATED UNLESS STAMPS | Section 67007 | Slack // |
| Acct. No | | 80% Saios 100 of Lots 77184 — Countral 100 | 320 - |
| w.o. E 6775 | | Closing 5 77181 — 100 — 100 — 77182 — | 100 - |
| BALANCE DUE | THE RESERVE | Planding Fee 77183 — Recording & 77183 — 77183 — | 35 - |
| Pre-Need Lot At Need On Acct | THE RESERVE | Minc. Foon 77183 — Pro-Need 63003 Trust 9222 — Sales Tex 60101 | |
| Pro-need Trust U Cash U Check X AC-212 (Rev. 11-4s) 2.08 | IBBURD BY Windy Jo Lengue | TOTAL PAID \$ | 756 - |

| | | | | | | ittance | CC | UP | ON | | 1 |
|-----------------|-------------------|--------------------|---------|--------|---------|----------------|----------|-------|-------|-----|-----|
| DO | NOT | MAIL | ENTIR | E BOO |)K | | | | | | - |
| ACI | COUN | T No. | E | -67 | 75 | C | re | dit | L | o t | |
| | | | | | | er ven 9 | | | | | 15 |
| | | | | | | e Inc | | | | | |
| JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| | | - 1 | | | | | 10 | | | 1 | |
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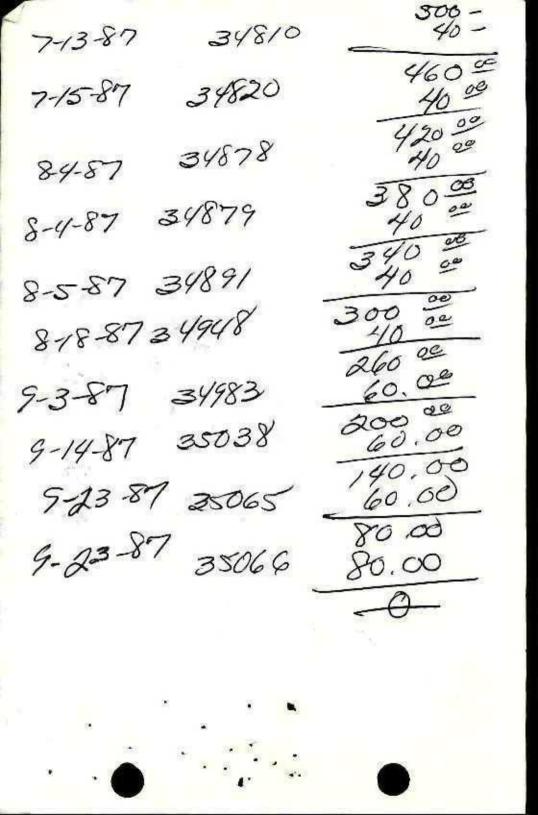
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MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

| in a Funeral, d | la(8) time |
|---|--|
| Church, Chapel, Graveside | Mortus |
| All Funeral cars must arrive before 3:30 p.m. of regul | lar work day or an extra charge will be appli |
| and billed to undersigned. War time veteran | NO DE LA CONTRACTOR DE |
| Lot 66 Grave 243 Row ~ Se | ction Division/Block |
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| I hereby certify I am the and this is your authority to make disposition of rema | of the above named deced |
| that I have the right to make this authorization and I a any liability on account of said authorization and inte | gree to hold Mt. Hope Cemetery harmless fr |
| any natural or account of soil action and inte | 1 = - |
| I hereby authorize the interment in lot I hold under deed. | Signatury 1 = () |
| nois situsi sossi. | 433/dogan-art |
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or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6776 Credit LOt Jerelene Nichols 4557 Logan Avenue, Apt D San Diego, CA 92113 Month and Day Due Indicated Below FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC 10 Amount due when paid on, or before, 20.00 due date above Amount due if paid more than.... days after due date above. 21.00 NAME JERELENE NICHOLS

ADDRESS 4557 LOGAN AVE # D CITY SAN DIEGO STATE Ca. ZIP92113

☐ check (/) if this is new address

Amount due if paid more than days

\$ 1.00

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NAME JEREL ENE Night of S

CITY SAN DIE GO STATE CO. ZIP 92 1/3

ADDRESS 4557 Logan #1)

WHITE TO CUSTOMER CANARY CEMETERY PINK ALIDITOR

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

| From: Jerekene | Michals | Address: SD. | Date: 8 | -4 | | 1987 |
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d or bring one caupen with each remittance COUPON DO NOT MAIL ENTIRE BOOK E-6776 Credit ACCOUNT No. Jerelene Nichols 4557 Logan Avenue, Apt D San Diego, CA 92113 Month and Day Due Indicated Below AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN Amount due when paid on, or before, due date above Amount due if paid more than 7 6 days after due date above. NAME JERELENE NICHOLS ADDRESS 4557 LOGAN AUF D CITY SAN DIF 90 STATE CA, ZIP 92/13

WHITE TO CUSTOMER CAMARY CEMETERY AUDITOR

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

| From: Jerden Nicho | | Date: | -4 | . 1.87 |
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CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

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CITY SAN DIF90 STATE Ca., ZIP92113

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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

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NAME JERELENE NICHOLS

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Check (V) if this is new address

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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
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| CITY | 0/ | | heck | 5 | O if t | STAT | new | add | ress | 91 | 13 |

| | 57 | ALC: UNKNOWN | - | 9.00 | | | i | Apt | D | 67 | 7 |
|-----|-------------------|--------------|---------|----------|------|---------|---------------|--|-----|-----|----|
| | | | | | | | dical | | | | |
| IAN | FEB | MAR | APR | MAY | אטנ | JUL | AUG 10 | SEP | OCT | NOV | DE |
| | nt due ste abo | when p | said on | , or bel | ore, | | > s | - | 20. | 00 | |
| | | if paid i | | nan | da | ys. | 5 | _ | 1. | 00 | |
| | | | | The same | | | \$ | 4 | - | 00 | |
| | | | | | | leceive | | CO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | _ | - 2 | |

MT. HOPE CEMETERY

INTERMENT ORDER

I Mais

Work Order

PY-693 (REV. 8-85)

City of San Diego Date 7-6-87 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time A Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra ch rge will be applied and billed to undersigned. War time veteran Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container Flower vases - Marker setting fee Recording and filing fee Paid receipt number Balance due I hereby certify I am the . of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I Signature hold under deed nature of reported holder of deed

Acct

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | IE FLORENCE NICHOLAS | | | FEMLE | Nov. 19,189 | 7 JULY 3, 1987 | |
|--|--|---|--------------------|----------------------------|--|--|--|
| PLACE OF DEATH- | The state of the s | | TH COUNTY IOR STA | TE IF NOT IN CALIFORNIA) | NAME AND ADDRESS OF SPOUSE OR OTHER INFORM CHARLES E. NICHOLAS 2070 RUE DE LA MONTAGNE | | |
| NAME AND ADDRES | BUTTY PURTILIERY | DIEGO, C | | RNIA LICENSE NUMBER 790 | OCEANSIDE, | CA 92054 | |
| 0.6 | TYPE OF PER | WIT, CHECK OF | ILY ONE OF THE F | OLLOWING TYPES OF | DISPOSITION | | |
| I BURIAL (IN | CLUDES ENTOMBMENT) | 5. DISIN | TERMENT AND BURIA | LIINCLUDES | | AND REINTERMENT OF CREMATED DES INURNMENT) | |
| ☐ 2 CREMATIO | N AND BURIAL (INCLUDES INURNMENT) | | TERMENT, CREMATION | , AND BURIAL | | OF CREMATED REMAINS AND THER THAN IN A CEMETERY | |
| 3 CREMATIO CEMETERY 4 SCIENTIFIC | N AND DISPOSITION OTHER THAN IN A | 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | | | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | HERE BEMAINS | OR CREMATED REMA | NS ARE TO BE INTERRE | ĈA . | SAN DIEGO | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | VHERE REMAINS / | ARE TO BE CREMATED | DATE CREMATED | SIGNATURE OF PERSO | ON IN CHARGE OF CREMATORY | |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 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 REC | EIVING REMAINS | | | * | | |
| ACKNOWLEDGMENT OF 1 | remains of the above named dece | rson having the right to control the disposition of the dent under provisions of the Health and Safety Code, sepass and nuisance laws apply and understand that ricted access to property not owned by me. | | | SIGNATURE OF APPLICANT DATE SIGNED | | |
| APPLICANT | | | | | DATE SIGNED | | |
| - LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II | DE AND IS THE | \$3.00 | JUL 8 1987 | SIGNATURE OF LOCAL RESISTRAR ISSUING PERMIT | | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | NTER DATE | SIGNATURE OF PI | RSON IN CHARGE OF D | | ENSE NUMBER OF CREMATED REMAIN POSER, IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEA | АТН | | 46- | | |

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



CITY OF SAN DIEGO, CALIFORNIA

| WHITE TO CUSTOMER CANARY CEMETERY AUDITOR | MOUNT HOPE CEMETERY | | | 25 |
|---|---|--|-------------------------------------|-----|
| From E. Mielda | Address 2000 Luc | De de | Montanie | 127 |
| theits - five | contrain Foodby | desire. | Mar Dide | 3 |
| In Payment of 32 | | TOOF | Division o | 22 |
| Invoice No. | MOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | | 7007 7184 100 7184 | |
| Acct. No. E-6777 | | Opening/ Closing 7 | 100 7181 100 7182 | |
| Pre-Need Lot At Need On Acct | | Recording & Misc. Fee 7 Pre-Need 6 | 7183 100 7183 3033 9022 | - |
| Pre-need Trust Cash Check AC-212 (Rev. 11-86) | Issued av lade, Ward | | 0101 8390 8 35 | - |

Something of

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/6/87

| | , , |
|--|--|
| You are hereby and horized and instructed, so | ubject to your rules and regulations, to inter the remain |
| of Mambong | denavory & |
| ina Cestilant | Funeral, date, time human tim 7//6 |
| Church, Chapel, Graveside | usile : fogets Mortuan |
| All Funeral cars must arrive before 3:30 p.m | n. of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteral | n <u>No</u> . |
| 3 6 | 1 12 |
| Lot Grave G Row | Section Division/Stock |
| Grave space & Care Fund Sengle | lem Span 100° |
| Additional spaces and care fund | none |
| Opening/Closing & Setup | 10500 |
| Burial Container | 400 |
| | 60 € |
| Handling Fee PAID | |
| Flower v ses Marker setting fel | >/0 |
| Recording and filing feet 6 1987 | <u></u> 3 ८/ |
| Sales tales | 211711 |
| MT. HOPE CEMETERY CITY of SAN DIEGO, CALIR. | Total Due |
| | receipt number 34/12 341.4 |
| 20 | Balance due |
| · · · · · · · · · · · · · · · · · · · | Daw |
| | of the above named deceder on of remains as above indicated. I certify and represer |
| any liability on account of said authorization | on and I agree to hold Mt. Hope Cemetery harmless from n and interment. |
| | V Hand who was |
| I hereby authorize the interment in lot I hold under deed. | Signatura Co Color Color Color Color |
| 55 | Address Called Con 12 78 1- |
| Signature of recorded helder of deed Kamey | JARAND, (A 93103) |
| 81-3820 Khamfy el When Completed | Telephone |
| . Of When Completed | |
| | Invoice # |
| Work Order # E 6778 | Acct. # |
| | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | | USE BLACK INK-MAKE IN | ALIENATIONS ON CRASE | MES | .** |
|---|---|--|---|--------------------------------------|---|
| NAME OF DECEDEN | | | SEX | DATE OF BIRTH | DATE OF DEATH |
| ENAMBORG | SIRAYONG | | Male | May 2, 1945 | July 5, 1987 |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH—COUNTY | IOR STATE IF NOT IN CAUFORN | Khomiy Sihav | SPOUSE OR OTHER INFORMANT |
| NAME AND ADDRES | SS OF FUNERAL DIRECTOR FOR PERSON A | CING AS SUCHI , Sen Biego, CA | CALIFORNIA LICENSE NUMBER | Fromo, CA | . way |
| • | TYPE OF PER | MIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES | OF DISPOSITION | |
| T. BURIAL IIN | ICLUDES ENTOMBMENT) | ☐ 5 DISINTERMENT ANI ENTOMBMENT) | D BURIAL IINCLUDES | B DISINTERMENT AND REMAINS HINCLUDE: | REINTERMENT OF CREMATED SINURNMENTS |
| 2 CREMATIO | N AND BURIAL (INCLUDES INURNMENT) | ☐ 6 DISINTERMENT, CR | | 9 DISINTERMENT OF I | CREMATED REMAINS AND |
| 3 CREMATION CEMETERY 4 SCIENTIFIC | | 7 DISINTERMENT, CR OTHER THAN IN A | EMATION, AND DISPOSITION CEMETERY | FOR COROL | NER'S USE ONLY |
| INTERMENT | NAME AND ADDRESS OF CEMETERY V | | | | Sen Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | | EMATED DATE SEMETED | SIGNATURE | N CHARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | | LINE. OR OTHER DESCRIPTION | SUFFICIENT TO IDENTIFY FIN | AL PLACE AND COUNTY OF C | NISPOSTION . |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | CEIVING REMAINS | <u> </u> | Certification | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dec and I hereby acknowledge that this permit gives no right of unres | edent under provisions of the response and nuisance laws | ne Health and Safety Code apply and understand tha | > | I.) |
| LOCAL | THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE AR . AR | PAID JUE PERMITS 191 | SIGNATURE OF LOCA RE | STHAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | SIGNATURAL SIGNATURA SIGN | 2000 PERSON IN CHARGE D | DISPOSITION LICENS | E NUMBER OF CREMATED REMAINS ER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | |

COPY 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 WHATE TO CLUSTOMER CANARY GENETERY PINK. ALIOITON From: Hamyle Ba | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 | to July | N2 34772 |
|---------|--|--|---|-------------------------------|
| Surger' | In grayment of In Scharron & Grave | Within 24 Northing 6 (Lengs) Row 8 | Khamb His after d | org elvey - Division /2 |
| | Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 87001 20% Sales Care 7715- 80% Sales 100 of Lots 7715- Opening/ 100 Closing 7718* Burial 100 Containers 7718* | 1000 |
| | Pre-Need Lot | Leonen Itts | Handling Fee 7718: Paconding & 7718: Paconding & 7718: Pro-Need 6303: Trust 902: Selee Tax 8010: TOTAL PAID | .3500 |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

| 7 |
|--|
| rules and regulations, to inter the remain |
| time Wed 7-8-87 |
| york day or an extra charge will be applie |
| |

| of Nancel Sate | | d | 8-11. |
|--|--------------------------|---|---------------|
| ina -Bell- Fu | neral, date, time Wy | 1 7-8 | -87 |
| Church, Chapel Graveside | ede le | igue | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or a | O an extra charge wi | II be applied |
| and billed to undersigned. Wer time veteran . | 20 | 3577 | 05551 |
| 10 (21) | 11 | | 1 |
| Lot 7 Grave Jow | Section | _ Division/Block | _6 |
| Grave space & Care Fund | uneed | Just | |
| Additional spaces and care fund | | ? | 1 28 E |
| Opening/Closing & Setup | 4 Dot | | |
| Burial Container | | | |
| Handling Fees | *************** | *************** | |
| Flower vases - Marker setting fee | ********** | ******* | |
| Recording and filing fee | | | |
| Sales taxes | | | |
| | Total Due | 9 | 4 |
| Paid re | ceipt number | | |
| | | Balance due | |
| | | | |
| I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a | and lagree to hold Mt. | of the above namedicated. I certify a Hope Cemetery hi | nd represent |
| I hereby authorize the interment in lot I hold under deed. | Signature | | % |
| 779 T. | Address | | |
| Signature of recorded holder of deed | State | | Zip Cod |
| | Telephone | | _ |
| F comes | Invoice # | | |
| Work Order # E 6779 | Acct. # | | - 33 |

PY-593 (REV. B-88)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

| facts mention to the second | | ISE BLACK IN | NK-WAKE NO | ALTER | ATIONS OR ERASURI | ES | | |
|--|---|--|---|--------------------|---|------------------------------|--|--|
| NAME OF DECEDEN | THUR TATE | | | 1 | SEX Male | October | | July 4, 1987 |
| PLACE OF DEATH— | CITY OR TOWN | | ACE OF DEATH—COUNTY IDS STATE IF NOT IN CALIFORNIA) | | | Hrs. Ma | rtha Wal | ouse or other informant Lashek - sister |
| | S OF FUNERAL DIRECTOR FOR FERSON AS BARY,4094 University, | The comment of the Co | | CALIFO | 69 | P. O. B | | 95547 |
| | TYPE OF PERA | MIT, CHECK | ONLY ONE OF | THE F | OLLOWING TYPES O | F DISPOSITION | | |
| T BURIAL (IN | CLUDES ENTOMBMENT) | | INTERMENT ANI | BURIA | LINCLUDES | | IENT AND REI | NTERMENT OF CREMATED |
| 2 CREMATIO | N AND BURDL (INCLUDES INURNMENT) | | INTERMENT, CR | | AND BURIAL | | | ATED REMAINS AND |
| 3 CREMATION CEMETERY 4 SCIENTIFIC | 10 | 7. DIS | INTERMENT, CR HER THAN IN A | EMATION CEMETE | I, AND DISPOSITION RY | FOR | | 'S USE ONLY |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | | | | | COUNT | n Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | MISSELL COMMISSE | BOUNCE MAY CORRES | ACCOUNT COSES | DATE CREMATED | El Carriera Carriera (Mester | 0.2349920000000000000000000000000000000000 | HARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER HAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHORE | X | lester' | Had | ENT TO IDENTIFY FINAL | PLACE AND COU | NTY OF DISPO | SITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAI | NS | 110.00 | -fi ja | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that to | dent under p espass and n | provisions of the | e Healt apply a | h and Safety Code, and understand that | SIGNATURE OF DATE SIGNED | APPLICANT | 8 |
| LOCAL REGISTRAR | this permit gives no right of unrest this permit is issued in accordance with of the California health and safety col authority for the disposition specified is | H PROMISIONS DE AND IS THE | AMOUNT OF FEE | | DATE PERMIT ISSUED | SIGNATURE OF | L Cam | HAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED Z/ | P/P | SIGNATU | OF P | LU SILILO | | LICENSE NU DISPOSER, I | IMBER OF CREMATED REMAINS F APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF C | DEATH | 0 | | | <i>"</i> | |

BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

| 12200100 | ENT ORDER | |
|--|---|---|
| ODO P HO | of San Diego | 77 |
| alou | Date | |
| And a |) 300 M | |
| You are hereby authorized and instructed, sub | ect to your rules and regulations | , to inter the rema |
| of clie Cos | n , | |
| in a Fui | neral, date, time | 8 11:0 |
| Church, Chapel, Graveside | El Caron | Colland |
| All Funeral cars must arrive before 3:30 p.m. | of consular work day or A auto of | hassa imili ba ann |
| /4 | or regular work day of an extra ci | O P De app |
| and billed to undersigned, War time veteran . | | // |
| Lot 120 Grave 3 Row | Section Divisio | n/Block // |
| | | West March II. |
| Grave space & Care Fund | a p | <u> </u> |
| Additional spaces and care fund | | |
| Opening/Closing & Setup | | 90 |
| Burial Container | | |
| Burial Container | ***************** | (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) |
| Handling Fees | | |
| Flower vases - Marker setting fee | | |
| Recording and filing fee | | |
| Sales taxes | | |
| | Total Due | 145 |
| Onid re | ceipt number | M. 2014 (4 |
| 7 313 14 | STORE THE STORE SHOWS | |
| | Baland | ce due |
| hereby certify am the | of the sh | ove named dece |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a | of remains as above indicated. I and lagree to hold Mt. Hope Cen | certify and repres |
| Const. A disclinate base in the Late | | |
| hereby authorize the interment in lot I hold under deed. | Signature | |
| *************************************** | Address | |
| Signature of recorded holder of deed | State | 24 |
| | Telephone | |
| | The second second | AND DESCRIPTION OF THE PERSON |
| | | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

| | U | SE BLACK IN | IK-MAKE NO ALTE | RATIONS OR ERASURE | S | | |
|---|---|--|--|---------------------------|---------------------|------------------------|--|
| NAME OF DECEDEN | r | | | SEX | DATE OF BIRTH | ji | DATE OF DEATH |
| Ellie Lare | on Cash | | | Male | Aug. 21, | 1940 | June 27, 1987 |
| PLACE OF DEATH— | CITY OR TOWN | San Die | | ATE IF NOT IN CALIFORNIAI | Public A | 100 Miles (1984) | OUSE OR OTHER INFORMANT |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR (OR PERSON AC | TING AS SUCHI | The state of the s | ORNIA LICENSE NUMBER | 5201- A Sen Dieg | 200 | 7 P. M. (2002) |
| 70 | TYPE OF PERA | AIT, CHECK O | ONLY ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | | |
| 🛣 1 BURIAL (IN | CLUDES ENTOMBMENT) | | NTERMENT AND BURIA | AL (INCLUDES | | ENT AND RE | INTERMENT OF CREMATED |
| | N AND BURIAL (INCLUDES INURNMENT) | 6 DISH | NTERMENT, CREMATIC LUDES INURNMENT) | IN, AND BURIAL | | | MATEO REMAINS AND HAN IN A CEMETERY |
| 3. CREMATION CEMETERY | N AND DISPOSITION OTHER THAN IN A | ☐ 7 DISH | NTERMENT, CREMATIC ER THAN IN A CEMET | IN, AND DISPOSITION | FOR | CORONE | R'S USE ONLY |
| 4. SCIENTIFIC | USE | SOIN | EN THAN IN A CEMET | ERT | 10 DISPOSITIO | ON PENDING | |
| INTERMENT | Mt. Hope Cometery - 3 | PORTER TO A STATE OF THE PARTY. | 현실 때문에는 우리 사람들은 유민들은 얼마나 가지 않는다. | | 92102 | Sa | ny n Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS | ARE TO BE CREMATED | DATE CREMATED | SIGNATURE OF | PERSON IN C | HARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY DEMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | INE, OR OTHER | DESCRIPTION SUFFIC | IENT TO IDENTIFY FINAL | PLACE AND COUR | NTY OF DISP | OSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAIN | IS. | | WILLIAM - W Vo 100 | | |
| ACKNOWLEDGMENT OF | This is to certify that I am the per remains of the above named dece | dent under pe | rovisions of the Heal | th and Safety Code, | SIGNATURE OF | APPLICANT | |
| APPLICANT | and I hereby acknowledge that tre this permit gives no right of unresh | The state of the s | | | DATE SIGNED | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | E AND IS THE | \$3.00 | JUL 8 1987 | SIGNATURE OF | A. Kin | TRAN ISSUME STRINT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON IEN | ITER DATE) | SIGNATURE OF E | PERSON IN CHARGE OF D | HSPOSITION | LICENSE N DISPOSER, | UMBER OF CREMATED REMAINS IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DE | EATH | | | | |

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

B7-7-87

| of Kuby West | eral De time | 22 |
|--|---|-----------------------|
| Vault/Uner Church, Chapel, Graveside | Cu Mar | Mortuar |
| All Funeral cars must arrive before 3:30 p.m. g | f regular work day or an extra | charge will be applie |
| and billed to undersigned. War time veteran | | • |
| ot 43 Grave 8 Row | 1.20 | 12 |
| ot Grave Row | Section Divisi | ion/Block |
| Grave space & Care Fund | ************* | 495 |
| | | ^ |
| | nomanay | <u> </u> |
| Burial Container | at the lun | wC |
| Handling Fees | ************ | |
| THE RESERVE OF THE PARTY OF THE | | ****** |
| Recording and filing fee | | |
| Sales taxes | | |
| سے سماید | Total Due | 4980 |
| Paid rec | ceipt number | |
| 6N/3/#36080 | Balar | nce due |
| | | |
| I hereby certify I am the and this is your authority to make disposition o that I have the right to make this authorization a any liability on account of said authorization a | of remains as above indicated. and I agree to hold Mt. Hope Ce | |
| hereby authorize the interment in lot I hold under deed. | Signature | |
| Eigenstane of recorded holder of deed | State 18. 92 | OF THE |
| | | |
| Wat Orter E 6781 | Invoice # | |

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

| - | | - | |
|----|-----|----|---|
| 16 | 5 | 1 | ۵ |
| | F | 3 | |
| | 100 | | 7 |
| | 100 | 30 | 1 |

AC-212 (Rev. 10-57)

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

| From: Lucke Dest | Address: 270 - 507 | Date: It, S | D 92/02 |
|--|--|---|--------------|
| In Payment of | ugon 10 Ose | Dollars ! | 1 20.00; |
| Lot 43 Grave | Row_Se | ection | Division / 2 |
| Invoice No. | NOT VALID FOR PURPOSE STATED LINLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 87007 20% Sales Care 77184 80% Sales 100 | 2000 |
| Acct. No. 4 -678/ | CITY AUDITOR | of Lots 77184 - Opening/ 100 Closing 77181 - | |
| BALANCE DUE 3/5 00 | | Buriel 100 Containers 77182 | |
| | MAY 12 1988 | Handling Fee 77185 - Recording & 100 Misc. Fees 77183 - | |
| Pre-need Lot At Need On Acct Pre-need Trust O Cash O Check | 10 11 | Pre-Need 63033 Total 6022 Sales Tax 80101 | |

e coupen with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6781 Credit Lot / Ruby West 278 50th Street, Apt 1 San Biego, CA 92102 Month and Day Due Indicated Below NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP 10 Amount due when gaid on, or before. due date above Amount due if paid more than after due date above. 20.00 MAME ADDRESS CITY check (/) if this is new address

OFFICIAL RECEIPT 36268 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY 284-3151 Pollars (\$ 20, Division Section Grave Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 77184 Invoice No "PAID" IN THIS SPACE. CITY AUDITOR JUN 13 1988 20% Sales Care 80% Sales of Lots Acct. No Opening/ Closing 77181 Burist 100 77182 Containers BALANCE DUE Handling Fee 77185 Recording & 100 77183 Pre-Need Lot At Need 63033 On Acct Trust Pre-need Trust Cash Sales Tax 50101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 10-87)

| 27 | 10 | 501 | | St: | | | Ap | 200 | 1 | | No. |
|-------|--------|------|-----------------|----------------------------------|----------------|--|-----------------|------------------------|------|-----|-----|
| | | - | Assessment work | ASSESSMENT OF THE PARTY NAMED IN | and the second | Acres de la companya del la companya de la companya | distribution in | Accessed to the Parket | elow | | |
| VON | DEC | JAN | FEB | MAR | APR | MAY | JUN 10 | JUL | AUG | SEP | OCT |
| ue da | nt due | rve. | more ti | or bei | da | ys | 5 | _1 | 1. | 00 | |
| | | 0 | | , An | naunt l | Receive | \$ 4_\$ | _ | 21 | 2,1 | V |
| | ε | R | nd | MAN | w l | leceive 1 | 1-8 | _ | × 1 | 110 | v |

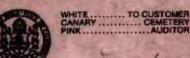
OFFICIAL RECEIPT 36366 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERS MOUNT HOPE CEMETERY PINK.....AUDITOR 264-3151 Date: Dojurs # 20.0 Division Grave Bow Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Invoice No. 20% Sales Cara 77184 BOTH Sales 77184 Acct. No of Lots Opening/ Closing 77181 CITY AUDITOR Buriel 100 Containers 77182 BALANCE DUE JUL-1 1 1988 Handling Fee 77185 Recording & 100 77183 On Acct Pre-Need 63633 Pre-Need Lot 9023 Trust Pre-need Trust Check Sales Tax 78390 TOTAL PAID AC-212 (Rev. 10-87)

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OFFICIAL RECEIPT 36528 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT CANARY TO CUSTOMER MOUNT HOPE CEMETERY 264-3151 Date: Dollars (\$ Division Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE. CREDIT 67007 77184 Invoice No 20% Sales Care 80% Sales - Acct. No Opening/ Closing CITY AUDITOR BALANCE DUE AUG 12 1988 Handling Fee Recording & Misc. Fees Pre-Need Pre-Need Lot On Acct Trust Pre-need Trust Sales Tax TOTAL PAID AC-212 (Rev. 10-87)

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| AN | FEB | | | | | AUG | | | | DEC |
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| nount | e abo t due | VB. | more th | A | ys. | s | _2 | 1.1 | 00 | |

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| the state of | PINK | MOUNT | 1OPE CEMET 264-3151 | ERY | | 55 |
|------------------------------|--|----------------------|------------------------|--|--------------------------|----------------|
| From: | Rubin Was | Address: | 270 | SO 78 (| Jerce Street | FJB W |
| | Payment of | Taugen | 14 | Oldet | Dollars (5 | <u>20,00</u> , |
| Lot | 43 Grave | 8 | Row_ | Section | /_ | Division / 2 |
| Acct. No. | 1001 | - PAID IN THIS SPACE | 2000年7月 | 20% Sales | 77184 — 100 | 20 00 |
| BALANCE | DUE 235,00 | | ರ | 8 Handling F | ee 77185 — | |
| Pre-Need Lo | Committee of the Commit | | 11/ | Recording Misc, Fees Pre-Need Trust States Tax | 63033 9022 — 60101 | |
| Pre-need Tru AC-212 (Rev. | 100 | ISSUED OF A | dra W | TOTAL PAID | 78390 | 20 00 |

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| e di | ate abo | 48. | paid on | | 2035 | ys I | >,3 | 20 | .0 | 0 | |
| THEFT | due da | te abo | ve. | | - 40 | | \$ | 0 | 20 | 10 | 0 |
| iter i | | | | | | | | | | | |

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 36790

| PINKALIDITOR | MOUNT HOPE CEMETERY 264-3151 | | | | 10 |
|---|---------------------------------|---|---|------------|--------------|
| From: West | Address: 270 50 | Date: _ | 10 | 20 | <u> </u> |
| In Payment of | Lauger 15. UL | edit o | ollare (\$ | 20-00 | <u>)</u> , |
| Lot 13 Grave | 8 Row_s | ection | 1 | Division/2 | |
| Pre-Need Los Of At Need On Acct Pre-need Trust Cash Check | CITY AUDITOR OCT 7 1988 | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax | 67007 77184 — 100 77184 — 100 77181 — 100 77185 — 100 77185 — 100 77183 — 63033 8022 — 60101 78390 — | 30 | a) — — |
| AC-212 (Rev. 10-87) | ISSUED BY THATE THE | TOTAL PAID | | 20 | OD |

| and Da | | | | | | Landa |
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| | | 100000 | 126777 | DEC | JAN | FEB |
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| ore than | days | s | _ | 1 | 00 | |
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| ACI | 15.50 TOTAL | No. | E- | 7 3 d | 7 | 4 | Cre | Api | : 1 | | 114 |
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| APR | MAY | JUN | JUL. | AUG | SEP | 100 | NOV | DEC | JAN | FEB | MAR |
| mou | nt due due dat | ve. if paid | more t | han_ | edeal). | nys) | 3 | 25 | .0 | 0 | |
| | RESS | 2 | 54 | W | 40 | STAT | ed \$ | ne, | ZIF | et | J. |

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINK | MOUNT HOPE CEM 284-3151 | ETERY | | 10 | | 0 |
|--|--|--------|---|---|-------------|------|
| rom Rube, West | Address 270 | 500 | Date: | Ja- | S. C. | 19 8 |
| twent, no/ | (0) mpon 117 | Me | 1-1-2 | collars (\$ | 20.0 | ١_, |
| Payment of | august 1 | | Cr (N- | | Division di | |
| ot 95 Grave. | Now_ | C/Ty S | ection | / | Division / | 2 |
| No. E-678/ | NOT VALID FOR PURPOSE STATED UNLI "PAID" IN THIS SPACE. | | | 87007 77184 — 100 77184 — 100 77181 — 100 77182 — | 20 | 0) |
| Pre-Need Lot At Need On Acct Ore-need Trust Cash Check | 1 /60 | 1h | Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax | 100 77186 — 100 77183 — 63033 9022 — 60101 78390 — | | |
| C-212 (Rev. 10-87) 894 | ISSUED BY THE IN | una | TOTAL PAID | \$ | 20 | 00 |

| 24 | dy | We | E E | | 81 | E. | Ap | | 1 | | 19 |
|---------------|------------------|---------|---------------|-----|--------|---------------|----------|------------|------|----|---------|
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| YAN | JUN | JUL | | | | NOV | | | | | APR |
| umou ue da | ne abo | 44 | | | | | | | | | THE LAN |
| ue da | oracena. | if paid | more t | han | d | ays | s | _ | | 90 | |
| vnou fter | nt due due da | if paid | | | evagas | ays Receiv | \$ \$ | | | 00 | |



WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| | 264-3151 | Date: 1-5 | 89 |
|------------------------------------|---|---|------------|
| From Ruber 10es | et Address: 270 SOCK | Street | SD |
| Tourted do | llors | Dollars (1 | 20,00 |
| In Plyment of | weigh 18 | man & | |
| Lot 43 Grave | 8 Row Se | ection | Division/2 |
| Involce No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 67007 20% Sales Care 77184 - 80% Sales 100 | 20 00 |
| Acct. No_2-676/ | | of Lots 77184 - Opening/ 100 Closing 77181 - | 0000 |
| BALANCE DUE 155, 60 | | Burial 100 Containers 77182 - 100 Handling Fee 77185 - | CITY USTON |
| Pro-Need Lot D At Need D On Acct D | | Recording & 100 Misc. Fees 77183 | VAN 7 |
| Pre-Need Lot | to brokens | Pre-Need 63033 Trust 9022 - Seles Tax 60101 78390 - | 1989 |
| AC-212 (Rev. 10-87) 90 9 | ISSUED BY THE WAY IN THE | TOTAL PAID \$ | 20 00 |

| nount due when paid on, or before, e date above. \$ 20.00 | 1 | 725 | No. | | st | Jai | | t, | Ap 10 | 1 1 | 2/ | 14 |
|--|-------|--------|---------|--------|--------|-------|------|----------|----------|-----|-----|-----|
| s 20.00 | JN | JUL | Mon | SEP | | | | | - | _ | APR | MAY |
| 22 Sept. 19.00 Sep | ue da | nt due | it paid | moreti | 200.07 | 12081 | Ne) | \$ \$ | 21 | 1.0 | 0 | |
| | | | | | | | | 5 | _6 | 20 | .0 | 0 |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| 电影通道 [1] [1] [2] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4 | 264-3151 | | | STATE OF STA | 26 |
|--|---|--|---|--|------|
| From Ruby West | Address: 250 Euro | Date: The | 2-8 | A 90 | 2/14 |
| twente, solla | 10) 10/100 - | | ollars (\$ | 20.0 | 0, |
| In Payment of | ugon 19 Ula | ne (Mos | 3.43 | | |
| Lot 43 Grave | 8 Row \$ | ection/ | | Division / | 2 |
| Acat. No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ | 67007 77184 — 100 77184 — | 20 | 00 |
| W.O. 2-676 BALANCE DUE 135.00 | | Closing Gurial Containers Handling Fee | 77181 — 100 77182 — 100 77185 — | CITY AU | 2/2 |
| Pre-Need Lot At Need On Acct | | Recording & Misc. Fees Pro-Need Trust Sales Tax | 100 77183 — 63033 9022 — | FEB 16 | 980 |
| Pre-need Trust Cash Check X AC-212 (Rev. 10-87) GRAD | ISSUED BY MALL MELL | TOTAL PAID | 80101 78390 — | 20 | 0 |

| ACCOUNT 277 | Wa 50t | at b | The same of the sa | e e | 92 | Ap 10: | t. 2 | 1 | -/ | 19 |
|-------------|-----------|---------|--|-----|------|--------|---------|------|-----|-----|
| - | Mon | th ar | nd Da | y D | e in | dical | ed B | elow | | - 1 |
| JUL AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| vmount due | ove: | more ti | | da | ys | s | _2 | lat | 00 | |
| ifter due d | | | | | | | 68 | | | |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY Nº 37461

| CAMARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY | | | |
|------------------------------|---|--|---------------------------------------|------|
| From: Reche Wost | Address: 270 507 | Date: | 7-1 + SD | 9210 |
| InPayment of | Caupan 20 | alede P | ollars (\$ 20) | 0, |
| 1/3 | | | Division | 12. |
| Lot Grave | MOTVALIO FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT 20% Sales Care 80% Sales | 67007 77184 | 100 |
| Acct. No. 8-678/ | CITY AUDITOR | of Lots Opening/ Closing Buriel Containers | 77184 100 77181 | |
| BALANCE DUE 15,00 | MAR 1 0 1989 | Control of the Contro | 77182 100 77185 100 77163 | |
| Pre-Need Lot At Need On Acct | In Such land | Pre-Nond Trust Saine Tax | 63033 9022 60101 78390 | |
| AC-212 (Flev. 10-87) | ISSUED BY THE TOTAL | TOTAL PAID | : d | 0 00 |

| ACC | Ru 27 | No. | lie | nt h s | ser , C | ee1 | 92 | Apt 102 | 1 | | -184 |
|-------|----------|------|---------|-----------|------------|---------|-----|------------|----|-----|------|
| oc. | SEP | | | | | | MAR | | | NUK | SUL |
| Mode | nt due | 9800 | more ti | nan | da | ys) | \$ | 1 | .0 | 0 | |
| ler d | | | | | | 1115 | | | | | |
| ter d | | 0 | 5000 | Am | nount F | Receive | \$ | 0 | 20 | . 0 | 0 |

PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| | 264-3161 | | 4 in | 29 |
|--|-----------------------------------|---|---|--------------|
| From: Reeby West | Address: 250 | Luglin | Que, | SD .19 |
| Payment of | rugan 21 | Oredo | Dollars (\$ | 20,00 |
| 4/3 | 8 - | | 1 | Division / 2 |
| Lot Grave | NOT VALID FOR PURPOSE STATED UNLE | 20% Sales | THE RESERVE TO SERVE THE PARTY OF THE PARTY | 16 00 |
| Acct. No. | API | R 17 1989 Containers | 77184 100 77181 100 | 710 |
| BALANCE DUE 95.00 | | Handling F | 77182 — 100 100 — 77185 — A 100 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | 1 | Muc, Fees Pre-Need Trust Sales Tax | 77183 — 63033 9022 — 80101 | |
| AC-212 (Rev. 10-87) 939 | ISSUED BY Takky | TOTAL PAID | 78390 — | 20 00 |

| AC | NOT | MAIL T No. | ENTIF | RE BO | | ittanc | - | DUP | | 2 | 1 |
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| SEP | ОСТ | NOV | | - | - | - | | - | - | - | AUG |
| due da | ate abo | when pove. If paid te above | moret | The State of | 100 | iys | \$ | 2 | 0. | 00 | |
| NAM | E | R | nlı | Ar | nount | Receive | s 5 | 2 | | | |
| CITY | A A | 25 | Thech | e ly | 20 Pitt | STAT his, is | E C | la add | ress | pt | BILL |

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| | PINKAUDITOR | MOUNT HOPE CEMETERY 264-3151 | | 10.0 | | |
|--------------------------------|---|---|--|---|----------------|------------|
| From: | chy Wast | Address: 200 50 | To Date: | tel | 8 1 | 27 |
| -tu | Payment of | 100 - 22 C | realit ? | ollars (\$ | 20.00 | <u>)</u> , |
| Lot 4 | 3 Grave | S Row_ | Section | / | Division / | 2 |
| Invoice No | Grave | NOT VALID FOR PURPOSE STATED UNLESS STAMPE "PAID" IN THIS SPACE. | ED CREDIT 20% Sales Care 80% Sales | 67007 77184 — | 20 | OD |
| W.O. | 0-678/ | 《 公司的办法》 | of Lots Opening/ Closing Burial Containers | 77184 — 100 77181 — 100 77182 — | CITY AL | DITOR |
| BALANCE D | UE 13, OU | | Handling Fee Recording & Misc. Fees | 100 77185 — 100 77183 — | MAY | |
| Pre-Need Lot Pre-need Trust | THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | Andra (| Pre-Nord Trust Sales Tax | 63033 9022 60101 78390 | 2. | |
| AC-212 (Rev. 1 | 0-87) 95-/ | ISSUED BY ALTON | TOTAL PAID | 1 | 00 | 00 |

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| | | | nan | | ys J | 5 | _ | | 9 | |

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OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

12 38123

| | 264-3151 | Date: 6 | -6 189 |
|--|---|---|---------------|
| From Keeling West | Address: 250 Gent | ledlue, s | A 92/14 |
| dockty was | Cars 23 1110 | Dollars / | 1 20.00 |
| In Payment of | | ac cor | |
| Lot 43 Grave | | ection | Division 2 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | 20% Sales Care 77184 80% Sales 100 | THE RESERVE |
| Acct. No. 5 - 678 | PAID IN THIS SPACE. | Opening/ 100 Closing 77181 | |
| BALANCE DUE 55,00 | Ch. 104 09 | Containers 77182 | |
| à/ n n | 70, | Recording & 100 Misc. Fees 77163 Pre-Need 63033 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | 6/1 | Trust 902: Sales Tax 60101 78390 | EVERY SERVICE |
| AC-212 (Rev. 10-87) 968 | ISSUED BY THE SECOND | TOTAL PAID | 2000 |

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| da | ite abo | ve. | moréti | die. | GUO | ys) | s s | 1 | 1. | 00 | Nove Si |
| ou ou | nt due lue da | if paid te abo | moreti ve. | die. | da | | s s | | 0. | 00 |) |

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SPECIAL SOCIAL



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

38252

| | 284-3151 | HI CONTRACTOR | 0 00 |
|------------------------------|---|---|---------------|
| From Derby West | Address 250 812 | la Ove, | SS 92/19 |
| treente, dal | lace notice- | Dollars (| 20.00 |
| In Payment of | | | Division / T) |
| Lot 43 Grave | Row | Section | Block |
| Invoice No. | NOTVALID FOR PURPOSE STATED UNLESS STAMPS | ED CREDIT 67007 20% Sales Care 77184 | 20 00 |
| Acct. No. | | 80% Sales 100 of Lots 77184 Opening/ 100 | CITY AUDITOR |
| w.o. 21-6 161 | | Closing 77181 Burial 100 Containers 77182 | |
| BALANCE DUE | | Handling Fee 77185 | JUL 1 4 1989 |
| | | Recording & 100 Misc. Fees 77183 | |
| Pre-Need Lot At Need On Acct | | R/e-Need 63033 Trust 9022 | 2 2 2 2 2 2 |
| Pre-need Trust Cash Check | 100 11/11/11 | Sales Tax 80101 78390 | (10) (0) |
| AC-212 (Rev. 10-87) 979 | ISSUED BY | TOTAL PAID \$ | 20 00 |

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| | and pa | or bel | ore. | | > s | 40 | 0.0 | 0 | |
| d paid: | noreth | 1 9 | day | /5 | 2 | 1 | | 0 | - 5 |
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| | era d said ne abco | al said more the above. | a spid more than the above. | Amount F | Amount Receive | Amount Received \$ | s days s days | a said more share. days s 1.0 s 2.0 Amount Received \$ 2.0 Luby West 2.5 0 Euclid Ayela | s 40.00 s said more stat. days s 1.00 s 2 Amount Received \$ 20.00 |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

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| No | 34 | | W 400 |
| Section Street, Section 5 | The second second | - | 45.00 |



WHITE TO CLISTOMER CAMARY CEMETERY

MOUNT HOPE CEMETERY

| CO LIGHT | 284-3151 | Date: | 3-5 | | 87 |
|-------------------------|---|---|--|-------------------|------------|
| | allas Sate-Coupo | n #1 | ollars (\$ | 20.00 |) |
| Lot Grave | | ection | 5 600 | Division Block | The second |
| Acct. No | MOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID, IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Ascording & Misc. Fees Pre-Need Trust Sales Tax | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77183 — | 20 | CD. |
| AC-212 (Rev. 11-88) /AC | ISSUED BY | TOTAL PAID | | 20 | 00 |

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| ue dat | te abo | if paid r | nore th | | | ys I | 5 | | 0.(| | |
| fter d | ue da | te abov | re. | | | | S | _ 2 | 1.0 | 00 | |
| IAMI | | P | | An | nount F | Receive | ed S | - 2 | 21 | 000 | 0 |

ADDRESS 27 6 50th St to South St H

CITY-OF SAN DIEGO, CALIFORNIA

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY | | 10-6 | 20 |
|--|---|---|--|------|
| From: Ludy West | | JA 5 | 5 9210 | 190/ |
| In Payment of Car | epon#3 (ue | at de | ollars (\$ | |
| Lot 43 Greve | 8 Row | ection | Division Block | 12 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots | 67007 77184 100 77184 | E |
| w.o. E-678/ | | Opening/ Closing Buries Containers | 100 77181 100 77182 | |
| Pre-Need Lot X At Need On Acct | | Handling Fee Recording & Misc. Feee Pre-Need | 77183 100 77183 83033 9022 | |
| Pre-Need Lot At Need On Acct O | issueton buch, Warn | Trust Sales Tax TOTAL PAID | 9022 60101 78990 8 20 | E |

| R# 27 | dy | T No. We 50 t Die | st | Sti | ree | ε, | Ap | t. | 77 | L | t |
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| MAM | r |)) | | Ar | mount f | Receivi | \$ ed S | | | | |
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WHITE TO CUSTOMER CAMARY CEMETERY PINC AUDITOR

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

Date: 11-3 ,19.87

| From: RUBY WEST In Part Payment of Ga | Address dit fele | | ST APT. 2 | S.O. 92 ollars (\$ 20. | STATE OF THE PARTY. |
|--|------------------|-------------------------|---|---|---------------------|
| Lot 43 Grave_ | 8 | Row | Section | Division | 12 |
| Acct. No | NOT VALID FOR PU | RPOSE STATED UNLESS STA | AMPED CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burist Containers | 100 77181 100 77182 | 000 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check 5 | | Auce Morrison | Handling Fee Recording & Misc. Fees Pro-Need Trust Seles Tax. | 190 77183 100 77183 63033 9022 50161 78390 | 000 |

| AU | COUNT | No. | E- | -67 | 81 | | Cre | di | t 1 | Lot | 1 10 |
|---------------|--|----------------|---------|--------|-------|-----------|------------|----------|----------|-----|------|
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| meu fter i | nt due due da | ve. If paid | maret | han | de | , | s s | | - | | |

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINK. AUDITOR | MOUNT HOPE CEMETERY | | | | 738 |
|------------------------------|--|--|--|----------------|-----|
| From Mehr West | | Date: 9 | 2-8 eef | 92/0 | 27 |
| In Payment of Co | upon # 2 Ula | t de | Joilers (\$ | 80.0 | O_) |
| Lot 43 Grave_ | | ection | 1 | Division Block | 12 |
| Invoice No | NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriel Containers | 67007 77184 — 100 77184 — 100 77181 — | 20 | |
| Pre-Need Lot At Need On Acct | () | Handling Fee Recording & Misc. Fees Pre-Need Trust | 77182 — 100 77183 — 100 77183 — 63033 — 9022 — | | |
| AC-212 (New. 11-sej) 324 | sold word | Below Yex TOTAL PAID | 60101 78300 — | 20 | |

\$ 21.00 Amount Received \$ NAME ADDRESS

> STATE □ check (√) if this is new address

CITY

OFFICIAL RECEIPT No 35515 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINKAUDITOP 284-3151 gollars (\$ 2 Division Grave Section Bow NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 87007 Invoice No 20% Sules Care 77184 JAN 1.1 1988 80% Sales 77184 of Lots Acct. No Opening/ Clasing Buriel 100 Containers BALANCE DUE 395.00 77182 100 Handling Fee 77165 Recording & 100 77183 On Acct Pre-Need 83033 Pre-Need Lot 9022 Trust Check 1 Pre-need Trust Cash Sales Tax 50101 760 TOTAL PAID AC-212 (Rev. 10-67)

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PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151

Nº 35679

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OFFICIAL RECEIPT 35980 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY 264-3151 Date: Dellars (\$ Payment of Division Grave Section Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT Invoice No "PAID" IN THIS SPACE 20% Sales Care 50% Sales CITY AUDITOR of Lots Acct. No. Opening/ Closing 100 77181 8 1988 Regint 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 On Acct Pre-Need Lot Frust 9022 Sales Tax Pre-need Trust Check 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev. 10-87)

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| 3.000 | t, Ruby | | ACCT, NO. | E-6781 |
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| TE | ITEMS | DEBIT / | CREDIT | BALANCE |
| July 7 87 | Lot 43, Grave 8, Section 1, Division 12 | 495 00 | 100 00 | 395 00 |
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| 2-7 89 | Cautor 24, Receipt 38252 | | 2000 | 2500 |
| AIGNER FORM NO. | 25-204 West, Ruby 43 - 8 | - 1 - 12 | | PRINTED IN USA |

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OFFICIAL RECEIPT 38376 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 264-3151 Euc Dollars (\$ Payment of Division Grave Row Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 87007 Invoice No "PAID" IN THIS SPACE 20% Sales Care BO% Sales of Lots 77184 Acct. No. Opening/ Closing CITY AUDITOR 77181 Buriel Containers 77182 **BALANCE DUE** 100 Handling Fee 77185 AUG Recording & 100 Misc. Fees 77183 Pre-Need 63033 On Acct Pre-Need Lot At Need Trust 9022 Pre-need Trust Check Sales Tax 80101 78300

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

our rules and regulations to inter the remains Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container . Handling Fees . Flower vases - Marker setting fee Recording and filing fee ... Total Due Paid receipt number . Balance due of the above named decedent I hereby certify I am the . and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of steed Zio Code Invoice # Acct. # PY-693 (REV. 8-85)

\$ 500.00 8-12-87 34930 20.00 480.00 9-10-87 35025 20.00 960.00 10-8-87 35/38 40.00 420.00 35387 12-7-87 380.00

Division

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Payment of

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Address: 5930 Divest St, 92/14

Dollars (\$30.00)

| Lot 65 Grave | \$2 ROW_ | Section |
|--|---|---------|
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE: | |
| W.O. <u>E-6782</u> BALANCE DUE 460.00 | | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check (| sales Word | 1 |

REDIT 20% Sales Care 40 50% Sales of Lots 77184 Opening/ Closing 100 77181 Burial Containers 77182 77183 Handling Fee Recording & 100 77183 Pre-Need 83033 9022 Trust Sales Tax 80101 7839K TOTAL PAID

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6782 Credit Lot

John H. & Syrdella Pounds 5930 Division Street San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due if paid more than...

after due date above. \$ 21.00

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WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WOUNT HOPE CEMETERY

| CAMARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 204-3151 | |
|---|----------|
| Le della Mi Phone Square Division of | 1920 |
| From Signature of the State of | 100 |
| In Payment of Georgen #7 Whatef dot | , |
| | 1000 |
| Lot Grave Pow Section Blo | ision // |
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Pre-need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

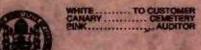
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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151

| From: SYRDEL | 1 Am Dru | UNS A. | FORD DIO | 15101157 | ete: _{ | 9.7 | , | .87 |
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| BALANCE DUE 38 | d On Acct | | | HI AN | andling Fee loording & loo. Feee s-Need | 77182 — 100 77183 — 100 77183 — 63063 — | | |
| Pre-need Trust Cash AC-212 (Rev. 11-86) | 1777 | ISSUED BY | Dera Blace | b Sa | AL PAID | 60101 78380 — | 40 | 00 |

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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

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| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY , | | | | |
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| From: John & Syrdella | Pousse 593 | o Devie | Sign | # | 30 |
| Twente dal | rear 10 CICH | - | ollars (\$ | 20,00 | 2, |
| n Payment of | 100 | a co | 7 | Obdoton | _ |
| Lot 60 Grave | 14 2 Row 8 | action | | Division / | _ |
| Acct. No. E -6762 | NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CITY AUDITOR | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burist | 67007 77184 ———————————————————————————————————— | 20 | 00 |
| BALANCE DUE 299, 00 | MAY 0 6 1988 | Containers Handling Fee Recording & Misc. Fees | 77182 —— 100 77185 —— 100 77183 —— | | |
| Pre-Need Lot At Need On Acct Or Pre-need Trust Cash Check O | ISSUED BY Grabla his | Pre-Need Trust Sales Tax TOTAL PAID | 63033 9022 — 50101 78390 — | 80 | 00 |

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WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINKAUDITOR | MOUNT HOPE CEMETERY | | | | d |
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| InPayment of | ufon 12 (14) | let de | The state of the s | 20,00 | |
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| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots | 67007 77184 — 100 77184 — | 20 | 00 |
| wo E-6782 | CITY AUDITOR | Opening/ Closing | 100 77181 — 100 77182 — | | |
| BALANCE DUE OS 7.00 | JUL 11 1988 | Handling Fee Recording & Misc. Fee | 100 77185 — 100 77183 — | The same | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | 1/1/6 | Bre-Naed Trust Sales Tax | 83933 9022 — 80101 76390 — | | ME |
| AC-212 (Rev. 10-87) 1834 | ISSUED BY FORM M | TOTAL PAID | • | 80 | 0 |

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| DEC | | | MAR | | | | | | OCT | NOV |

NAME JOHN H, + Syra Ella M, Pounds
ADDRESS 5930 Dimoion St.
CITY Ann Diego STATE Ch. ZIP 92114

OFFICIAL RECEIPT 36548 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO GUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY 264-3151 From Division Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 57007 77184 Invoice No 20% Sales Care 80% Sales Acct. No of Lots AUDITOR Opening/ Closing Burial 100 Conteiners 77182 BALANCE DUE Handling Fee Recording & Misc. Fees Pre-Need Lot At Need On Acct Pro-Need **B3033** Trust Pre-need Trust Cash Check Sales Tax 80101 TOTAL PAID AC-212 (Rev. 10-87)

OFFICIAL RECEIPT 36813 CITY OF BAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 264-3151 Dollars (\$ Division Row C/> Section NOT VALID FOR PURPOSE STATED UNLESS STATE CREDIT 67007 Invoice No. 80% Saige of Lots Acct. No Opening/ Closing 100 Burial Containen 77182 BALANCE DUE _ 500 Handling Fee Recording & 100 7718 Pyn-Need 63033 On Acct

AC-212 (Rev. 10-67)

Truet Sales Tex

TOTAL PAID

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| MAR | APR | | | | AUG | | | | DEC | JAN | FEB |
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| | | | | | | | \$ | 2 | 11 | 00 | 16 |

OFFICIAL RECEIPT Nº 36933 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CAMARY CEMETERY MOUNT HOPE CEMETERY 284-3151 Division Section NOT VALID FOR PURIPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT Invoice No. 20% Sales Care

80% Sales Acct. No. of Lots 7716 Opening/ Closing 100 77181 Containers **BALANCE DUE** Handling Fee 77186 Recording & Misc. Fees Pre-Need Lot Pre Nand 63033 On Acct Trust Pre-need Trust 90101 TOTAL PAID AC-212 (Rev. 10-87)

| 59 | 30 | Di | V1 | .10 | | Str | | E | m d | 8 | |
|-----|-------------------------------|-----|--------|-------|------------|-------|----------|------|-----|-----|--------|
| | | Mon | th ar | nd Da | y Di | ie In | dicat | ed B | | | |
| APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | IAN | FEB | MAR |
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ADDRESS 5 930 Finision of the State Ch 210 9 2114

city Aum Diego STATE Ch 210 9 2114

OFFICIAL RECEIPT

WHITE......TO CUSTOMER
CANARYCEMETERY
PINKAUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 244-3151

Nº 37058

| PIROKAUCITOR | 204-3151 | | n 1 | 00 |
|--|---|---|--|----------|
| From Nendolla Hac | ental 5930 C | - Dete: | X-6 | SD 19 00 |
| trocute no | 1/20 - 17 (| 11000 | ollars (\$ | 90.00, |
| In Payment of | ites | nauri | 209 | |
| Lot 60 Grave | /4 2 Row_s | ection | <u> </u> | vision/ |
| Acct. No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing | 67007 77184 100 77184 100 77181 | 88 CO |
| BALANCE DUE 158.00 | | Buriel Containers Handling Fee Recording & Misc, Fees | 100 77182 | 1900 OA |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check 9 | ISSUED BY THAIR MAIN | Pro-Need Trust Salce Tax | 63033 9022 60101 78390 | (1) (A) |

| | | | lví: | 100 | CUT- | | 11 | 4 | 1000 | | The state of |
|-------|------------------|-------------------|---------|-------|---------|------|----|------|------|-----|--------------|
| AY | JUN | | AUG | | | | | | | MAR | APR |
| 2.77 | | ineedin. | 30.00 | MARK. | \$100 P | VOC. | 20 | 2200 | | | * |
| ie da | ate abo | VE. | | 000 | d | lys | \$ | -20 | | • | 1 |
| mou | nt due due da | if paid te abo | more th | nan | 0 | 15 | \$ | _ | 0 | 0 | 1 |

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINKAUDITOR | MOUNT HOPE CEMETERY 284-3151 | | | | no |
|--------------------------------|---|---|-------------------------------------|-------------|-------|
| 1. 1.M. D. | la ensil | Date: | 1-3 | 1 1 | 00/ |
| From Ferral and low | Address 950 N | unese 4 | ollars (\$ 4 | 20 8 | 5 |
| InPayment of | oupon 18 | redit | dot | | |
| Lot 65 Grave | 1 \$ 2 Row_ | Section | 2 | Division // | |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | | 67007 77184 | CIEN | 00 |
| ACCL NO. 2-6782 | | of Lots Opening/ Closing Burial | 77184 — 100 77181 — | JAN | PITOR |
| BALANCE DUE | | Containers Handling Fee | 77182 — 100 77185 — | 11 | 1989 |
| Pre-Need Lot At Need On Acct O | 1. 1) | Recording & Misc. Fees Pre-Need Trust Sales Tax | 77183 — 83033 9022 — 60101 | | |
| Pre-need Trust Cash Check C | Issued av Mandia Whed | TOTAL PAID | 78390 | 20 | 00 |

| nount due when paid on, or before, | a D | B | Di | ege | . 1 | CA. | 92 | 11 | 4 | | | |
|--|--|------------------------------------|----------------|-----------------|-----------|--------------------|----------------|----------------------|-----------------|--------------|---|-----|
| nount due when paid on, or before, | The same of the last of the la | THE RESERVE OF THE PERSON NAMED IN | and the same | DOMESTIC OF THE | | Commercial Control | A STATE OF THE | The second districts | Section 2010 of | ALC: UNKNOWN | | MAY |
| | | | | | | 3 | | 10 | | | | - 1 |
| s 20.00 nount due if paid more than days er due date above. | above due if p | above tue if p | ve. If paid | more | 11 000000 | ONE N | ys | s | 20 | 0 | 0 | |

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HODE CENETERY

| PINKAUDITOR | 204-3151 | | |
|------------------------------------|---|--|-------------|
| From: Lendella Jaur | Mu -930 le | · Date: 27 | ter # 1967 |
| Houte delle | and 10/100 - | Dollars (| 28.00 |
| In Payment of | Cougar 17 | mula | at |
| Lot 65 Grave | 172 ROW_S | ection 2 | Division // |
| Invoice No. | NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID' IN THIS SPACE. | CREDIT 67007 20% Sales Cere 77164 - 80% Sales 160 | 2/0 (0) |
| Acct. No. 51-6022 | | of Lots 77184 - Opening/ 100 Closing 77181 - | Cm |
| BALANCE DUE 118.00 | | Burist 100 Containers 77182 - | FED UDITOR |
| | | Handling Fee 77185 - Recording & 100 Misc, Fee 77183 - | 16 1900 |
| Pre-Need Lot D At Need D On Acct D | 16/1 | Pre-Need 53033 Trust 9022 - Sales Tax 60101 | 909 |
| AC-212 (Rev. 10-67) 1908 | ISSUED BY MAIA VARA | TOTAL PAID \$ | 20 00 |

| 8. | | | go | east tees | | 100 C | 11 | ed B | alow | | |
|---------------|---------|----------------|---------|-----------|-------------|-------|--------------|------|--------------|--------|------|
| UL | AUG | | | | | | | MAR | | | JUI |
| 6 | | | . 3 | | | | 10 | | | | |
| ie da noui | nte abo | ve. if paid | more ti | | lore. da | ys) | > \$ > \$ | 20 | .00 | 0 | 10 |
| | | | | nan | da | ys) | > | \$ | \$_ 1 | s 1.00 | 1.00 |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From Sens la Peu | nd Vaddress: 5920 Riv | Date: | 3-6 trut. | . 100 | 59 |
|--|--|---|--|-------------|-----|
| InPayment of | 610 m 20 U | eart do | ollars (\$ | 20.00 | _) |
| Lot 65 Grave | 142 | ection | 2 | Division // | 100 |
| Acct. No. W.O. BALANCE DUE 96.00 | MOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CITY AUD | Handling Fee | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — | 180 | 02 |
| Pre-Need Lot At Need On Acct Pre-need Trust Ceah Check | MAR 101 | 98 Tra-Head Trust Sales Tax TOTAL PAID | 100 77183 — 83033 9022 — 60101 76390 — | 200 | 0 |

| 59 De | 46.7 | | go | 1 | | | 11 | | | | |
|---------------|---------|---------|---------|-----|------------|-----|-----|------|------|------|------|
| AUG | SEP | - | | _ | | _ | MAR | | 2000 | אטנ | JUL |
| we | 36 | 001 | MOV | DEC | JAIR | LEB | 10 | ari. | mai | 3011 | ,,,, |
| ue da | ite abo | ve. | paid on | | 90M2 80 | | 5 | 26 | .0 | 0 | |
| | nt due | te abov | more th | ian | da | ys | \$ | 1 | .01 | , | |
| mou fter d | one ca | | | | | | | | | | |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: Lindella Pau | 1 L Madernas 5930 . Die | Date: 4- | 10 10 89 |
|--|---|--|------------|
| Twenty da | loca 10/100 | Dollars (\$ | 20.00, |
| Lot 65 Grave | 172 Rowse | ection 2 | Division / |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 67007 20% Sales Cars 77184 — 80% Sales 100 of Lets 77184 — | 20 00 |
| Acct, No. E -6782 | CITY AUDIT | Opening/ 100 Closing 77:51 — Surial 100 Containers 77:52 — | |
| BALANCE DUE 7/1-00 | APR 17 19 | MISC Pers // Inc | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | Cantrall he | Pre-Need 83033 Frust 9022 - Seles Tax 80101 78390 - | 70 0 |
| AC-212 (Rev. 10-87) | ISSUED BY WINDOWS | TOTAL PAID \$ | 00 00 |

| 59 | 30 | Di | | | n | Str 92 | | | n d | | |
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| | | Mon | th at | nd D | av Di | ue In | dical | ed B | elow | | |
| SEP | OCT | | and harden | A CONTRACTOR OF THE PARTY OF TH | - | MAR | - | The second second | | | AUG |
| | | | 13 | | | | 10 | | | 1 | |
| ue da mou | ate abo | VB. | more to | | 7) | lys | s s | 20 | .0 | | 1 |
| ter (| | | | | | | • | | | | |

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINKAUDITOR | MOUNT HOPE CEMETERY 204-3151 | | | | ~ |
|------------------------------|--|-----------------------------|--|----------|-------|
| A Colle | P. 11 220 | © Rete: | 5-5 | 1 | \$7 |
| From: The of | 11 1 2 20 200 1 | nuese | 120 | nee | - |
| In Payment of | Jacoban 22 | Culi | liars (\$ 20) | 7.00 | |
| | 140 | | Div | vision / | _ |
| Lot Grave Grave | | ection | BIG | 201 | 05 |
| Invoice No. | - NOT VALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE. | 20% Sales Care 80% Sales | 67007 77184 100 | 00 | - |
| Acct. No. 21 -6782 | | Opening/ | 77184 100 77181 | CITY | 1,57% |
| wo | | Burial | 77182 | AL. | DITOR |
| BALANCE DUE SOLO | | Recording & | 100 /// 17185 | 47 12 | 1980 |
| Pre-Need Lot At Need On Acct | | Pre-Need Troom | 77183 ———————————————————————————————————— | 423 | |
| | 1. 181/1 | Vall | 60101 78390 | 70 | 7 |
| AC-212 (Rev. 10-87) 407 | ISSUED BY | CHOTAL PAID | | 00 | 0 |

| 7 | 0 | | 30516 | ay Du | III SE | 11 | 0.00500 | | | |
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| CT | NOV | | _ | MAR | | MAY | | JUL | AUG | SEP |
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| | nt due due dat | | han | da | ys) | 5 | 1 | .0 | 0 | |

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: Mild Pais | Address 5930 La | Date: 6 | 13 189 Freet 3 |
|--------------------------------|--|--|-------------------|
| In Payment of | Varjan 83 | Dollars (\$ | 29.00 |
| Lot 65 Grave | The state of the s | ection 2 | Division Block |
| Acct. No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening/ 100 | C/m |
| BALANCE DUE 32.00 | | Closing 77181 — Burlel 100 Containers 77182 — 100 Handling Fee 77185 — | JUNI UDITO |
| Pre-Need Lot At Need On Acct | | Recording & 100 Misc. Fees 77183 — Pre-Need 63033 Trust 9022 — | 75 1989 |
| AC-212 (Rev. 10-87) 195 | ISSUED BY TIME | Seles Tax 60101 78360 — TOTAL PAID \$ | 2000 |

| | 0.8 | | nge th ar | | | | | | elow | | |
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| w | DEC | JAN | | | | MAY | | | | SEP | OCT |
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| ou r (| nt due lue da | if paid te abo | more ti | nan | da | ys | s | 1 | 0 | 0 | h . |
| | | | | | | 20 | S | | | | 1000 |

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| 72 W.S.2 | | ING | r I | LIMIT | |
|-------------------|--|-----------|-----|--------|---------|
| DATE | ITEMS | DEBIT | 1 | CREDIT | BALANCE |
| 7 87 | Lot 65, Graves 1 & 2, Section 2, Division 11 | 500 00 | | 120 00 | 380 0 |
| 88 | Coupon #7 Receipt # 35676 | | | 2000 | 3600 |
| 4 88 | Causen 8 8 9 Respect 35961 | | 000 | 4100 | 3190 |
| 3 88 | Causen # 10 Rendiat 3083 | | | 2000 | 2991 |
| 6 88 | CHILDRE # 11 KICIEDY 3/0246 | | | 2000 | 270 |
| 6 88 | Van Dr 2 12 Percent 36370 | | | 2000 | 254 |
| 11 88 | Jan #13) Paroi ht 3648 | | | 2000) | 029 |
| 1000 | Od . Man # That IS Nowhourt 30013 | | 1 | 1110 | 190 |
| 2 2 | 10 000 #16 (March of 30033) | | 11 | 343 | 1700 |
| 1 00 | Maria de la constante de la co | | ++- | ON CAN | 1100 |
| 10 da | March H / Breeze Stock | 17 14 5 5 | ++ | 3000 | 120 |
| 10 00 | The how I 18 Descript | | | 2000 | 1580 |
| 10 87 | June 17, Elsen 3 1339 | | 1 | 0000 | 1/80 |
| 6 87 | Muyon # 20, seees 37441 | | | 2000 | 980 |
| 0 0% | your 2/ Remot 3765 | | | 2000 | 780 |
| 5 07 | Caupan 22, serent 37161 | | | 2000 | 580 |
| 389 | Get Jan 23, Nescept 38/5% | | | 2000 | 380 |
| 19 89 | Caupan H. Kecelot 38306 | | | 4100 | (36 |
| 3. 341 S430 Jinus | | | | 4 | ate Ve |

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OFFICIAL RECEIPT

WHITE.....TO CUSTOMER CANARYCEMETERY PINKAUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 N2 38306

| PINKAUDITOR | 264-3151 | Albertain and | Electric Artists |
|------------------------------|--|---|------------------|
| | Y | Date: July | 19 ,1989 |
| From John + Syraculla Ta | runds 5930 Divi | win At In | n Dugo CA. |
| . Jorty | -one and ny/10 | Dollars (\$ | 41.00 |
| InPayment of | coupon 24 C | editao | |
| | NOT VALID FOR PURPOSE STATED UNLESS STATED PAID IN THIS SPACE. CITY AND THE SPACE. | 0 | 0 |
| Lot 65 Grave 1 | RowSe | ection | Division / / |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STATED "PAID" IN THIS SPACE. | CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 | III NA |
| Acct. No. | MAD O | Opening/ 100 Closing 77181 — | 7100 |
| | Ch. 111 24 | Containers 77182 — | 150 |
| BALANCE DUE | 100 | Handling Fee 77185 — Recording & 100 | |
| Pre-Need Lot At Need On Acct | | Misc. Fees 77183 — Pre-Need 63033 Trust 9022 — | |
| Pre-need Trust Cash Check | Shann & Anin | Sales Tax 80101 78390 — | 111 80 |
| AC-212 (Rev. 10-87) 1930 | ISSUED BY THE THE TENTON | TOTAL PAID | 4/100 |

| DO | NOT A | MAIL | ENTIR | E BO | Ж | 1 | | monut: | Lt | Lo | - | |
|--------------------------|--|----------------------|---------|-------|-----|-----|------------|--------|------|----|------|---|
| 59 | 30 | Di | vi. | .10 | | Sti | | t | an d | | | 100 |
| | the state of the s | | h an | 1000 | | | - | • | elow | | | 100 |
| DEC | | | MAR | | | | | | | | Nov | 1 |
| | | | 01.3 | | | | 10 | | | | A | |
| recin recin ter di | due d due if se data | e. paid n gbov | ecre 2h | 0 Sel | day | s) | > s > s | 4.0 | 1.0 | 0 | - 42 | THE REAL PROPERTY OF THE PARTY |
| ADDE | ESS M | 54 | n/H |) PA | 1 | in | in | 2 | ZIF | fo | 211 | L |

MT. HOPE GEMETERY INTERMENT ORDER

City of San Diego

Date 7-7-87

| In a Vault/Linky | | trade a | A. | 6. 7/ | n 300 |
|---|--|-----------------------|-----------|---------------|----------------|
| Church, Chapel, Graveside | musia | date, tire | The | 2000 | Mortuan |
| All Funeral cars must arrive before | 3:30 p.m. of re | gular work | day or a | | and the second |
| and billed to undersigned. War time | veteran | | | | |
| Lot <u>43</u> Grave Re | w_5 | Section _ | 6 | _ Division/Bk | 7_ |
| Grave space & Care Fund | | | | | |
| Additional spaces and care fund | | | | | |
| Opening/Closing & Setup | | | | | 30.0 |
| Burial Container | | | | | 100-0 |
| Handling Fees | | | | | -111- |
| Flower vases - Marker setting fee . | | | | | 145.0 |
| Recording and filing fee | | | | | 35,0 |
| Sales taxes | | ******** | | ********* | 600 |
| does | | 1 | otal Due | | 606.0 |
| 100 | Paid receip | | | | 103_20 |
| No | | | | Balance due | 4-1 |
| W Mariana Mariana | | | | 400-0 | |
| hereby certify I am the and this is your authority to make di that I have the right to make this aut any liability on account of said auth | horization and | lagree to | above ind | | y and represe |
| hereby authorize the interment in | lot I | Signature 241 | uan | Cot GI | L en |
| hold under deed. | | WOOLAND | | - 01 | 0 |
| | 7. | State O19 | 9 48 | 0-6316 | 92025 |
| hold under deed. | ====================================== | State () 10 Talaphone | | 92 Y 940 Y 4 | Zip Co |

NOTE-STRAIGHT

| \$606.00 | San Diego, | California, | July 7 | 1987 |
|--|---|--|--|---|
| The state of the s | days after date. | for value receive | d, the undersigned maker | r(5) promise(s) to nay to |
| Mt. Hope Cemetery | or San Diego City To | | | |
| | | | | or order |
| at 3751 Martin Luti | ner King Way, San Die | go, CA 92 | 102 | The second second |
| the sum of sex see | alled six de | More | not | DOLLARS. |
| with interest from | | | on the unpai | d principal at the rate of |
| | annum, payable on demand | | enter our our manufacture | |
| holde: of this note, interest after United States. Each maker will b hereof before, at or after maturity person who signs this note agree | m of principal and accrued interest s maturity will accrue at the rate indicat e jointly and severally liable and conse, and waives presentment, demand and is that recourse may be had against hi the undersigned promise(s) to pay s | ed above. Princip ents to renewals. If profest and the s/her separate p uch sum as the | pal and interest are payable replacements and extens right to assert any statute roperty for any obligation | ie in lawfu! money of the tons of time for payment of limitations. A married contained herein, if any 's fees |
| | | 2414 | Blobcat GI | en |
| MAKE ALL PAYMENT | S AT MT. HOPE CEMETER | | THE AMERICA | g Address GA, 92025 |
| | | | A003093 | 59 |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

| NAME OF DECEDEN | | | SEX | DATE OF BIRTH | DATE OF DEATH |
|--|---|---|---|--------------------------------------|--|
| | rl Dumler | | Male | Dec. 3, 1914 | 1.2.100.23.100.23.100.000.000.000.000.000.000.000.000.00 |
| PLACE OF DEATH- | | PLACE OF DEATH—COUNT San Diego | Y YOR STATE IF NOT IN CALIFOR | NAME AND ADDRESS OF Susan Smith- | F SPOUSE OR OTHER INFORMANT |
| | S OF FUNERAL DIRECTOR IOR PERSON AIL. I-805 & Importal A | AND STREET OF THE PROPERTY. | CALIFORNIA LICENSE NUMBI | water mercane | Glen alifornia 92025 |
| 1 . | | | OF THE FOLLOWING TYPE | | 22201010 |
| XXX 1 BURIAL (IN | CLUDES ENTOMBMENT! | 5. DISINTERMENT A | ND BURIAL (INCLUDES | S DISINTERMENT AN REMAINS (INCLUDI | D REINTERMENT OF CREMATED (S INURNMENT) |
| The second | N AND BURIAL (INCLUDES INURNMENT) | 6. DISINTERMENT, C | REMATION, AND BURIAL IMENT) | 9. DISINTERMENT OF DISPOSITION OTHER | CREMATED REMAINS AND R THAN IN A CEMETERY |
| 3: CREMATIO CEMETERY 4: SCIENTIFIC | | 7. DISINTERMENT, COTHER THAN IN | REMATION, AND DISPOSITIO A CEMETERY | FOR CORC | DINER'S USE ONLY |
| FERMENT | NAME AND ADDRESS OF CEMETERY W | | | | COUNTY |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | 3751 Market St WHERE REMAINS ARE TO BE C | | | San Diego IN CHARGE OF CREMATORY |
| BURBAL AT SEA OR SITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | NA WOOD | INE OF STRETGESCHOOLS | STEED TO IDENTIFY F | INAL PLACE AND COUNTY OF | DISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest | dent under provisions of espais and nuisance laws | he Health and Safety Coo apply and understand th | ie, 🕨 | NT |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED I | H PROVISIONS AMOUNT OF F | DATE PERMIT ISSU | SIGNATURE OF LOCALE | EGISTRAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | OST SIGNAT | EOYLU XIII | OF DISPOSITION LICEN | SE NUMBER OF CREMATED REMAIN SER, IF APPLICABLE |
| IF DISPOSITION IS TO DOCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | |

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

058367 07/15/87 022616 SUSAN SMITH 072 072 072 072 100 100 100 60101 NUMBER OF INVOICES PAID TOTAL AMOUNT PAID 1.880.80 E-6783

07/28/87 CK 000072 000072 000072 000072 606.00 320.00 100.00 35.00 145.00 6.00 77181 77182 77183 77185 78390

PAID IN FULL 505.00

Pu-need

ATT. HOPE CEMPTERY

INTERMENT ORDER

City of San Diego

Date 7/7/87

| in a | Du - need | | *** |
|--|--|--|---|
| FT 8 Vauh/Liner | Funeral, Note | Ime | 2 |
| Church, Chapel, Graveside | | | Mortuary. |
| All Funeral cars must arrive bef | ore 3:30 p.m. of regular | work day or an extra cha | rge will be applied |
| and billed to undersigned. War | time veteran | | |
| 121/ | | 11 | 77 |
| Lot Lot T Grave | _Row Section | on Division/ | |
| Grave space & Care Fund . C | an be Double | Deep - | 695 E |
| Additional spaces and care fund | no | e 00 | me / |
| Opening/Closing & Setup | - J | ananga D | |
| Burial Container | ()Vol | They tend | 10.00 |
| Handling Fees | ar | ···· | *** |
| Flower vases - Marker setting fo | se | | |
| Recording and filling fee | | | 2011 |
| Sales taxes | | | |
| Pu heed Sale of | Paid receipt num | C, Total Due | 695A |
| Pre heed Sale of | Paid receipt num | 3118 de | 695 A |
| Pre heed Sale of only - Inches | | Balance of the above | e named decedent |
| Pu heed Sale of oney - Inches | ke disposition of remain authorization and lagre | Balance of the above sas above indicated. I ce to hold Mt. Hope Cerner | e named decadent |
| I hereby certify I am the and this is your authority to mai that I have the right to make this any liability on account of said at I hereby authorize the intermen | ke disposition of remain authorization and lagre authorization and intern at in lot l | Balance of the above sas above indicated. I ce to hold Mt. Hope Cerner | e named decadent |
| Pu heed Sale of the sale of th | ke disposition of remain authorization and lagre authorization and intern at in lot I | Balance of the above as as above indicated. I ce to hold Mt. Hope Cernellant. | e named decadent |
| I hereby certify I am the and this is your authority to mai that I have the right to make this any liability on account of said at I hereby authorize the intermen | ke disposition of remain authorization and lagre authorization and intern at in lot I | Balance of the above sas above indicated. I cele to hold Mt. Hope Cernel nant. | e named decedent rtify and represent tery harmless from |
| I hereby certify I am the and this is your authority to mai that I have the right to make this any liability on account of said in the liability of | ke disposition of remain authorization and lagre authorization and intern at in lot I | Balance of the above indicated. I cele to hold Mt. Hope Cernellant. | e named decedent rtify and represent tery harmless from |
| I hereby certify I am the and this is your authority to mai that I have the right to make this any liability on account of said in the liability of | ke disposition of remain authorization and lagre authorization and intern at in lot I | Balance of the above sas above indicated. I cele to hold Mt. Hope Cernel nant. | e named decedent rtify and represent tery harmless from |
| I hereby certify I am the and this is your authority to mai that I have the right to make this any liability on account of said in the lia | ke disposition of remains authorization and lagre authorization and internation and internation lateral state of the state | Balance of the above indicated. I cele to hold Mt. Hope Cernellant. | e named decadent |



MT. HOPE CEMETERY INTERMENT ORDER

| unders - | _ |
|--|--|
| | This spow Reserved. This spow Reserved. Soldary. one coff. Soldary. with they |
| MT. HOPE CEMETERY | asente |
| City of San Diego | and the second |
| City of San Diego | Din spar |
| 7/7/87 | with a colf |
| Date | and of our out |
| You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains | 0 300 im 1 che |
| of romuvell Mukai + KYOKO MUKA | 1 sor they |
| in a Put Fundad form time | for 30 days one chick Please with they Please the center of 102 |
| Church, Chapel, Graveside Mortuary. | and return Cent et 192102 |
| All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied | o retil he a. Fazille |
| and billed to undersigned. War time veteran | and of Hollanday) 90 |
| and blilled to bridersigned. War time veteran | MI DI YNO CO |
| Lot 124 Grave Row Section Division/Mock | No 2751 0001 |
| Grave space & Care Fund Carbe Touble Perp - 6952 | 31 Sill miles |
| APPENDIT OF THE PROPERTY OF TH | Deed will be for weight |
| Additional spaces and care fund | san ale ways |
| Opening/Closing & Setup | -01 10 10 |
| Burial Container | a well a reg |
| Handling Fees | and mild |
| Flower vases - Marker setting fee | Plet mail |
| Recording and filing fee | y done |
| Sales taxes # /orto | and law. That Atother |
| Fil held South Endamed Carl, Total Due 610 2 | a Jan Wat O Wat |
| Paid receipt number | Pal Dullaw. |
| O all with M. Balance due | Jan My |
| I hereby certify I am the | |
| and this is your authority to make disposition of emains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from | 000 |
| any liability on account of said authorization and interment went with the | Ley Heights Check In 695.00 |
| I hereby authorize the interment in lot I | 1 19100 |
| | cley Heights theck on 610. |
| Segretaire of recorded trother of dead Y Plew Jergey 07922 | on closed berewith. |
| Sign 201) 464 9345 24 Code | on closed wereliour. |
| Tohana Tohana | Plene muke Cromwell |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Work Order # E 6784 | and Vigotes Muchai as |
| Work Order # Acct. # | goint owners on the deal. |
| | |

Handle you.

Ru.

| ALL A | WHITE | TO CUSTOMER |
|---------------------|-------|-----------------------------|
| THE PERSON NAMED IN | | An included a second second |

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

| PINKAUDIT | 204-3151 | Quie: 7- | 2/ 187 |
|---|---|---|------------|
| From Manuel Stay League In Payment of S | Mexicol Sof | Olaro (8 | 1625.00, |
| Lot 124 Gra | ve Row S | ection | Division 7 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED TAID' IN THIS SPACE | CREDIT 87007 20% Sales Care 77184 - 20% Sales 100 of Lots 77184 - Opening/ 100 Chaing 77181 - Burial 100 Containers 77182 - | 36600 |
| Pre-Need Lot At Need On As | | Containers 77182 - Handling Fee 77183 - Recording & 100 Milo, Fees 77183 - Pre-Heed 8022 - Trust 8022 - | |
| Pre-need Trust Cash Check AC-212 (Rev. 11-86) | ISSUED BY trade, Meral | Salas Tax 80101 75360 - TOTAL PAID 8 | 695 00 |

INTERMENT ORDER

| | of San Diego | 2 |
|--|------------------------------------|--|
| 8 chairs | There exists 7.5 | 7-8-87 |
| | Date | , <u> </u> |
| Yed are hereby authorized and instructed, su | bject to your rules and regulation | ns, to inter the remains |
| X arthur you | ar X | |
| ina All Wauft | uneral, date, time 7/15 | Wed 11:30 |
| Church, Chapen, Graveside | de Ciersa | livers sportuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra | charge will be applied |
| and billed to undersigned. War time veteran | | SECOND AND AND AND AND AND AND AND AND AND A |
| 027 | | d |
| Lot 70 Grave Row | Section Divis | ion /Block |
| Grave space & Care Fund | me - (Showard | |
| Additional spaces and care find D. A | ID | annantes = = = = = = = = = = = = = = = = = = = |
| Opening/Closing & Setup 8. Chair | (ID) | 165.1 |
| Buriel Container Counts at Kanl | 1 1997 Brown | dul 40,00 |
| Handling Fees | | 60.01 |
| MT. HOPE Flower vases - Marker setting TFV of SAN | CEMETERY DIEGO CALID | 35.00 |
| Recording and filling fee | DESO, CRUZA- | 2.46 |
| Sales taxes | | , |
| 2 Place | Total Bue 2 | 15 242.40 |
| the A Samuel Paid | eceipt number | 242.40 |
| Red by | ė. | nce due |
| 15ml | 01 | nice due |
| hereby certify I am the | | sbove named decedent |
| and this is your authority to make disposition that I have the right to make this authorization | n and I agree to hold Mt. Hope Co | |
| any liability on account of said authorization | and interment. | 00 |
| hereby authorize the interment in lot I | X6 bens | (Cropper) |
| hold under deed. | Address | |
| Signature of recorded holder of deed | - | Zio Code |
| 11/2 × 6 × 31/2 | Telephone | |
| *** | (Map) | |
| F 686 | Invoice # | |
| Work Order # E 6785 | Acct. # | |
| PY-593 (NEV. 8-86) | | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6785

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| OF DECEDEN | | | | SEX | L DAYE OF BIRTH | | |
|--|--|--|--|--|---|---|--|
| H-1-10-77 | | | A | CONTRACTOR OF THE PARTY OF THE | DATE OF BIRTH | DATE OF DEATH | |
| | JR COOPER | Paris | | MALE | OCT 4,1905 | JULY 5,1987 | |
| PLACE OF DEATH- | -CITY OR TOWN | PLACE OF DEATH—COL | INTY IOR STAT | E IF NOT IN CALIFORNIA | NAME AND ADDRESS O | F SPOUSE OR OTHER INFORMANT | |
| FONTA | A DATE OF THE PARTY OF THE PART | SAN BERNA | RDINO | | ELEANOR COOP | ER (DAUGHTER) | |
| | SS OF FUNERAL DIRECTOR FOR PERSON A | | CALIFOR | RNIA LICENSE NUMBER | 4000 PIERCE | #29 | |
| SIERF | RA MEMORIAL CHAPEL MOR | RTUARY | | 139 | RIVERSIDE, C | A | |
| | | | | | | 134 | |
| * | TYPE OF PER | MIT, CHECK ONLY ONE | OF THE FO | DLLOWING TYPES O | F DISPOSITION | | |
| | | 1/4420 | | | 1557. | | |
| LI 1. BURIAL (IN | ICLUDES ENTOMBMENT) | 5. DISINTERMENT ENTOMBMENT) | | UNCLUDES | REMAINS (INCLUDE | S INURNMENT) | |
| | N AND BURIAL (INCLUDES INURNMENT) | 6. DISINTERMENT | , CREMATION, | AND BURIAL | | CREMATED REMAINS AND R THAN IN A CEMETERY | |
| CEMETERY | N AND DISPOSITION OTHER THAN IN A | 7. DISINTERMENT | CREMATION | AND DISPOSITION | FOR CORO | NED'S LISE ONLY | |
| 4. SCIENTIFIC | USF | OTHER THAN I | N A CEMETER | Y | FOR CORONER'S USE ONLY 10. DISPOSITION PENDING | | |
| and the south of t | | | | | U 10. DISPOSITION PEND | ING | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | VHERE REMAINS OR CREM | ATED REMAIN | IS ARE TO BE INTERR | ED C | COUNTY | |
| | MT. HOPE CEMETERY | | AN DIEG | O. CA | | SAN DIEGO | |
| CREMATION | NAME AND ADDRESS OF CREMATORY WE RIVERSIDE CREMATORY | RIVERSIDE | NAMES OF THE PARTY | 7-10-87 | SIGNATURE OF PERSON | IN CHARGE OF CREMATORY | |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | N/A | INE. OR OTHER DESCRIPT | TION SUFFICIE | NT TO IDENTIFY FINAL | PLACE AND COUNTY OF | DISPOSITION | |
| SCIENTIFIC | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | | | |
| USE | 80 | | | | | | |
| | N/A | N 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | S 10 75% | | SIGNATURE OF APPLICAL | NT. | |
| ACKNOWLEDGMENT | This is to certify that I am the per remains of the above named doce | | | The state of the s | | 70 | |
| OF | and I hereby acknowledge that to | | | | DATE SIGNED | | |
| APPLICANT | this permit gives no right of unrest | | The state of the s | | DATE SIGNED | | |
| - | | | | | | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED IS | THIS PENNIT 3 | n | 7/7/87 | · La Por | EGISTBAR ISSUING PERMIT | |
| CERTIFICATION OF PERSON IN CHARGE +OF DISPOSITION | CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | SIGNA (TER DATE) | ATUME OF PER | u les | DISPOSITION LICENS | E NUMBER OF CREMATED REMA SER, IF APPLICABLE | |
| IF CISPOSITION IS | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 1 | ~ | N.3 | | |
| | 142 | | - | | | | |
| TO OCCUR IN | SAN BERNARDING COUNT | W WEST THE BERT | 777 | T 117511 AN | | | |

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 COMETERY

City of San Diego

Date 7-7-87

| and the | 7/in Ans |
|--|--|
| n a Veuk/Juner Fun | peral, data, time |
| Church, Chapel, Graveside | ~ deves Mortus |
| All Funeral cars must arrive before 3:30 p.m. o | of regular work day or an extra charge will be applied |
| nd billed to undersigned. War time veteran _ | all last with |
| EN/N | acleury dole & The |
| .00 260 Grave Row | Section Dwision/Block / O |
| Grave space & Care Fund | |
| Additional spaces and care fund | · |
| Opening/Closing & Setup | 109 |
| Burial Container | UA |
| WALLESS STORE TO BE | 10 |
| landling Fees | |
| lower vases - Marker setting fee | |
| recording and filling fee | |
| Sale Titles A | |
| | Total Duey |
| JUL 0 9 1987 Paid res | ceipt number 34798 242.9 |
| | - |
| MT. HOPE CEMETERY CITY & SAN DIEGO, CALIF. | Balance due |
| hereby certify I am time | of the above named decede |
| and this is your authority to make disposition on that I have the right to make this authorization any liability on account of said authorization a | of remains as above indicated. I certify and repress and I agree to hold Mt. Hope Cemetery harmless fr and interment. |
| water the second of the second | EARL OXAKI |
| hereby authorize the interment in lot I nold under deed. | Synthe SUIDER ST |
| Contraction to the contraction of the contraction o | Distance of the state of the st |
| Signature of recorded holder of deed | SAN VIEGO CA-92/2 |
| | 211-7021 Telephone |
| | tourism # |
| F OMOO | Invoice # |
| Work Order # E 6786 | Acct.# |

PERMIT FOR DISPOSITION OF HUMAN REMAINS #55707

| | | USE BLACK | INK-MAKE NO ALT | ERATIONS OR ERASURE | S Lewis | Colonia | il/Benbou | gh 🔻 |
|---|---|--|--|-----------------------------|-----------------------------|--|---|--------------|
| NAME OF DECEDENT | WASA OSAKI | *************************************** | | female | Sept 11, | 1890 | July 7, | |
| MACE OF DEATH—San Diego | CITY OR TOWN | | DEATH—COUNTY IOR: | STATE IF NOT IN CALIFORNIA) | NAME AND ADD | 7 (32) | | INFORMANT |
| WANTED TO THE | s of funeral director ial/Benbough | 3051 Bi Cajon San Diego, CA | Blvd. | F-480 | 3032 Ski San Dieg | A STATE OF THE STA | | ~ •. |
| | T | PE OF PERMIT, CHECK | ONLY ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | | | |
| D' 1 BURIAL (IN | CLUDES ENTOMBMENT) | | DISINTERMENT AND BUR | RIAL (INCLUDES | 8 DISINTERMI REMAINS (II | ENT AND REI | | REMATED |
| 2 CREMATION | N AND BURIAL (INCLUDES I | L 8. L | DISINTERMENT, CREMAT | ION, AND BURIAL | 9 DISINTERME | | MATED REMAINS AN IN A CEMETE | |
| CEMETERY | | D 7. 0 | DISINTERMENT, CREMAT | | | | 'S USE ONL | Y |
| 4 SCIENTIFIC | USE | | THEN THAN MY A CAME | | 10 DISPOSITIO | N PENDING | | _ |
| INTERMENT | Mount Hope Ce | | | | | Sai | n Diego | _ |
| CREMATION | Cypress View | REMATORY WHERE REMA 953 Imperial Crematory - S | Ave. an Diego, CA | DATE CREMATED 7/13/87 | SIGNATURE OF | ERSON IN CI | HARGE OF CREM | ATORY UND |
| BURIA, AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMAYED REMAINS | n/a | T ON SHORELINE, OR OT | HER DESCRIPTION SUFF | ICIENT TO IDENTIFY FINAL | PLACE AND COUN | TY OF DISPO | DSITION | |
| SCIENTIFIC USE | name and address of | FACILITY RECEIVING REM | Ains | | | | | |
| ACKNOWLEDGMENT - OF APPLICANT | remains of the above and I hereby acknowl | l am the person havin named decedent unde edge that trespass and ght of unrestricted acco | r provisions of the He nuisance laws apply | and understand that | SIGNATURE OF A | PPLICANT | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN AC OF THE CALIFORNIA HEALTH A AUTHORITY FOR THE DISPOSIT | ND SAFETY CODE AND IS THE | \$3.00% | JUL 9 198 | Nonal | La | mand MI S | RMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | 5260/10 | ON ENTER DATE | - Logi | PERSONAL GHAPPE OF | DISPOSITION | | JMBER OF CREM IF APPLICABLE | ATED REMAINS |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | n/a | GISTRAR OF <u>COUNTY</u> O | F DEATH (| 6 8 | | | - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | |
| | | | Service Control of the Control of th | | | | ALL 10 December | AUDI C COD |

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

Date 7/8/87

| Rell 1 w | |
|--|--|
| | Funeral, date, time |
| Vault/Liner | Posolat |
| 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 |
| nd billed to undersigned. War time vete | eran _100 . |
| 10 3 | 2 2 |
| ot 69 Grave 3 Row_ | Section 2 Division/Bank 11- |
| Grave space & Care Fund Lingle. | grane and Endand Care 250 2 |
| Additional spaces and care fund | |
| Opening/Closing & Setup | PAID |
| Burial Container | I AID |
| landling Fees | JUL 0.7.1987 |
| lower vases - Marker setting fee | |
| lecording and filing fee | MT. HOPE CEMETERY |
| unterpolities = 3V | COTT OF STATE OF STAT |
| etter datal 421/87 | 2508 |
| elar date 41401 | Total Due |
| See E 6 / 80 R 0 P | Paid receipt number 34/16 950 |
| | · - |
| Service fee Outain | Balance due |
| Service Perform | Balance due |
| | of the above named deceden |
| | of the above named deceden |
| nd this is your authority to make dispos hat I have the right to make this authoriz | of the above named deceden sition of remains as above indicated. I certify and represen zation and lagree to hold Mt. Hope Cemetery harmless from |
| and this is your authority to make dispos hat I have the right to make this authoriz any liability on account of said authoriza | of the above named deceden sition of remains as above indicated. I certify and represen zation and lagree to hold Mt. Hope Cemetery harmless fron ation and interment. |
| nd this is your authority to make dispos hat I have the right to make this authorize ny liability on account of said authorize hereby authorize the interment in lot I | of the above named deceden sition of remains as above indicated. I certify and represen zation and lagree to hold Mt. Hope Cemetery harmless fron ation and interment. |
| nd this is your authority to make dispos hat I have the right to make this authorize ny liability on account of said authorize hereby authorize the interment in lot I | of the above named deceden sition of remains as above indicated. I certify and represen zation and lagree to hold Mt. Hope Cemetery harmless fron ation and interment. |
| nd this is your authority to make dispos hat I have the right to make this authorize ny liability on account of said authorize hereby authorize the interment in lot I old under deed. | of the above named deceden sition of remains as above indicated. I certify and representation and lagree to hold Mt. Hope Cemetery harmless from and interment. Signature Address |
| nd this is your authority to make dispos hat I have the right to make this authorize ny liability on account of said authorize hereby authorize the interment in lot I old under deed. | of the above named deceden sition of remains as above indicated. I certify and representation and lagree to hold Mt. Hope Cemetery harmless from and interment. Signature Address State Zip Cod |
| nd this is your authority to make dispos hat I have the right to make this authorize ny liability on account of said authorize hereby authorize the interment in lot I old under deed. | of the above named deceden sition of remains as above indicated. I certify and representation and lagree to hold Mt. Hope Cemetery harmless from and interment. Signature Address |
| ind this is your authority to make dispos hat I have the right to make this authoriz | of the above named deceden sition of remains as above indicated. I certify and representation and lagree to hold Mt. Hope Cemetery harmless from and interment. Signature Address State Zip Cod |

WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY 264-3151 Dollars (\$ 250 20 Division Section Grav Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 20% Sales Care 67007 77184 Invoice No. 60% Sains Acct. No Opening/ Closing 7718 Surial Containers **BALANCE DUE** 77183 Handling Fee Recording & Pre-Need Trust On Acct Pre-Need Lot Pre-need Trust Sales Tax TOTAL PAID AC-212 (Nev. 11-86

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Guly 8, 1987

| 1 | Date D | 7. |
|---|--|-------------------------|
| You are hezely authorized and inst | tructed subject to your rules and regulation | s, to inter the remains |
| of xaryer of | Schoule | |
| in a Golf Lente | Funeral, date, time | 7 |
| Church, Chapel, Graveside | : Rosers | Mortuary. |
| All Funeral cars must arrive before | e 3:30 p.m. of regular work day of an extra | rge will be applied |
| and billed to undersigned. War tim | ne veteran | |
| Lot 69 Grave 3 1 | Row Section Divisi | on/Block - //- |
| Grave space & Care Fund | Lee E-6787 - | PQ - |
| Additional spaces and care fund | | none |
| Opening/Closing & Setup | | 320- |
| Burial Container Conut | C C LANGED SING | 100 - |
| Handling Fees Labor | 110101 | 14500 |
| Flower vases - Marker setting fee | JUL-07-1987 | |
| Recording and filing fee | | 35 |
| Sales taxes | MT. HOPE CEMETERY | |
| utette date 6/20/ | Total Due | 606 2 |
| on steventor cent | Paid receipt number 34797 | 6060 |
| onserstone for | Balar | ice due |
| up & purchase. | | |
| | disposition of remains as above indicated. Ithorization and I agree to hold Mt. Hope Ce | |
| I hereby authorize the interment in hold under deed. | n lot Signature | 7 |
| | Address | |
| Signature of recorded holder of deed | States | Zip Code |
| | Telephone | |
| E amon | Invoice # | |
| Work Order # E 6788 | Acct. # | |

OFFICIAL RECEIPT SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CLUSTONER CEMETERY MOUNT HOPE CEMETERY 284-3151 Division NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT Invoice No PAID IN THIS SMACE 20% Sales Care 60% Sales Acat. No BALANCE DUE 77183 Handling Fee 100 77183 Pre-Need Pro-Need Los On Acct Trust Pro-need Trust Sales Tex TOTAL PAID

PA

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-8-87

| of gury, view | 2 Sollow | 7/10 11 00 |
|--|--|---------------------------|
| in a Fur | neral, date, time | 11.00 |
| Church, Chapel, Graveside | de lasse | Mortua |
| All Funeral cars must arrive before 3:30 p.m. o | of regular work day of an ex | dra charge will be applie |
| and billed to undersigned. War time veteran | | 0 |
| Lot /43 Grave 2 Row | Section | ivision/ Pu // |
| Grave space & Care Fund Bettom | of Dit | _ <u></u> |
| Additional spaces and care fund | | |
| Opening/Closing & Setup | ···· | 90 |
| Burial Container | | |
| Handling Fees | ********* | ,,,,,,,,,, |
| Flower vases - Marker setting fee | ********** | |
| Recording and filing fee | | |
| Sales taxes | | YAFORDANIA INGOLOGIA |
| Sales taxes Y- Paid re | Total Due | paratra and a second |
| 1. 27 1 1 6 Ca. | | |
| 2 1 10 Palate | ceipt number | 105 |
| 32 60 | | Salance due // |
| I hereby certify I am the | of t | he above named deced |
| and this is your authority to make disposition | of remains as above indica | ted. I certify and repres |
| that I have the right to make this authorization any liability on account of said authorization a | and lagree to hold Mt. Hop and interment. | e Cemetery narmiess fr |
| | | |
| I hereby authorize the interment in lot I hold under deed. | Signature | |
| | Activees | |
| Signature of recorded heider of deed | State | Zie |
| AND FOR THE PARTY CONTROL OF THE PARTY OF TH | | |
| | Services Alexa | |
| | Telophone | |
| Work Order # E 6789 | Services Alexa | 1378 |

£6789

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | Lella "B" Pylant | | SEX Female | DATE OF BIRTH | July 5, 1987 |
|--|--|--|--|--|---|
| Control of the Contro | CREATING CONTRACTOR CONTRACTOR CO. | PLACE OF DEATH—COUNTY IO San Diego | H STATE IF NOT IN CALIFORNIAS CALIFORNIA LICENSE NUMBER | 시 및 "현실 생활하기 없었다. 점심하게 하는 물건 사이에 있었다. 하나 다 | |
| 14 | TYPE OF PERA | AIT, CHECK ONLY ONE OF TH | HE FOLLOWING TYPES O | F DISPOSITION | |
| TI. BURIAL (IN | CLUDES ENTOMBMENTI | 5. DISINTERMENT AND BE ENTOMBMENT) | URIAL IINCLUDES | B. DISINTERMENT AND REMAINS (INCLUDES | REINTERMENT OF CREMATED |
| 2. CREMATIO | N AND BURIAL (INCLUDES INURNMENT) | 8. DISINTERMENT, CREMA | | 9 DISINTERMENT OF C | REMATED REMAINS AND THAN IN A CEMETERY |
| 3. CREMATION CEMETERY 4. SCIENTIFIC | n and disposition other than in a use | DISINTERMENT, CREMA | ATION, AND DISPOSITION METERY | FOR CORON | MER'S USE ONLY |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W Mt. Raps Comptery: NAME AND ADDRESS OF CREMATORY W | 3751 Herket Stre | et; San Diego, | . CA | San Biego N CHARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY GE CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHORE | chair Cla | through to | lean B | Thom of |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | TEMAINS | Wooden | 9 | DIF |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre this permit gives no right of unrest | dent under provisions of the H espass and nuisance laws app | lealth and Safety Code, ly and understand that | SIGNATURE OF APPLICANT DATE SIGNED | T . |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | E AND IS THE | DATE PERMIT ISSUED | SIGNATURE OF LOCA HE | STRAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED 7/ | O 87 SIGNATURE | DE PERSON IN GHARES OF | | NUMBER OF CREMATED REMAIN ER IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | | *** | |

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

MT, HOPE CEMETERY

INTERMENT ORDER

City of San Diego

7-9-87

| of September | | CAL | | |
|--|---|--|---------------------------|-----------------------------------|
| no lener | _ Fuperal, date, ti | Sui | 7/10 | 10mi |
| Church, Chapel Graveside Maul | | Hum | places | Mortuary |
| All Funeral cars must arrive before 3:30 | p.m. of regular wo | rk day or a | n extra charge | will be applied |
| aga billed to undersigned. War time vets | - The same of the | | | nie dzenosta es ese au ese |
| 30M | | 2 | | 0 |
| .ot 28 / Grave Row _ | Section . | | _ Division /81 | otck O |
| Grave space & Care Fund | | | | |
| Additional spaces and care fund | | | | |
| pening/Closing & Setup | | | | . 320. |
| Burial Container | | | | 100- |
| landling Fees | | | | 145. |
| lower vases - Marker setting fee | | | | |
| ecording and filing fee | | | | 35. |
| | | | | 6_ |
| *************************************** | | Total Due | | 606. |
| p | aid receipt number | 311 | 804 | 606 |
| | olo recolpt mamber | 1,20 | Balance du | 6 |
| | | | balance ou | |
| hereby certify I am the | ition of remains as | above in | dicated. certif | amed deceden |
| and this is your authority to make dispose hat I have the right to make this authorize any liability on account of said authorize | eation and lagree to | hold Mt. I | 77 | y harmless from |
| hat I have the right to make this authorize my liability on account of said authorize hereby authorize the interment in of I | eation and lagree to | hold Mt. I | Rowers | y harmless from |
| hat I have the right to make this authorize ny liability on account of said authorize hereby authorize the interment in of i | ration and lagree to | ار المال المالية المالية المالية المالية المالية | Rower's | |
| hat I have the right to make this authorize ny liability on account of said authorize hereby authorize the interment in of i | ration and lagree to | hold Mt. I | Rower's | 78669 |
| hat I have the right to make this authorize in liability on account of said authorize hereby authorize the interment in lot I hold and a said authorize the interment in lot I hold and a said authorize the interment in lot I | ration and lagree to | ار المال المالية المالية المالية المالية المالية | Rower's | |
| hat I have the right to make this authorize invalidability on account of said authorize thereby authorize the interment in for I had not provided the country of the countr | ration and lagree to | 5 0x8 EWBB | Rower's | |

£6790

PERMIT FOR DISPOSITION OF HUMAN REMAINS

| | (6) | USE BLACK INK-MAKE N | O ALTERATIONS OR ERASU | RES | | |
|---|--|--|---|---|---|--|
| NAME OF DECEDEN | IE GARMER HEMRICH | | SEX Female | 03-08-1898 | July 09, 1987 | |
| PLACE OF DEATH— | in | Texas | Y (OR STATE IF NOT IN CALIFORNIA | Ted V. Power Rt. /3. Box | N. W. P. A. D. C. | |
| Fumphrey C | SS OF FUNERAL DIRECTOR (OR PERSON | 55 Broadway Shula Vista, CA | P-964 | Spicewood, | | |
| | TYPE OF PER | MIT, CHECK ONLY ONE C | OF THE FOLLOWING TYPES O | OF DISPOSITION | | |
| 1 BURIAL (IN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AN | ND BURIAL (INCLUDES | B DISINTERMENT AND REMAINS (INCLUDE | REINTERMENT OF CREMATED | |
| 2 CREMATIO | N AND BURIAL IINCLUDES INURNMENT) | DISINTERMENT, CI | | 9 DISINTERMENT OF | CREMATED REMAINS AND | |
| 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE | | 2022 | REMATION, AND DISPOSITION | FOR CORONER'S USE ONLY 10. DISPOSITION PENDING | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | | | DUNTY Sen Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | WHERE REMAINS ARE TO BE CF | DATE CREMATED | SIGNATURE OF PERSON | IN CHARGE OF CREMATORY | |
| BURIAL AT SEA OR DISPOSITION OTHER HAN IN A CEMETERY CREMATED REMAINS | | and the Ros | MISSISTENT TO IDENTIFY FINA | AL PLACE AND COUNTY OF I | DISPOSITION | |
| SCIENTIFIC USE | 4.63 | CEIVING REMAINS | alu | 100 | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dec and I hereby acknowledge that the this permit gives no right of unres | edent under provisions of t resposs and nuisance laws | he Health and Safety Code, apply and understand that | > | σ | |
| * LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE | DE TO 19 | SIGNATURE OF LOCAL RE | EGISTRAR ISSUING PERMIT | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED 5/ | 10/87 SIGNATU | eou III | DISPOSITION LICENS | E NUMBER OF CREMATED REMAINS SER, IF APPLICABLE | |
| IF DISPOSITION IS | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 2 | | | |

CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE. OR LY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151

| From: Year | 2 | 284-3151 address: RT 3 & La | Date: _ | 7-10 | u some | 87 |
|--------------------------|-------------------------|---|---|------------------------------------|-------------------|----|
| inPaymo | Alle Si | Henrie | & Live | Dollars (\$ | 606.78 | 86 |
| Lot 387 | Grave | Row | Section | 3 | Division Block | 8 |
| Invoice No | NOT VALID PAID IN TO | FOR PUMPCOE STATED UNLESS HIB SPACE. | 20% Sales Of Lots | 67007 77184 — 100 77184 — | 320 | |
| W.O. E - 6 79 | 0 | | Opening/ Closing Bariel Containers Heading Fe | 77181 — 100 77182 — | 100 | 1 |
| Pre-Need Lot At Need P | On Acct | 1 , 1 | Flecording Alloc. Fees Pre-Need Trust | 100 77183 — 63033 8022 — | 35 | |
| Pre-need Trust Cash C | Check Isanger | ordy War | TOTAL PAID | 90101 78390 — | 606 | 1 |

Spend

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ER 7/9/87

| | | Date /// | 1/ |
|--|------------------------|-------------------------|-----------------|
| You are hereby authorized and instructed, | subject to your rules | and gulations, to in | ter the remains |
| of Oral () | Vine | Space | 20 |
| 2 | | | V- |
| in 8 | - Funeral, date, time | ~~~ <u>~</u> | 266 |
| Church, Chapel, Graveside | <u> </u> | | Mortuary. |
| All Funeral cars must arrive before 3:30 p | .m. of regular work d | ay or an extra charge | will be applied |
| and billed to undersigned. War time veter | ren | | |
| Lot 15A Grave 4 Row _ | Section | /4 Division/Blo | ock |
| Grave space & Care Fund | in up to | apright | 100 ac |
| Additional spaces and care fund | markens | wie – | |
| Opening/Closing & Setup | to exceed | Stel | |
| Burial Container | uget as un | d in | |
| Handling Fees | 2 10 | ******** | |
| Flower vases - Marker setting fee | | | 100 = 0 |
| Recording sed illing see | | | ///iii |
| Sales A D | | | |
| Salestands | | ********* | 1000 |
| JUL 0 9 1987 | Tot | al Due | 1000 |
| 005 0 3 130/ | id receipt number 🚤 | 34/97 | 100 - |
| MT. HOPE CEMETERY CITY of SAN DECO, CALIR | | Balance due | 0 |
| I hereby certify I am the | | of the above n | amed decedent |
| and this is your authority to make disposithat I have the right to make this authorizationy liability on account of said authorizations. | stion and lagree to ho | ove indicated. I certif | y and represent |
| TANK TO SEED THE CONTROL OF THE CONTROL OF THE CONTROL OF THE | v.0 | · 4 00 | |
| I hereby authorize the interment in lot I hold under deed. | 1 year | ue In. Talk | ner |
| | (12/11 | 2 / where | ay |
| Signature of recorded holder of deed | 50 | | Zin Code |
| | Telephone | | |
| | 77 | | |
| E 6704 | Invoice # | | |
| Work Order # E 6791 | Acct. # _ | | |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY GENETERY AUDITOR | MOUNT HOPE CEMETERY 264-3161 | 7 | 1/9/87 | |
|--|---|--|------------|----|
| From Jessie M. Jalm | Lew Address: 7/10 Teeth | orway - | PD. | 18 |
| in Sull Payment of Re | ght to use uprigh | * Monue | ment | |
| of Italian allowed | 4 ROW T SO | of Bialal | Division / | 7 |
| Invoice No. | NOT YALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 5700 80% Sales Care 7718 80% Sales 10 of Loss 7718 | 10 60 | 00 |
| w.o. E679/ | | Opening/ 10 Closing 7718 Buriel 10 Containers 7718 | NO - | 2 |
| BALANCE DUE | | Handling Fee 7718 Recording 5 10 Mac. Fee 7718 | | 2 |
| Pre-need Lot At Need On Acct Pre-need Trust Cash Check | Person State | Pre-Need 6300 Trust 900 Bales Tax 8010 7836 | | ~ |
| AC-212 (Rev. 11-80) | ISSUED CONTRACTOR | TOTAL PAID | 100 | 00 |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-9-87

| of Allega Sueper | <i>υ</i> |
|---|---|
| in a Fu | neral, date, time |
| Church, Chapel, Graveside | , Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | |
| 119 10,11,12 | 1 15 |
| Lof Z Grave Row | Section Division/Block |
| Grave space & Care Fund | 1985- |
| Additional spaces and care fund | |
| Opening/Closing & Setup | |
| Burial Container | |
| Handling Fees | |
| Flower vases - Marker setting fee | |
| Recording and filing fee | |
| Sales taxes | A TIRE |
| | Total Due |
| Paid re | ceipt number \$34937 62.00 |
| | Balance dy # 23 oc |
| | // 22 5 |
| I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization : | of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from indicatement. |
| any nabinay on account of said action action | |
| I hereby authorize the interment in lot I | Storage Deglar |
| hold under deed. | 4981 Jasso Cault |
| Signature of recorded helder of deed | State 1 (1800) CA 92102 |
| | 76 4-734/ Telephone |
| | Invoice # |
| Work Order # E 6792 | Acct. # |
| PY-593 (REV. B-85) | 95000-539022-5 |

1423,00 9-17-87 62.00 35045 # 1361,00 35435 12-16-87 62.00

| NAME Tay | lor, Hugh | | ACCT. NO. | E-6792 |
|-----------------|---|------------|-----------|----------------|
| ESS | 4981 Dassco Court, San Diego, Ca 92102 | TING | LIMIT | |
| TATE | ITEMS | DEBIT | / CREDIT | BALANCE |
| Tul 9 87 | Lot 42, Graves 10, 11, 12, Section 1, Division | 12-1485 0 | 186 00 | 1299 00 |
| 29 88 | Lecept 35776 | - 04 | 6200 | 123700 |
| -9 88 | leceipt 36/32 | | 6200 | 117500 |
| 11.88 | Receipt 36396 | | 12400 | 10010 |
| 17.88 | Beeest 36899 | | 6200 | 9890 |
| 9 88 | Keceipt 57111 | | 62- | 8220 |
| 89 | Rescipt 37542 | | 6200 | 8350 |
| - 189 | Result 38/97 | | 620 | 8030 |
| -87-89 | Receipt 38385 Receipt 3890/ Receipt 3890/ Receipt 39144 Receipt 39144 | ILE | 6200 | 74/0 |
| -20 89 | Reseight 38500 0.101 | | 6200 | 6990 |
| 21-90 | Receipt 38901 | | 6200 | 6/700 |
| 420-90 | Leceipt 39144 4 | | 6200 | 555a |
| 1-90 | Receipt 39217 | | 6200 | 49300 |
| 1-90 | Receipt 39331 | | 6200 | 43/00 |
| 7-18-90 | rece = =0-97 | | 6200 | 56900 |
| -14-40 | receipt #89609 | | 6200 | 30700 |
| 9-10-90 | receipt # 39677 | | 6200 | 245 = |
| 1-27-90 | Necey+ #39963 | | 6200 | 183, a |
| 22 91 | recept 40212 | | 12 | 12/00 |
| AIGNER FORM NO. | 25-204 Taylor, Hugh 42 ~ | 10,11,12 - | 1 - 12 | PRINTED IN USA |

| 9-5 9, 4-9 9 | 9/ | RECEIPT Receipt | | EMS PO | | | DEBIT | V | CREDIT | BALLNGE |
|-----------------|----|--|-------|-----------|--------|-----|-------|----|--------|---------|
| // | 9/ | RECEIPT ROCCIPT | 40516 | no | | | | | | |
| 4-9 9 | 9/ | Meccipt | | | Coupon | | | | 62 00 | 79 90 |
| | | 60 | 40546 | 11 | - | | | | 5900 | Ø |
| | | The state of the s | | | | | +++ | + | | |
| | - | | | + | | | | ++ | | |
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| | | | | | | | | | | 20 |
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| | | 1700 | | | | | | | | |
| 1 | | | | | | | | | | 1 |

| 77 | OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR From: Asual Lay | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Lov Address: 498 Aas | Date: 8/ | 14/ | 937 |
|----|---|--|---|----------------|-----|
| | In Deposit Payment of O Lot 42 Grave Invoice No | NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | ection | Book) Division | 12 |
| | Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | D 1011 | 80% Sales 100 of Lote 77184 Opening/ 100 Closing 77181 Burlai 100 Containers 17182 Containers 1708 Handling Fee 77183 Recording & 17183 Pre-Neod 63033 Trust 9022 Sales Tax 60101 78360 | | |
| | AC-212 (Raw. 11-80) 2537 | ISSUED BY ZgoreWXIIILU | TOTAL PAID 8 | 62 | 00 |

35435

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| E ELECTION OF THE PROPERTY OF | 264-3151 | | | 1200 |
|---|--|---|------------------------------------|-------------|
| From Bleak-Jacobs | Approces 4981 Hass | CO CHUST | -16 | 192103 |
| Setty-two dollars | 0100/100 | D | ollars (\$ _ | 10200 |
| In HUN Payment of COL | and some | 1 | 10 30 | |
| Lot 42 Grave 10, | 11/12 Row_ | Section | | Division 12 |
| Invoice No. | MOTVALID FOR PURPOSE STATED UNLESS STAMP "PAID" IN THIS SPACE. CITY AUBITOR | ED CREDIT 20% Sales Care 80% Sales of Lots | 67007 77184 — 100 77184 — | 0200 |
| wo E-10793 | DEC 28 198 | Opening/ Closing Burial Containers | 100 77181 — 100 77182 — | |
| BALANCE DUE 1299.00 | | Handling Fee Recording & Misc, Fees | 77185 — 100 77183 — | |
| Pre-Need Lot A At Need On Acct Pre-need Trust Cash Check | 1 Dua Dlank. | Pre-Need Trust Sales Tax | 63033 9022 60101 78390 | |
| AG-212 (Rev. 10-87) | ISSUED BY FRU LITTLE | TOTAL PAID | | 03,00 |

| From HEAL Jac Con | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Date: Address: 4781 | Nº 35776 2-29 19 88 CH, SS 92102 Dollars (\$ 42.00) |
|--|--|--|
| Lot 42 Grave/6 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT | / Division /5 |
| M.O. E - 6795 BALANCE DUE 1237.00 | CFTY AUDITOR OF LONG CHARLES OF SAME OF LONG CHARLES OF SAME OF LONG CHARLES | 100 77184 100 77181 100 77182 |
| Pre-Need Lot Q Af Need On Acct Pre-need Trust Cash Check Ac-212 (Nev. 10-67) | Handling Recording Recording Resorting Misc. Fee Pre-Nees Trust Seles Tex | 100 77183 83033 9022 80101 78390 |

THE PERSON NAMED IN

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

| 1 | | |
|------|-------|----------|
| 1 | m. | A. |
| 3/5 | 7 | Θ |
| 10.5 | in ed | 2 |
| V | - | Z. |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

| CALL STREET | | 1 | | | Date: | 6-1 | 19 00 |
|-------------|-------|------------|----------|------------|--------|---------------|--|
| From:_ | Herle | 1/1 | ulor Add | ress: 4781 | Castur | Most | <u> </u> |
| 101 | ditte | -test | 1 00/10 | 0 | | Dollars (\$ 6 | The state of the s |
| In | | Payment of | Cledit | det | | | |

| In Payment of | det det | | chia a | | 9 |
|--|---------------------------|---|---|-------------------|----|
| Lot Grave | RowSe | ction | 1.30 | Division Block | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | CITY AUDITOR MAY 12 1988 | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Hendling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax | 87007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77182 — 100 77183 — 63033 63033 63033 — 60101 78390 — | 62 | 70 |

| OFFICIAL RECEIPT WHITE TO CLISTOMER CANALY CEMETERY PINK. AUDITOR | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 204-3151 | Nº 36849 |
|--|--|---|
| From Chrie Jayla | Na/190 DAN | Date: 10-17.18 00 Vout SA Dollars (\$ 62.00 |
| in Payment of Q | 10 -12 ROW Section NOT VALIDE CAPPER DESCRIPTION OF CAPPER DESCRIP | |
| . Invoice No | OCT 19 | ### ### ############################## |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check A | Sander Wash | Handling Fee 77185 Recording & 100 Milec. Fees 77183 Pro-Need 63033 Trust 8022 Seles Tax 60101 ZESS60 OTAL PAID 8 620 |

| • | OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR From: Legal Tullo | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address: 478 Lold | Nº 37111 Date: 19-19-19-19-19-19-19-19-19-19-19-19-19-1 |
|--------|---|---|---|
| corded | In | ROW_S MOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | Dollars (\$ Division 988 Critical 1988 Cr |
| W. | Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 10-97) | ISSUED BY Plant | Openings 100 Closing 77181 Burial 100 Containers 1100 Hundling Fee 77182 Placording A 100 Misc. Fees 77183 Pre-Need 63033 Trust 9022 Gales Tax 80101 78380 TOTAL PAID \$ |

-235

AC-212 (Rev. 10-87)

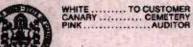
CITY OF SAN DIEGO CALIFORNIA

| WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 284-3151 | Date: | 3.0 | 22. | . δ |
|--|--|---|----------------------------|------------|--|
| From: Heek Jana | Address: 4981 W | 2000 | 4, | D | 1 |
| InPayment of Co | dit det tol | eL D | ollars (\$. | 600,0 | <u>o</u> , |
| rayment of 121 | | A STATE | 450 | | |
| Lot 42 Grave | 10-12 ROW_S | ection/ | | Division / | 2 |
| Invoice No. | NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care | 87007 77184 — | 62 | 150 |
| Acct. No. 0 6795 | | 80% Sales of Lots Opening/ Closing | 77184 — 100 77181 — | 400 | 00 |
| W.O. C - 0/2 | CITY AUDITOR | Burial Containers | 77182 — | DE K | |
| BALANCE DUE 600. | MAR 27 1989 | Handling Fee Recording & | 77185 — 100 | St. Surge | San Property of the Control of the C |
| Pre-Need Lot At Need On Acct | 1 308 | Pre-Need | 77183 — 63633 9022 — | | |
| Pre-need Trust Cash Check | 1 / / / / | Salvestan | 60101 78390 — | 15 | 200 |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

N2 38147

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 284-3151 | See that and | 17 2 | 20 |
|---|---|---|------------------------|------------|
| From: He de Saulis | Address: 4981 Qu | Date: | 1 SD. | |
| Litty-500 | called + X+ | D | ollars (\$ 60 | 2,00, |
| In Payment of | weater per | | | |
| Lot 42 Grave | 10-12 RowS | ection | Divis Block | ion 12 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE: | CREDIT 20% Sales Care 80% Sales | 67007 77184 | 1.600 |
| Acct. No. 0 -6092 | | of Lots Opening/ Closing | 77184 100 77181 | C/N |
| BALANCE DUE 773.00 | | Burial Containers | 77182 | UN - UOMOR |
| BALANCE DUE | | Handling Fee Recording & Misc. Fees | 77185 | 13 1989 |
| Pre-Need Lot At Need On Acct O | | Pre-Need Trust Sales Tex | 63033 9022 60101 | -09 |
| Pre-need Trust Cash Check AC-212 (Rev. 10-87) | ISSUED BY MINE | TOTAL PAID | 78390 | 200 |



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

12 38385

| From HUGH THYLOR | Address: 4981 Dis St | Date: | P-F-, 19. | 29 |
|--|---|---|--|---------|
| In part Payment of CIL | dit het | | Ollers (\$ 62,00 | _) |
| Invoice No | ROW SE NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID' IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriel Containers Handling Fee Recording & | 87007 77184 100 77184 100 77180 100 77182 100 77182 100 77182 | 200 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-87) | ISSUED BY W. J. Teagre | Misc. Fees Pro-Need Trust Sales Tax TOTAL PAID | 77163 63033 9022 60101 78390 6 | 200 |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

M2 38585

| From: Much Idile | 284-3151 L Address: 4981 Ad | Date: 11- | 20 1009 |
|--------------------------------|---|--|------------|
| In Payment of | renter out | Dollars (\$ | 62.00 |
| Lot 42 Grave 10 |)-/2 Row_s | Section | Division 5 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — | 62 00 |
| W.O. 2-6792 | | Opening/ 100 Closing 77181 — Burist 100 | CITY AUTON |
| BALANCE DUE 697.00 | | Containers 77182 — 100 Handling Fee 77185 — Recording & 100 | NOV 24 |
| Pre-Need Lot At Need On Acct O | 1.00 | Misc. Fees. 77183 — Pre-Need 63033 Toust 9022 — Sales Tax 60101 | 989 |
| Pre-need Trust Cash Check O | issued or Handla Mar | FOTAL PAID \$ | 62 00 |

From: X

Invoice No...

BALANCE DUE 617.6

Pre-Need Lot At Need

AC-212 (Rev. 10-87) 3/32

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Payment of

PROPERTY DEPARTMENT FEB 2 6 1990

12 38901

| ull | Address: 4971 Daza | Date: 2 | 7-2/ 190 | 101 | 1990 |
|--------|---|---|--|----------|------|
| Tree . | 4+ fit | | | Division | |
| ave_/ | 10 + // + / - Row Se | ection | 1 | DIVISION | 2 |
| oct O | NOTVALIDEOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burisl Containers Handling Fee Recording & Misc. Face Pre-Need Trust | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 — 100 77185 — 100 77185 — | 62 | w |
| × 41 | ISSUED BY Jerillait | Sales Tex TOTAL PAID | 60101 78390 — | 62 | w |

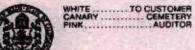
OFFICIAL RECEIPT WHITE TO CUSTOMER CANATY CEMETERY MOUNT HOPE CEMETERY MOUNT HOPE CEMETERY APR 23 1990 From: Lucy Jack Address: 4781 Avg. (4 JA 73/2) In Payment of Customer Converses Address: 4781 Avg. (4 JA 73/2) In Payment of Customer Mount Hope Cemetery Address: 4781 Avg. (4 JA 73/2) In Payment of Custof Sci.

| Lot 4 4 Grave | 10+11-12 ROW_S | ection/ | Division / |
|---------------|---|---|---|
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | of Lols 77 Opening/ Closing 77 Burial Containers 77 Handling Fee 77 Recording & | 184 100 100 181 100 182 100 |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: Hug Juste | Address: 4 | 411 Das | Date: | 11 | 90% | 19/10 |
|--|--|--------------|--|--|------------|-------|
| InPayment of | der Let | | THE D | ollars (\$ _ | (Dock) |) |
| Lot 42 Grave / | 211/12 | Row Se | oction/ | | Division / | 2 |
| Acct. No. | NOT VALID FOR PURPOSE "PAID" IN THIS SPACE. | CITY AUBITOR | CREDIT 20% Sales Care 80% Sales of Lots Opening/ | 67007 77184 — 100 77184 — | 4 | w |
| BALANCE DUE BLUGS | | MAY 14 1990 | Closing Burial Containers Handling Fee Recording & | 77181 — 100 77182 — 100 77185 — | | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | () () () () () () () () () () | - 2 | Misc. Fees Pre-Need Trust Sales Tax | 77183 — 63033 — 9022 — 60101 — 78390 — | | 100 |
| AC-212 (Rev. 10-87) | ISSUED BY | et . | TOTAL PAID | | 62 | W |



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

| From: | 14 8 , 19 90 |
|---|---------------------------------|
| Lot SS Grave Row Section 6700 | 50 92102 s(\$ 62° |
| NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 6700 | Division 12 |
| Acct. No | 184 180 180 181 181 |
| Handling Fee 771 | 83 333 322 |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From Herale Tacker. | Address: 495/ Dackly | Date: 8 - | -14 - Do Onl. GA | 102 |
|--|---|--|---------------------------------|------|
| In Payment of Che | die Let | D | ollars (\$ <u>62</u> <u>2</u> |) |
| Lot 40 Grave 10 | 11:12 Row Se | ection/ | Division | 12 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees | 77184 | (200 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | ISSUED BY ALL LONGS | Pre-Need Trust Sales Tax TOTAL PAID | 63033 9022 50101 78380 | 6200 |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

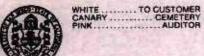
| | | Date: _5 | pt. 10 | 1990 |
|---------------------------------|---|---------------------------------------|--|-------|
| From: Hugh Taylor | Address: 1981 Dosse | o Ct. | 5.D. C1 | 92100 |
| Sixty-two and | 100 | p | oliars (\$ 62.0 | 0) |
| In Payment of | dit lot | - | REI I | |
| Lot 42 Grave | 10.11 12 Row Se | ection | Division Block | 212 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales | 87007 77184 | 2 00 |
| Acct. No. | | of Lots Opening/ | 100 | 200 |
| W.O. E-6792 BALANCE DUE 245 22 | | Closing Burlal Containers | 77161 —————————————————————————————————— | |
| BALANCE DUE _255 | | Handling Fee Recording & | 77185 | - |
| Pre-Need Lot At Need On Acct | | Misc. Fees Pre-Need Trust | 77183 | |
| Pre-need Trust Cash Check | 411.11 | Seles Tax | 60101 78390 | |
| AC-212 (Rev. 10-87) | ISSUED BY | TOTAL PAID | 1 | 12 00 |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: Dieg. June 1 | Address: H921 Dase | Date: | 1-00 , 1996 - 12/ 1-3/ | シートー |
|---|--|---|---|------|
| Invoice No | ROW SE NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtal Containers Handling Fee Recording & Misc. Fees Pre-Need | Division Block 67007 77184 100 77184 100 77181 100 77185 100 77185 100 77185 100 77188 63033 | |
| Pre-Need Lot Af Need On Acct Pre-need Trust Cash Check CAC-212 (Rev. 10-67) | ISSUED BY Unet | Trust Seles Tax TOTAL PAID | 9022 60101 78390 \$ (2) |) |



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

| From: Head factor Son | Address: 4781 Danes C | <u> </u> | ollars (\$ | 62.00 | |
|---|---|---|---|-------------------|----|
| Lot 42 Grave 10, | 11,12 Row Se | ection/ | | Division Block | 2 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 — 63033 | 62 | 00 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 10-87) 649 | ISSUED BY D. Legue | Trust Sales Tax TOTAL PAID | 9022 — 60101 76390 — | 62 | 00 |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| - 160 200 | Address: 49% Agas | Date: | 7 ,1970 |
|--|---|---|--------------|
| From: Harry Janes | Madress - 1 | //// Dollars | 18624 |
| . In Payment of | det Set | | |
| Lot 42 Grave | // // Row So | ection/ | Division / 2 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 6700 20% Sales Care 7718 | 4 |
| Acet. No. | | 80% Sales 10 of Lots 7718 Opening/ 10 Closing 7718 | 0 0 |
| W.O. # -1- 7/2 | | Buriel 10 Containers 7718 | 6 6 |
| BALANCE DUE | | Handling Fee 7718 Recording & 10 Misc. Fees 7718 | 5 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | | Pre-Need 5303 Trust 902 Sales Tax 8010 | 2 |
| AC-212 (Rev. 10-87) 477 | ISSUED BY Cart | TOTAL PAID | 600 |



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

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

| | | 204-3131 | D | ate: Ape. | 9 | |
|---------------------|----------------|----------------------------|-------------------|-------------------|-------------------|-------|
| From: Hugh | Toular Tr. | Address: 4/98/ | Dosses C | 1. 5. | D. C1 | 92100 |
| Fifty- all | ie and onto | 0- | | Dolla | rs (\$ 59. | 00) |
| In tell F | ayment of | reed lotes |) | | | |
| • - | | | | | | |
| : Lot 42 | Grave | 1, 12 Row | Section | | Division Block | 2 |
| Invoice No | NOT V. | ALID FOR PURPOSE STATED UP | NLESS STAMPED CAE | | 7007 | 5900 |
| Acct. No | | | of | Lots 77 | 100 | - |
| w.o. E-67 | 92 | | Ci | osing 77 urial | 100 | |
| BALANCE DUE | 7 | | | | 100 | |
| A | Brewing St. 1 | | Re | cording & | 100 | |
| Pre-Need Lot At Ne | ed U On Acct U | | Ti | ust § | 1033 | |
| Pre-need Trust Cash | | 11/4 | -111 | | 1101 | |
| AC-212 (Rev. 10-87) | ISSUE | DBY | TOT | AL PAID | | 59 00 |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: HUGH TAYLOR TR. | Address: 7981 DASSCO | Date: | n Ducci | 92/12 |
|--|---|---|---|-------|
| | PRE-WEED LOTS- NUGATI | Dol | llars (\$ <u>63.00</u> |) |
| . Lot <u>42</u> Grave | e | Section | Division Block | 9 |
| No. <u>E - (19.2</u> BALANCE DUE <u>\$5900</u> | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | 20% Sales, Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee | 7100 77184 100 77181 100 77182 100 77185 | 00 |
| Pre-Need Lot At Need On Acc Pre-need Trust Cash Check | ISSUED BY Hold Standell | Pre-Need Trust Sales Tax | 100 77183 9022 60101 78390 | 00 |

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

1 1

| This Agreement entered into this 9 day of, 1987, |
|---|
| between Lean Jay OU . herein known & "Purchaser," and |
| the City of Can Diego, Mc. Hope Cemetery, herein known as "Seller." |
| That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 43, Grave, Row, Section |
| |
| $\underline{/}$, Block/Division $\underline{/2}$, located in Mt. Hope Cemetery, for and in |
| consideration of a total purchase price of \$1985., payable as follows: |
| \$ cash herewith, the receipt of which is hereby acknowledged; |
| \$ 62 on the 10 day of august, 1927; and the |
| balance in installments of \$ 62 Oor more, payable at the office of |
| Mt. Hope Cemetery, on the 10 day of each month thereafter until the |
| total sum of said purchase price is fully paid in cash. YOU, THE |
| PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE |
| FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTER- |
| MENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO |
| CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE |
| CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE- |
| STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. |
| COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL |
| LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF |
| BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST |
| ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE |
| GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC. |
| and a south a south of the south the test of the |

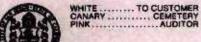
Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

WITNESS our hands this day and year above written.

| Deed to be issued to: | Hugh Taylor, so 4981 Dasses Cruis Son Diego, CA 921 | |
|-----------------------|--|----|
| 27 | PURCHASER They of the grant of | |
| | Street Address (Mail) City State Zip Co. | de |
| | CITY OF SAN DIEGO Mt. Hope Cemetery Barbles A. Ward | 7 |

GWS:baa(2)62 2-14-86 9-17-87 35045 1423.00 12-14-87 35435 \$1361.00 12-99-00

MT HOPE CEMETERY You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time_veteran _ Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes Paid receipt number c I hereby certify I am the . of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment I hereby authorize the interment in lot I hold under deed. ers of recorded holder of deed Invoice # Work Order # Acct. # PY-583 (REV. 8-86)



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

| (STATES) PINKAUDITOR | 264-3151 | | | |
|------------------------------|---|----------------------------------|------------------------|---------------|
| TONNING TAY | | Date: 5 | 17 | . 19 9/ |
| From: HAGA TAYLOR | Address: 498 / Dissen | CT : | 5,2 0 | 1 92/02 |
| 5exty-Two . 00/10 | 0 | D | ollars (\$ | 2.00 |
| In_Cast Payment of | -need trust | | | |
| | | | | |
| Lot Grave | 0.11, 12 Row Sec | ation | | vision ock |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care | 67007 77184 | |
| Acct. No | | 60% Sales of Lots Opening/ | 77184 | 12 00 |
| W.O. E- 6793 | | Closing Buriel | 77181 | |
| BALANCE DUE _ 598.50 | | Containers Handling Fee | 77182 | |
| | | Recording & Misc. Fees | 77183 | |
| Pre-Need Lot At Need On Acct | | Pre-Need Trust Sales Tax | 63033 9022 60101 | |
| Pre-need Trust Cash Check | ISSUED BY Shadell | TOTAL PAID | 78390 | (2) |
| AC-212 (Rev. 10-87) 733 | 155000 01 27 27 | 10 Inc This | - | 60 00 |



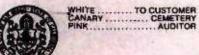
WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

No

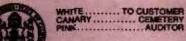
41042

| From: Hugy Tark | Address: 4781 Las | Date: | 1-30 JX, GA 9 | 199/ |
|-----------------------------|---|---|---|------|
| In Payment of | Med That | 1/W_D | ollars (\$ 52 5 |) |
| Lot Grave | RowSe | ection | Division Block | |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Loss Opening/ Closing Surial Containers Handling Fee Recording & Mac. Fees Pre-Need Trust | 67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77183 63033 9022 | w |
| Pre-need Trust Cash Check C | ISSUED BY With | Sales Tex TOTAL PAID | 8 50 | 0 |



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

| From: Heigh Taylor | Address: 998/ da | Date: | 97 | 3/ .19 | 71. |
|-------------------------|---|---|--|-------------------|-----|
| In Party Payment of Bre | -Weed Trust | | Dollars (\$ <u></u> | 2500 | _) |
| Lot Grave_ | RowS | crepit | E | Division Block | |
| Invoice No | not valid for purpose stated unless stamped "paid" in this space. | 8 Seles 13 | 77184 7999 | | |
| BALANCE DUE | | Containers Handling Fee Recording & Misc. Fees | 77182 ———————————————————————————————————— | | |
| | ISSUED BY A POSES | Pre-Need Trust Sales Tax TOTAL PAID | 63033 9022 60101 78390 | 25-2 | 2 |



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400

| From High Duefor | Address: 4981 Dec 2 | | 11-15 ollars (\$ 25 | |
|-----------------------------|---|--|--|-----|
| In Payment of Lot Grave _ | RowS | ection | Divisik Block | Xn. |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtal Containers, Handling Fes Recording & Misc. Fees Pre-Need | 67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77185 | 500 |
| Pre-need Trust Cash Check S | issued by Wait | Trust Salus Tax TOTAL PAID | 9022 60101 78380 | 5 W |

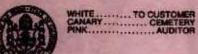
| OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR Hugh: From: Hangle M. Jac. Fitt and 2706 | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 Address: 4981 Jusses | Date: | Nº //-2: | 4155 |
|---|--|--|---|------|
| In Payment of Payment | 1 | sction | Divis Bloc | sion |
| Invoice No | NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Surial Containers Handling Fee Recording & Misc. Fees | 67007 77184 100 77184 100 77181 100 77182 100 77185 100 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | ISSUED BY PORTON | Misc. Foes Pre-Need Trust Sales Tax TOTAL PAID | 77183 | 5000 |

.

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400

| (D) | 527-3400 | | | | |
|--|---|---|-----------------------------|-------------------|-------|
| - Yhid Tailes | Address: 4587 Las | Date: | 2-16 | | 19.9/ |
| From: Fifty | Address: 1707 & Dia | 110/100 0 | oliars (\$ 🔄 | 50.0 | |
| In Payment of | Lix KoT | 195 90 | BENE | | |
| Lot Grave | Row | Section | | Division Block | |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales | 67007 77184 —— | | 0 - |
| Acct. No | | of Lots Opening/ Closing | 77184 —— 100 77181 —— | | |
| W.O. E 6/15 BALANCE DUE \$398.50 | | Burial Containers | 100 77182 | | |
| BALANCE DUE | | Handling Fee Recording & Misc. Fees | 77185 —— 100 77183 —— | | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | | Pre-Need Trust Sales Tax | 63033 9022 60101 | 30 | W |
| AC-212 (Rev. 1-81) | ISSUED BY ALCOLE ! | TOTAL PAID | 78390 | 50 | W |



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

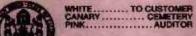
| From: Hush Taylor From: Aush Taylor Payment of Pie | Address: 4981 Dasses C | | /-15 92/02 - 37/ Dollars (\$ 50. | 7 00, |
|--|--|--|--|----------|
| Lot 5793 Grave | RowSe | ction | Division Block | |
| Invoice No | NOT YALID FOR PURPOSE STATED UNLESS STAMPED "PAID IN THIS SPACE. | CREDIT 20% Sales Cay 80% Sales of Lots Opening/ Closing Surial | 100 77184 ———————————————————————————————————— | |
| BALANCE DUE 348.50 | | Handling Fee Recording & Misc. Fees Pre-Need | 77182 100 77185 100 77183 53333 50 | 00 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check A | ISBUED BY D. Carto | Trust Seles Tax TOTAL PAID | 90121 90101 78390 \$ 5 | |



WHITE TO CUSTOMER CANARY CEMETERY PINK. AUDITOR

PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| | | Date: Fe | 621 | 19 92 |
|-------------------------------------|---|--|---|-------|
| From Hugh Taylor | Address: | | | |
| In Part Payment of Le | e-need trust | De | ollars (\$ <u>50.0</u> | 0 |
| Lot 42 Grave _ | .10,11,12 Row 1 | Section / | Division | 72 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | The state of the s | 67007 77184 | 1 |
| Acct No | | of Lots Opening/ Closing | 77184 — — — — — — — — — — — — — — — — — — — | |
| BALANCE DUE 298.50 | | Bariel Containers Handling Fee | 100 77182 100 77185 | |
| Pre-Need Lot D, At Need D On Acct D | | Recording & Misc. Fees Pre-Need | 77163 63033 9022 5 | 0 00 |
| Pre-need Trust Cash Check A | ISSUED BY Sapel | Sales Tax TOTAL PAID | 90101 78380 | 00 |



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

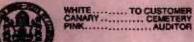
| From: Hud Jacks | MOUNT HOPE CEMETERY 527-3400 Address: 4981 Day | Date: | 3-16 | 1993 |
|------------------------------|---|---|--|------|
| InPayment of | The Deal Trust | wo | ollars (\$ <u>50</u> , | , |
| Lot Grave | RowSe | ection | Division Block | |
| Pre-Need Lot Rash Cash Check | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lota Opening/ Closing Buriel Containers Hendling Fee Recording & Misc, Fees Pre-Need Trust Sales Tax | 67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77185 100 77185 100 77185 100 77185 | 0 10 |



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400

| Fish dollars and x/ | Address: 4951 Ua-ro (| Date: | 5 21 - D. CA 92 ollars (\$ 50.0) | 102 |
|---|--|---|--|-----|
| in Part Payment of Pacs | red Trust | ection/ | Division Block | 12 |
| Invoice No | NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lota Opening/ Cleating Burier Containers Handling Fee Recording & Misc. Face | 67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Aev. 1-91) | ISSUED B. W. V. Toa gud | Pre-Need Trust Sales TAX TOTAL PAID | 83033 9022 60101 78390 \$ 50 | 1 |

OFFICIAL RECEIPT Nº 42544 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE...... TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR 527-3400 Dollars (\$ 50.00 Payment of Aneneo Division Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 87007 77184 Invoice No. 20% Sales Care 80% Sales of Lots 77184 Acct. No. Opening/ Closing 100 77181 Burial 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & Misc. Fres 77183 On Acct Pre-Need 63033 Pre-Need Lot 9022 Truet Check 10 Sales Tax Pre-need Trust 80101 ISSUED BY W.), Teages 78390 33/3 TOTAL PAID AC-212 (Rev. 1-81)



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| EQUAL PARKAUDITOR | 527-3400 | | | |
|------------------------------|--|--------------------------------|-----------------------|---------|
| | 1 / 1/22 | Date: | 7-1 | |
| From Lught place | ay Address: 4981 Decade | , C4, S | 40 | |
| - Fifty | 110/10 | D | ollars (\$ 50 |) - , |
| InPayment of | he heed Sillet | BANGE BA | 2725 | |
| | TO SHE WAS A STREET, S | 2000 | | |
| Lot 42 Grave / | 04/1,12 Row Se | oction | Div | ision / |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care | 67007 77184 | |
| Acct. No. | | 90% Sales of Lots | 100 77184 | |
| w.o. £ - 6793 | | Opening/ Closing Buriel | 77181 | |
| BALANCE DUE 98.5 | | Containers Handling Fee | 77182 100 77185 | |
| | | Recording & Misc. Fees | 77183 | |
| Pre-Need Lot At Need On Acct | | Pre-Need Trust Sales Tax | 83033 | 30 0 |
| Pre-need Trust / Cash Check | ISSUED BY Wat | TOTAL PAID | 90101 78390 | 50 (1) |
| AC-212 (Rev. 1-91) 324/ | 79 | 4 | | 00 |

WHITE..... TO GUSTOMER CAMARY..... CEMETERY PINK....... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400

| PINK | 527-3400 | | | |
|--|---|--|--|-------|
| From: HUGH TAYLOR TE | Address: 498/ Da 550 | | 5.D. 9210 | 19.95 |
| MINETY-EIGHT 1 50/10 | -ness Trust | 100000000000000000000000000000000000000 | oliars (\$ 98.50 | |
| Lot 42 Grave | | ction_/ | Dlyision Block | 12 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Feee | 67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | ISGUED BY Standard | Pre-Need Trust Sales Tax TOTAL PAID | 63033 98 9022 90101 78390 8 | 50 |
| AC-212 (Rev. 1-81) 3378 | | 1211217110 | | 20 |

MT. HOPE CEMETERY

PY-593 (REV. 8-85)

| INTERN | ENT ORDER | |
|--|--|--------------------|
| Ru West City | of San Diego | |
| | Date 7/15 | 1/87 |
| Carlon | Kollon | |
| You are hereby authorized and instructed, sub | oject to your rules and regulations, to | inter the remains |
| of M. Carl McCollein | Kuth 5 235 | Horas |
| in a Nouble Cufft Fu | ineral, date, time 7-02 | 10:00 |
| Church, Chapel, Graveside | el Course - | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | | ge will be applied |
| and billed to undersigned. War time veteran | WW2 - au Fore | |
| Lot 1158 Grave ~ Row | Section Division/ | 10 |
| Grave space & Care Fund . For April | la Coypt - | 59500 |
| Additional spaces and care fund | | |
| Opening/Closing & Setup | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 3200 |
| Burial Container Soubl | e Cupt (amente) | <u>330 °°</u> |
| Hardling A. I. D. | *************************************** | <u>320 °°</u> |
| Florer vases - Marker setting fee | ***************************** | 3(00 |
| Recording aptiliting the 1987 | *************************************** | 19.80 |
| MT. HOPE CEMETERY | T-100 | 1/219.80 |
| CITY of SAN DIEGO, CALLET | 348/3 | 1/019.80 |
| raid re | eceipt number | |
| 1.0 | Balance d | lue |
| I hereby certify I am the Wife | | named decedent |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization | and lagree to hold Mt. Hope Cemete | |
| | XPud Inclas | Elien |
| I hereby authorize the interment in lot I hold under deed, | Signature X2 4 /2 Celeans | dt |
| Signsture of recorded holder of deed | Address on an electron | 97,001 |
| | Statia 1169-805 | 1) Zip Code |
| · · | Talephone | 2 |
| | The state of the s | |
| Work Order # E 6794 | Invoice # | |
| Work Order # | Acct. # | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

| | | USE BLACK INK-MAKE N | ALTERATIONS OR ERASU | RES | |
|---|--|--|---|---|--|
| OF DECEDEN | Ť. | | SEX | DATE OF BIRTH | DATE OF DEATH |
| CARL THOS | MAS McCOLLUM | | Male | Aug. 2, 1914 | |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH—COUNTY | OR STATE IF NOT IN CALIFORNIA | | SPOUSE OR OTHER INFORMANT |
| San Diego | | San Diego | | | ollum - Wife |
| 7387 Bros | s of Funeral Director, for Person A PROOF GTOVE MOTTUR LOWRY-Lemon GTOVE | CA 92045 | F 941 | 3246 Citrus Lemon Grove | |
| . + " · | TYPE OF PER | MIT, CHECK ONLY ONE O | THE FOLLOWING TYPES | OF DISPOSITION | |
| I BURIAL (IN | CLUDES ENTOMBMENT) | 5. DISINTERMENT AN ENTOMBMENT) | D BURIAL (INCLUDES | 8. DISINTERMENT AND F | REINTERMENT OF CREMATED INURNMENT) |
| 2_8 | N AND BURIAL (INCLUDES INURNMENT) | B, DISINTERMENT, CA | | 9 DISINTERMENT OF CR DISPOSITION OTHER | EMATED REMAINS AND THAN IN A CEMETERY |
| 3. CREMATION CEMETERY | N AND DISPOSITION OTHER THAN IN A | T 7 DISINTERMENT OF | EMATION, AND DISPOSITION | FOR CORONI | ER'S USE ONLY |
| 4 SCIENTIFIC | USE | OTHER THAN IN A | | ☐ 10 DISPOSITION PENDIN | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | WHERE REMAINS OR CREMATE | | 110 | an Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | VHERE REMAINS ARE TO BE CR | MATED TOATE CREMATED | SIGNATURE OF PERSON IN | |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEARES POINT ON SHORE | LINE. OR OTHER DESCRIPTION | SUFFICIENT TO IDENTIFY FINA | AL PLACE AND COUNTY OF DIS | A CUIT |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING RÉMAINS | Veluo | South | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named decr and I hereby acknowledge that to this permit gives no right of unres | dent under provisions of the espass and nuisance laws | e Health and Safety Code, apply and understand that | SIGNATURE OF APPLICANT DATE SIGNED | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE | | SIGNATURA OF LOCAL REG | STEAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | 23/87 SIGNATU | COLAN W SE | | NUMBER OF CREMATED REMAINS R. IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | |

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

By will and

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/14/87

| ina Ox lop - D.C. Fr | uneral, date, time Gau-her | 1 Tent |
|--|--|---------------------------------------|
| Church, Chapel, Graveside | Courd | Mortuary. |
| All funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charg | e will be applied |
| and billed to undersigned. War time veteran | No. | |
| Lot 1158 Grave - Row - | Section Division/B | _ /0 |
| Lot 1155 Grave Row | | nock |
| Grave space & Care Fund . Ale | - 6794 | . — |
| Additional spaces and care fund | | |
| Opening/Closing & Setup offen D | ouble Cuffel | 320= |
| Burial Cartainer | | |
| Hardling Fees | | |
| Flower vases Marker setting fee | ************************** | -100 |
| Recording and filing fee | | · · · · · · · · · · · · · · · · · · · |
| Sale MT. HOPE CEMETERY | | 577 |
| | Total Due | 343.00 |
| Paid r | receipt number 378/3 | 341.00 |
| | Balance du | ie |
| I hereby certify I am the | sell- of the shows | named decadent |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization | of remains as above indicated. I certi | fy and represent y harmless from |
| | Rut I mcc | allem |
| | Signature 2 1/4 CLATAL | 12 12 |
| I hereby authorize the interment in lot I hold under deed. | | |
| hold under deed. | Addition show | 92041 |
| | State 46 9- 8050 Talephore | 9 204 j |
| hold under deed. | Address # 46 9- 8050 Telephoria | 9 204 j Dp Code |

| | OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY FANK. AUDITOR FROM VES Bailey MINTERN HEMILE | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address P.O. Box 10 Luculy Sour 2 89/60 - | Date: 7/ 74 - E | Nº /4 /8 / 8 /9/00 / 9 /9 /9 /9 /9 /9 /9 /9 /9 /9 /9 /9 /9 | 34813 97 92022 74.80 |
|---|--|--|---|--|-------------------------------|
| • | Lot 1158 Grave. Acct. No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED TRAID IN THIS SPACE. | CREDIT 20% Sales Cars of Lots | División de 1900 de 19 | sion 10 119 00 176 00 |
| | Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (New. 11-88) | 18SUED LOYEN STATE | Opening/ Closino Burial Containers Handling Fas Recording & Mec. Fees Pre-Need Trust Sales Tax | 77183 100 77183 100 77183 100 77183 53033 8022 80101 778390 | 379 80 74 80 |

MT. HOPE-CEMETERY

INTERMENT ORDER

City of San Diego

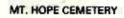
R Date 7/14/87

| You are hereby authorized and instructed, subject to | your rules and regulations, to inter the remains |
|--|--|
| of topy Jum | one |
| in a Vault (Conneta) Funeral | date, time Thun - 7/16/ 1/Am |
| Manufact Space of a | 4.5. Rassale Mortusov |
| | |
| All Funeral cars must arrive before 3:30 p.m. of reg | Mar work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | 2 . |
| Lot 253 Grave 4 Row ~ | Section 2 Division/Black /2 |
| Lot =100 Grave Row : | Section Division/ |
| Grave space & Care Fund Endowl | Care 4952 |
| Additional spaces and care fund | ~15- |
| | 3000 |
| Opening/Closing & Setup | 1200 |
| Burial Container Could Paul | 1/4 - |
| Handling Fees Labor | 170= |
| Flower vases - Marker setting fee | |
| Recording and filing fee | 35°° |
| Sales tases AID | 10.5 |
| 30105 10265 | 12000 |
| JUL 14 1987 | Total Due |
| Paid receipt | number 5/8/4 /2017 2 |
| MT. HOPE CEMETERY | Balance due |
| CITY of SAN DIEGO, CALIF. | |
| I hereby certify I am the | of the above named deceden |
| that I have the right to make this authorization and I | agree to hold Mt. Hope Cemetery harmless from |
| any liability on account of said authorization and in | nterment. |
| I hereby authorize the interment in lot I | Dotte 20 Blul |
| hold under deed. | J372/ PEN CL. |
| Signature of recorded holder of deed | 7 Calula in 92111 |
| Agranda or Land real values at early | State 222 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| | Yolophoria 23 |
| | |
| E amaa | Invoice # |
| Work Order # E 6796 | Acct. # |
| PY-883 (REV 8-85) | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

| _ | U | SE BLACK INK-MAKE NO AI | LTERATIONS OR ERASUR | ES | | |
|--|--|--|-------------------------------|--|---|--|
| OF DECEDEN | T | | SEX | DATE OF BIRTH | DATE OF DEATH | |
| al d | ESAU NIME S | IMMONS | Male | Jan. 17, 190 | 0 July 13, 1987 | |
| PLACE OF DEATH- | All the state of t | PLACE OF DEATH—COUNTY IOR | | | OF SPOUSE OR OTHER INFORMANT | |
| | San Diego | San Dieg | | A PERSONAL PROPERTY OF THE PRO | lue - Niece | |
| - Andrews Committee of Branch Section 2 | S OF FUNERAL DIRECTOR (OR PERSON AC | Federal . Blvd | ALIFORNIA LICENSE NUMBER 1329 | 3721 Ben S | | |
| Ander son-1 | lagsdale Mort.: San Di | ego, California | 1343 | San Stego, | California 92111 | |
| 2 . | TYPE OF PERA | AIT, CHECK ONLY ONE OF TH | E FOLLOWING TYPES O | F DISPOSITION | | |
| 7 BURIAL (IN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND BU | DRIAL (INCLUDES | B. DISINTERMENT AN | ID REINTERMENT OF CREMATED ES INURNMENT) | |
| 2 CREMATION | N AND BURIAL IINCLUDES INURNMENT) | 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | | | 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY | |
| 3 CREMATION CEMETERY | N AND DISPOSITION OTHER THAN IN A | T 7 DISINTEDMENT COCKA | TION AND DISPOSITION | EOB COR | ONEDIO LICE ONLY | |
| 4 SCIENTIFIC USE | | 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | FOR CORONER'S USE ONLY 10 DISPOSITION PENDING | | |
| | NAME AND ADDRESS OF CEMETERY W | HERE REMAINS OR CREMATED RE | EMAINS ARE TO BE INTERRI | ED ! | COUNTY | |
| INTERMENT | Mt. Hope Cemetery: 3 | 751 Martin Luther | King Jr. Way, | San Diego, Ca | . San Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | Man Sealer | | Application of the property of the state of | IN CHARGE OF CREMATORY | |
| BURIAL AT SEA OR ASPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHOP | COM OTHER OSS THE VOLUME | MENT TO IDENTIFY FINAL | L PLACE AND COUNTY OF | DISPOSITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECO | EIVING FEMAINS | | 27-20- | | |
| , | This is to certify that I am the per | | | SIGNATURE OF APPLICANT | | |
| ACKNOWLEDGMENT OF | | ent under provisions of the Health and Safety Code, spass and nuisance laws apply and understand that | | DATE OFFICE | | |
| APPLICANT | this permit gives no right of unrest | | | DATE SIGNED | 31.5% XXX | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | É AND IS THE | DATE PERMIT ISSUED | SIGNATURE | LE Comes, M.D. | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | SIGNATURE O | F PERSON IN ALLESSED | | ISE NUMBER OF CREMATED REMAINS DSER, IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADMRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | | |

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



INTERMENT ORDER

City of Sa Diego

Date 7/14/87

| NO REPORTED BY AND REST OF WARRING STREET | N SS SEEN S VO | 2 12 W/2 NE SEC |
|---|-----------------------------------|-----------------------------|
| You are hereby authorized and instructed, | subject to year roles and regular | tions, to inter the remains |
| " Rell heries | Funeral, date, tim | Am - |
| Church, Chapel, Graveside | 1 715 Rage | lale_ Mortuary |
| All Funeral cars must arrive before 3:30 p | m of recular work day or all av | tra charge will be applied |
| /and billed to undersigned. War time veter | - 4/2 \$/ 100 9° | па спатва мін ре аррнао |
| L | 2 | 11 |
| Lot 103 Grave 9 Row | Section _ Z Di | vision/Block/_ |
| Grave space & Care Fund | ish grave | 250 |
| Additional spaces and care fund | none | |
| Opening/Closing & Satur | | 320 |
| Burial Container Bell Leuer | - Brute | 1009 |
| Handling Fees Labor | | 1450 |
| Flower vases - Marker setting fee | | |
| Recording and filling fee | | 350 |
| IPAIDI | | 7 :: |
| ul deposit 4 | Total Due | 85% |
| 17 1987 Pai | d receipt number 34823 | 856 |
| MT. HOPE CEMETERY | 5.0.363340510160060615 | elence due |
| CITY of SAN DIEGO, CALIR. | - P 1 | 751100 000 |
| I hereby certify I am the | | e above named decedent |
| that I have the right to make this authorizate any liability on account of said authorization | tion and laggee to hold Mt. Hope | |
| | V | |
| I hereby authorize the interment in lot I hold under deed. | Sylver | Man a Clark |
| 1100 0100 | 10101 | 1 2013 |
| Signature of recorded heitler of deed | State | 1210 |
| | STORY R | 221 |
| | | |
| E cros | Invoice # | |
| Work Order # E 6797 | Acct. # | |
| Man - 11 Am - 1 | shoul + Ill | |
| 11011-11111 | | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

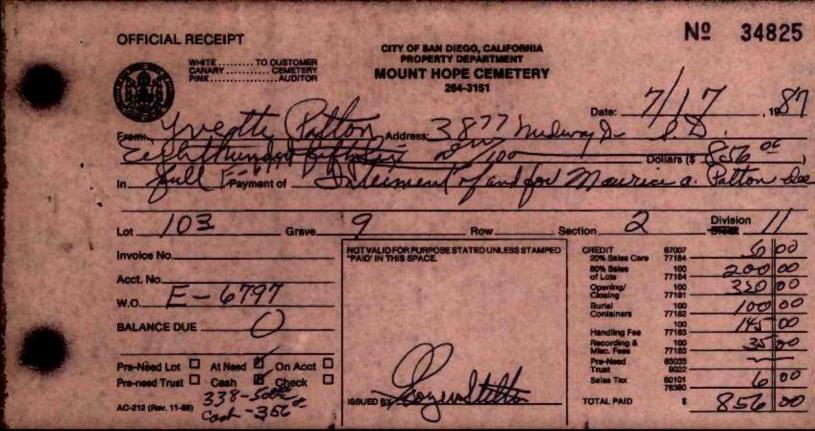
| NAME OF DECEDEN | t 0 = 0.000 | | SEX | DATE OF BIRTH | DATE OF DEATH |
|--|---|---------------------------------|-------------------------------------|---|--|
| Megrice Patton N | | Male | March 21. | 1966 June 11, 1987 | |
| PLACE OF DEATH- | | PLACE OF DEATH—COUNTY | IOR STATE IF NOT IN CALIFORNIAL | | ESS OF SPOUSE OR OTHER INFORMANT |
| ADDRESS SERVICE AND ADDRESS OF A SERVICE AND | | O Federal Blvd. 1220 | | Yvonne Ho | rris - Hother |
| | | | | 13131 South 45th St. San Diego, CA 92113 | |
| 3 | | Diego, CA | e night and | | |
| | TYPE OF PER | AIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES O | F DISPOSITION | |
| 1 BURIAL IIN | CLUDES ENTOMBMENT) | 5. DISINTERMENT AND ENTOMBMENT) | BURIAL (INCLUDES | 8 DISINTERMEN | NT AND REINTERMENT OF CREMATED |
| 83% | N AND BURIAL UNCLUDES INURNMENT) | 6 DISINTERMENT, CREI | MATION, AND BURIAL INT) | | NT OF CREMATED REMAINS AND |
| 3 CREMATIO CEMETERY 4 SCIENTIFIC | | 7 DISINTERMENT, CREE | MATION, AND DISPOSITION EMETERY | FOR C | CORONER'S USE ONLY |
| TERMENT | NAME AND ADDRESS OF CEMETERY W | 3751 Martin Luth | er King Way: Sa | n Diego, CA | The state of the s |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | . / | MELAN CHI LEMIN EL DIPOTE REPORTED. | > | RSON IN CHARGE OF CREMATORY |
| BURIAL AT SEA OR SITION OTHER V A CEMETERY MATED REMAINS | ADDRESS, NEAREST POINT ON SHORE | OH OTHER DESCRIPTION S | UFFICIENT TO IDENTIFY FINAL | PLACE AND COUNT | Y OF DISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the person having the right to central the disposition of the remains of the above named decedent under previsions of the Health and Safety Code, and I have not a second and the that treatment and missers have each and advantaged that | | SIGNATURE OF APPLICANT DATE SIGNED | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AT THE PERMIT ISSUED SIGNATURE OF LOCAL REGISTBAR ISSUING PERMIT 100 PERMIT | | | | CAL REGISTRAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED TO DISPOSITION WAS MADE ON 103/9/2// | 0/87 SIGNATURE | SCULLER | | LICENSE NUMBER OF CREMATED REMAIN DISPOSER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | | 0 | | |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED. OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE. OR 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 ERMENT ORDER City of San Diego You are heraby authorized and instructed, subject to your rules and regulations to inter the remains Funeral, date, time Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Handling Fees Flower vases - Marker setting fee Recording and filing fee ... Total Due Paid receipt number, I hereby certify I am the .. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. ture of recorded holder of deed Telenhone Invoice #

PY-583 (REV. 8-85)

485.00 40.00 34903 8-7-87 445.00 40,00 35763 10-5-87 40.00 35336 11-30-87 365.00

| | OFFICIAL RECEIPT WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR From: Loweth Cupus | CLEATHANDIEGO CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 Address: 5017 Rey | Date 1/5/8 | Nº 348 | 317 |
|--------------|--|--|--|--------|-----|
| | in Suposit Payment of DIV | Credit lot fall | Dollars | | , |
| | Invoice No. | 9 Row Se NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 67007 20% Sales Care 77184 80% Sales 100 01 Lots 77184 | 10 | 2 |
| 174 , 100 | W.O. E-6798 BALANCE DUE 48500 | | Opening/ 100 Closing 77181 Burtel 100 Containers 77180 Hendling Fee 77183 | | |
| | Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | Seojulith | Recording & 100 Milec. Fees 77183 Pre-Need 93033 Trust 9022 Sales Tex 80101 TOTAL PAID | | 1 |
| | AC-212 (Rev. 11-98) | A Array | IOTAL PAID | - 10 | - |

The second secon

OFFICIAL RECEIPT

| WHITE | TO CUSTOMER |
|-------|-------------|
| PINK | AUDITOR |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | MARCO. | 0 - | | |
|--|---|---|---|-----------------|-------------------|
| Forty Poll | ars Address SUT Regnolds | 0 | 8-7 n Diè | | 87 |
| E-(| 6798 | oction | | ivision lock | |
| Invoice No. Acct. No. W.O. E - 6798 BALANCE DUE Pre-Need Lot At Need On Acct A | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burfal Containers Handling Fee Recording & Misc. Fees Pre-Need Trust | 87007 77184 100 77184 100 77181 100 77182 100 77183 100 77183 100 77183 80033 9022 | 40 | <u> </u> |
| Pre-need Trust Cash Check X | ISSUED BY JD. | Sales Tex TOTAL PAID | 80101 78390 \$ | 40 | 8 |

Send or bring one coupen with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6798 Credit Lot Dorothy Cooper 5017 Reynolds San Diego, Ca 92113 Month and Day Due Indicated Below IAN MAR APR MAY JUN JUL AUG SEP OCT NOV DEC Amount due when paid on, or before, 20.00 due date above Amount due if paid more than after due date above. 21.00 Amount Received NAME DOrotty Cooper ADDRESS 5017- Reynolds STATE CH, ZIP 921/3 Send or bring one coupon with each remittance COLIPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6798 Credit Lot Dorothy Cooper 5017 Reynolds San Diego, Ca 92113 Month and Day Due Indicated Below APR MAY JUN JUL AUG SEP OCT NOV DEC 1 FER Amount due when paid on, or before, 20.00 due date above. days Amount due if paid more than..... after due date above. s 21.00 Amount Received \$ 20,00 NAME Dorothy Cooper ADDRESS 50/7 Reynolds st. CITY 50-N Diego STATE Ct. ZIP 9 21/13

check (v) if this is new address

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY MINK AUDITOR | MOUNT HOPE CEMETERY 284-3181 | Date: | 0-5 87 |
|--|---|--|--|
| In Payment of Un | egen # 344 | y calet | Division 15 |
| Invoice No. Acct. No. W.O. E-6798 BALANCE DUE 40500 Pre-Need Lot At Need On Acct | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees | 87007 77184 100 77184 100 77181 100 77182 100 77183 100 77183 100 77183 9022 |
| Pre-need Trust Ceah Check CAC-212 (Rev. 11-86) | | | 9022 60101 78390 8 40 - |

| | | o1 an | Di | eg | | Ca | 92 | | |
|-------|------------------|----------|---------|-------|-------|----|----|---------|-----|
| IAR | APR | MAY | | | | | | | FEB |
| mou | nt due | when p | paid on | or be | fore. | | 10 | | |
| ie da | ite abo | 27 | more ti | han | da | ys | \$ | 1.0 | |
| er o | nt due due da | te abov | ve. | | | 5 | | | 100 |

Send or bring one coupon with each remittance COLIPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6798 Credit Lot Dorothy Cooper 5017 Reynolds San Diego, Ca 92113 Month and Day Due Indicated Below MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB Amount due when paid on, or before 20.00 due date above Amount due if paid more than days after due date above. NAME Darothy Cooper \$ 20,00 ADDRESS 5017 - Reynalds of

CITY of an A Low STATE C.A. ZIP 91//3

| | | | 7.5 | у | Coc | pe | P) WELLER | | | | |
|---------|----------|-------|--------------------|-----|---------|-------------|-------------|------------|------------|-----|-----|
| | | an | Di | eg | 0. | Ca ue in | 92 dicat | 11 ed E | 3 lelow | | |
| MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | MAL | FEB | MAR | APR |
| | | 9 | | | | | 10 | | | | 55 |
| | ite abo | ve. | paid on more th | 4= | 200 | nys I | s | _2 | 0.0 | | |
| mou | deen det | e abo | vē. | | | | \$ | - | 1.0 | 00 | |
| | ine oa | | | | | | | | | | |
| | Jue Qa | | | | | | 3 | (| | | |
| ifter (| | | | An | nount l | Receive | d \$ | 2 | 501 | a |) |
| NAM | | | | An | nount l | Receive | d \$ | 2 | 501 | O. |) |

| Coope | | | | | |
|----------------|------------------------|--|--|--|---|
| Cooper | | | | | The |
| go, Ca | 92 | 113 | 3 | | 30 |
| Day Due Inc | dicate | d B | elow | | 10 |
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| | Payment of Land | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address: DIT Illery Company of the Company of | Date: | Nº 9 | 35622 |
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| | Lot Grave | ROWS | ection Screen Soft Sales Care Soft Sales | 87007 77184 | 10 / 2 |
| A STATE OF THE PARTY OF THE PAR | W.O. 6-6798 BALANCE DUE 345.00 | CITY AUDITOR | of Lots Opening/ Closing Burial Containers Handling Fee | 77184 100 77181 100 77182 100 77185 | |
| THE REAL PROPERTY. | Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | FEB 05 1988 | Recording & Miles. Fees Pre-Need Trust Sales Tax | 100 77183 63033 9022 60101 78390 | 20 |

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OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

Nº 35777

| CANARY | MOUNT HOPE CEMETERY 264-3151 | |
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| From Dorath, loope | N Address 5017 Beinel | te: 2-29 19 80 SS 92113 |
| InPayment of Cal | cont & Credit | Jal 1 (\$ 20.00) |
| 1/2 | 9 | _3 Division / 2 |
| Invoice No | III. TO SEED OF THE PROPERTY OF THE PARTY OF | MT Sales Cara 77184 |
| w.o. E-6798 | LIT AUDIFOR OP | oris 77184 |
| .BALANCE DUE 325,00 | MAR 03 1988 | 7/382 100 100 100 100 100 100 100 100 100 10 |
| Pre-Need Lot At Need On Acct Pre-need Trust O Cash O Check | for A Day (Mexal | Wood 53033 9022 66 7ax 8010) 78390 |
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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY | MOUNT HOPE CEMETERY 264-3151 | | 11 | 77 | 28 |
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| From Ditalle Crase | W Address: 5017 Rec | Date: | 1,5 | Ď ,19 | _ |
| twenty glass | cers & lised t | del | ollars (\$. | 20,0 | 0, |
| In Payment of 9 | The state of | 000 | | | |
| Lot 42 Grave | | ection | 3 | Division / | 2 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots | 67007 77184 — 100 77184 — | 80 | 00 |
| w.o. 6-6798 | CITY AUDITOR | Opening/ Closing Burist Containers | 100 77181 — 100 77182 — | | |
| BALANCE DUE 505-00 | APR 14 7988 | Handling Fee Recording & Misc. Fees | 100 77185 — 100 77183 — | | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | N/aliha | Pre-Med Trust Sales Tax | 63033 9022 — 60101 | | <u> </u> |
| AC-212 (Rev. 10-67) /730 ^ | 1980ED BY TIME, WERA | TOTAL PAID | 78390 — | 80 | 00 |

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| mou ifter o | nt due due da | if paid te abo | more ti | han A | da mount | Receive | S S | 2 | 0, | a | 2 |

CITY OF SAN DIEGO, CALIFORNIA

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | | | | 00 |
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| twenty sall | as 10/100 - | | gliars (\$ _ | 20,0 | 0, |
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| Lot 43 Grave | 9 Row 8 | ection 3 | | Division | 12 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care | 57007 77184 | | 100 |
| Acct. No | CITY ALI | 80% Sales of Lots Opening/ Closing | 77184 — 100 77181 — | 20 | 00 |
| W.O. 6-6/10 | CITY AUDITOR | Containers | 77182 — | | 1 |
| BALANCE DUE 000, 00 | MAY 0 6 1988 | Handling Fee Recording & Misc. Fees | 77185 — 100 | 10/2 | U.V. |
| Pre-Need Lot At Need On Acct | | Pre-Need Trust | 77183 — 63033 9022 — | EY BONE | |
| Pre-need Trust Cash Check | make 1 last | Sales Tax | 80101 78390 — | 0.5 | - |
| AC-212 (Rev. 10-67) 17.39 | ISSUED BY THE CIC TO CO | TOTAL PAID | | do | 00 |

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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

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| 0 | WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR |
| BARRASSA | PINK AUDITOR |
| 力を正信目 | |
| 2000 | |

| PINK AUDITOR | MOUNT HOPE CEMETERY 284-3151 | | 50 | , |
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| Our off Com | out on Per | Date: 6- | 15 ,19 88 | |
| herent for bal | ard rollor | Dollars (\$ | 20.00 | |
| In Payment of | engen 11 Vildo | dot | 1 1 - 1 - 1 | |
| Lot 43 Grave | 9 Row _ So | ection 3 | Division / 2 | |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 67007 20% Sales Care 77184 — | | SIN |
| Acct. No | The state of the s | 80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77161 — | 20 00. | 適 |
| W.O. P 6170 BALANCE DUE 265.00 | CITY AUBITOR | Burial 100 Containers 77182 — | | |
| | JUN 20 1988 | Handling Fee 77185 — Recording & 100 Misc. Feek 77183 — | | _ |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | 60. 11. | Pra-Need 83033 Trust 9022 — Sales Tax 60101 78390 — | | See |
| AG-212 (Rev. 10-67) 1709 | ISSUED BY THE ALL COLOR | CHOTAL PAID \$ | 200 | |

| smount due when paid on, or before, we date above \$ 29.00 whount due If paid more thandays \$ \$ 1.00 \$ | Month and Day Due Indicated Below NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP OCT Imount due when paid on, or before, we date above Amount due if paid more thandays Amount Received S 2/, 6-2 | | | 01 | 7 1 | ley | no1 | 48 | | | | | |
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| Amount due when paid on, or before, due date above. S 29 99 Amount due If paid more than days steer due date above. \$ 300 | Amount due when paid on, or before, due date above \$ 29.00 Amount due If paid more than days \$ 1.00 \$ \$ 4.00 | | • | Mon | th ar | nd De | y Di | ue In | dicat | ed E | elow | | T and |
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| Ifter due date above. | Amount Received S 2/, (4-2) | _ | | | | | | | | | | | |
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| \$ | NAME Dorothy Coper | we da | nt due | ve If paid i | more ti | 1000 | 1000 | ys | \$ | 2 | | | |
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| Amount Received S 2/, 0-2 | NAME Dorothy Cooper | lue da Amou | nt due | ve If paid i | more ti | han | da | | \$ | | 1.0 | 10 | |

| WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR | PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 | | | | 100 |
|--|--|---|--|---------|------|
| Pointly Cons | 000 5017 No. | Date: | 7-18 | D. | 980 |
| From: Forty - See | 12 \$ 13 egan 12 \$ 13 | Custin | ollars (\$ 4) | 1,00 | |
| Lot 43 Grave | 9 Row | ection | 3 Div | ision / | 2 |
| Acct. No. E-6798 | PAID IN THIS SPACE. | CREDIT 20% Sales Care 60% Sales of Lota Opening/ Closing Burial | 100 77184 100 77184 100 77181 | 41 | 00 |
| BALANCE DUE 223.00 | JUL 25 1988 | Containers Hendling Fee Recording & Mylic. Fees Fre-Need | 77182 | | |
| Pre-need Lot D At Need D On Acct D | | Sales Tex | 9022 — 60101 | 100 | VIET |

AC-212 (Rev. 10-87)

ISSUED BY SIGNA WE STOTAL PAID

| od or bring one coupon with each remittance | COUPON | 19 |
|---|--------|----|
| DO NOT MAIL ENTIRE BOOK | | 14 |

ACCOUNT No. E-6798 Credit Let

Dorethy Cooper 5017 Reynolds San Diego, Ca 92113

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

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Amount due when paid on, or before,

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| | OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR From The Control of Payment of | CITY OF SAM DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 8 Address: 5017 Por | Nº 36506 Date: 5 19.58 Dollars (\$ 21.00) |
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| | Lot Grave_ | RowSe | Division Block |
| | Invoice No. | NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 67007 77184 |
| | Acct. No. E - 6798 | CITY AUDITOR | 80% Sales 700 of Lots 7184 Opening/ 100 Closing 77181 Burief 100 Containers 77182 |
| - | BALANCE DUE #3.00 | AUG 09 1988 | Handling Fee 77185 Recording 5 100 Misc. Fees 77183 |
| | Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | David Many | Misc. Fees 77183 Pre-Need 53033 Trust 9022 Sales Tex 60101 78360 |
| | 1767 M67 | ISSUED BY | TOTAL PAID \$ 30 |

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OFFICIAL RECEIPT 36799 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY 264-3151 Division Section Row Grave NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 77184 Invoice No "PAID" IN THIS SPACE 20% Sales Core 60% Sains Acct. No. of Lots Opening/ Closing Buriel Containers BALANCE DUE 16300 77182 Handling Fee Recording & Misc. Fees Pre-Need **B3033** Pre-Need Lot On Acct Totant Pre-need Trust Sales Tax 80101 TOTAL PAID AC-212 (Rev. 10-87)

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BALANCE DUE

Fre-need Trust AC-212 (Rev. 10-87) Grave

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CYTY OF SAN DIEGO CALIFORNIA

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| | ction | 3 | Division / | 2 |
| ALID FOR PURPOSE STATED UNLESS STAMPED IN THIS SPACE. CITY AUDITOR | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burist | 87007 77184 — 100 77184 — 100 77181 — | 20 | 00 |
| NOV 2 1 1988 | Containers Handling Fee Recording & Misc. Fees Pre-Need Trust | 77182 — 100 77185 — 100 77183 — 63033 — | | |
| M. 16 10/0 | Sains Tax | 88101 78390 — | 22 | |

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

| Mushey Com | Englosed | Dete: 12-8 | .1088 |
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| In part Payment of Char | 11 1 1 1 COUPON # 17 | Dollars (| \$ 20.00 |
| Lot 43 Grave | 9s | ection 3 | Division /2 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Operator/ 100 | 2000 |
| W.O | | Opening/ 100 Closing 77181 Burisl 100 Containers 77182 100 Hundling Fee 77185 | DEC ALMANTO |
| Pre-Need Lot At Need On Acct O | | Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 9022 Sales Tax 60101 | 1988 |
| AC-212 (Rev. 10-87) Cash Check (A | ISSUED BY A BLOCK | TOTAL PAID \$ | 2000 |

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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| PINK, AUDITOR | 284-3181 | | 12-28 | 28 |
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| From Doroth Cros | W Address: 50/17 Rec | peala . | isu le | 00 |
| twente & fall | as 100 - | Doll | 20.00 | D ₀ , |
| In Payment of U | rago - 18 Ca | ac 001 | Marka | |
| Lot 43 Grave | | Section 3 | Division / | 2 |
| Invoice No | MOT VALID FOR PURPOSE STATED UNLESS STATE PRO | Gill Quine | 7007 7184 100 7184 | or |
| wo 2-6790 | JAN 09 | | 100 7181 100 | |
| BALANCE DUE 103.00 | 经验证证明 | | 7182 100 7185 | |
| Pre-Need Lot At Need On Acct | 1000 | Misc. Fees 7 EVs-Need 6 | 7183 | |
| Pre-need Trust Ceach Check St AC-212 (Rev. 10-87) | ISSUED BY BIRDER (UK) | TOTAL PAID | 20 | oi |

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OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 204-3151

Nº 37280

| | 20 | 4-3151 | | 2-1 | | 29 |
|--|--|-----------------------|---|----------------------------------|-------------|-----|
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| twenter In | Maria | nolles | | ollars (\$. | 000 | 0, |
| In Payment of | rupon | 19 01 | eal d | at | | 100 |
| Lot 43 Grave | 9 | Row | Section | 3 | Division /2 | |
| Invoice No | NOT VALID FOR PURPOSES PAID IN THIS SPACE | STATED UNLESS STAMPED | 20% Sales Care | 67007 77184 — | 16 | 00 |
| Acct. No. 4 -6 798 | 发展 198 | cm. | 60% Sales of Lots Opening/ Closing | 77184 — 100 77181 — | 4 | 10 |
| BALANCE DUE 63.60 | | FED ALLEMO | Buriel Containers Handling Fee | 100 77182 — 100 77186 — | | |
| Pro Need Lot D At Need D On Acre D | THE RESERVE OF | FEB 06 1989 | Recording & Misc. Feee Pre-Need | 100 77183 — 63033 | | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | har | C. Da | Sales Tax | 9022 — 80101 78380 — | 20 | 4.5 |
| AC-212 (Rev. 10-87) /837 | ISSUED BY | 1 | TOTAL PAID | 100 | 00 | 00 |

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WHITE TO CUSTOMER

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

| PINKAUDITOR | MOUNT HOPE CEMETERY 264-3151 | | 2 | 5 | 0. |
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| trocate, I dall | ass "no/10- | 1405-8 | ollars (\$ | 20.9 | 0 |
| In Payment of | rupon do | mace | | - ME M | |
| Lot 43 Grave | 9 Row S | ection | 3 | Division / | 2 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Cere 80% Sales of Lots | 87007 77184 — 100 77184 — | 20 | 00 |
| w.o. 5 -6798 | CITY AUDITOR | Opening/ Closing Surial Containers | 100 77181 — 100 77182 — | | |
| BALANCE DUE 60-00 | MAR 27 1999 | Handling Fee Recording & Minc. Fees | 100 77186 — 100 77183 — | | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | The state of the | Pre-Need Trust Sales Tax | 63033 8022 — 60101 78390 — | | |
| AC-212 (Rev. 10-87) | IDENTIFICATION OF THE INTERPRETATION OF THE IDENTIFICATION OF THE | TOTAL PAID | | 20 | 60 |

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| mou | | if paid te abo | more th | ian | | | \$ | - | | |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| CANARY CEMETERY PIMK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | Editor. | , , | | - |
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| From Couth Chose | V Address SOLT Rec | Date: 1 | 1-6 | 9: | 2// |
| troute) day | 1000 | 11/11 - 9 | illars (\$ | 10.00 |) , |
| In Payment of | a garage | 2 | Day | Division / | 5 |
| Lot 90 Grave | The state of the s | ection | | Nock _ | 100 |
| Acct. No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots | 87007 77184 ———————————————————————————————————— | au | |
| w.o. 2-6996 | APP AUDI | Opening/ Closing Burlal Opcontainers | 77181 —————————————————————————————————— | | |
| BALANCE DUE | APR 17 19 | Handling Fee Recording & Misc. Fees Pre-Need | 77185 100 77183 | | |
| Pre-Need Lot D At Need D On Acct D Pre-need Trust D Cash D Check D | Maker Von | Seice Tex | 63033 9022 60101 76390 | 2) | 1 |
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| EP (| | | | | | MAR | | | | JUL | AUG |
| e date | due | re. | more to | | 200 | hys | > 5 > 5 | Ú. | .0 | | |
| | | | | 10 | 6 | 38 | s | | | | |

| ATE | 5017 Reynolds, San Diego, Ca 92113 RA | TING | 1 | CREDIT | BALANCE |
|---------|---|--------|---|--------|---------|
| 87 | Lot 43, Grave 9, Section 3, Division 12 | 495 00 | | 130 00 | 365 00 |
| 8188 | Course #7 RECEIPT # 35622 | | | 2000 | 34500 |
| 29 880 | laugen #8, Receipt # 25777 | | | 2000 | 32577 |
| -7 88 | lougn#9, flerest 35983 | | | 2000 | 20502 |
| 3 88 | Coupen#10, lecept 36077 | | | 2000 | 28500 |
| 15 88 | Couper 11 level pt 36299 | | | 2100 | 26501 |
| 18 88 | Janen 12 \$ 13, Along 36430 | | | 4100 | 2230 |
| 5 88 | Lowbon 14 Kelent 3006 | | | 2000 | 20301 |
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| -6 88 | Coupor 15' Kecupt 36799 | | | 2000 | 16300 |
| 1-15 88 | Vaupon 16 Percept 36971 | | | sow | 1430 |
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| -4 89 | Caupas 22-24 (Kerept 3)15 | / | | 6500 | (2201 |
| | | | 3 | Due | por pu |
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WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINKAUDITOR | MOUNT HOPE CEMETERY | | 200 | |
|--|---|--|------------|------------|
| From Mathe Ugo. | 200 Address 5017 Yu | Date: 5- | 4 | 19.89 |
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| In Payment of | 9 | | Division / | 2 |
| Invoice No | ROW SO SO STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 670 20% Sales Care 771 | | 00 |
| Acct. No. E-6298 | | of Lote 771 Opening/ 1 Closing 771 Burist 1 | MAY | AUDITOR |
| BALANCE DUE CU DOUNT | | Handling Fee 771 | 86 86 | 0.8 1989 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | to the | Pre-Need 630 Fruit 90 Sales Tax 601 763 | ss | 00 |
| AC-212 (Rev. 10-87) /855 | ISSUED BY CALL COLL | ETOTAL PAID | . 65 | 00 |

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| - | RESS | 5 | 01 | 5- | D. | Des | - | le | e. | + | |
| CITY | | | | | 9); | STAT | E | | ZIP | 1000 | 113 |
| | | | heck | (1) | if th | is is | new | add | ress | -8 | |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

| You are harely authorized and instructed sub- | ject to your rules and regulations, to inter the remain |
|---|--|
| of Thomas and on nor | wella Hammond |
| in a Yaut/Liner Full | neral/daye, tippe |
| Church, Chapel, Graveside | hortuan Mortuan |
| All Funeral cars must arrive before 3:30 p.m. o | of regular work day or an extra charge will be applie |
| and billed to undersigned. War time veteran | |
| Lot 40 Grave 1-2-3-4 Row - | — Section 2 Division/Black // // // // // // // // // |
| Grave space & Care Fund . Q. 950 | each 1000 |
| Additional spaces and care fund | More Olas |
| Opening/Closing & Setup | - Hanaya |
| Burial Container | of the time |
| Handling Fees | as end |
| Flower vases - Marker setting fee | 7°2 |
| Recording and filing fee | |
| Sales takes II | Total Due#/and |
| Paid re | icelpt number |
| (A) (3) | Balance due |
| I hereby certify I am the | of the above named deceder |
| | of remains as above indicated. I certify and represe and I agree to hold Mt. Hope Cemetery harmless fro and interment. |
| THE REPORT OF THE PARTY OF THE | WEST ACCOUNTS OF THE STATE OF T |
| I hereby authorize the interment in lot I hold under deed. | Signature 2 1/2 200 200 3 |
| hold under deed. | Signature 215 Calle Mines |
| | Signature 22/5 Colle Minas Actron & 92/26 Stop 20 |
| hold under deed. | Signature 215 Colle Minas Adress D. 92126 Store Telephone |
| hold under deed. Signsture of recorded helder of deed | 780000 |
| hold under deed. | Telophone |

1000.00 34899 12.00 8-6-87 958.00 NSF CK (48,007 10.00 NSF CHE 42.00 350/3 9-9-87 968.00 42.00 10-6-87 35/24 926.00 35184 52.00 10-19-87 874.00 11-18-87 35310 42.00 832.00



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

Nº 11840



| 40 | OWNERSHIP AND | (4) | | |
|--|---|--|--|---|
| TO Thomas & Norvella | Hammond | for the sum | of \$ 1000.00 | (DOLLARS) |
| LEGAL DESCRIPTION LO | t 40; Graves 1-2- | -3-4, Section | 2; Division 11 | |
| AS DESCRIBED ON PURCHA | ASE ORDER NUMBER | E-6799 • | | |
| According to a map of said held for burial privileges on hereafter be adopted, including Gemetery. The rights hereby of the Cemetery Authority in | nly with endowed car ing the right to ingre y conveyed for interm | re. Subject to a ess and egress v nent privileges s | all rules and regular with essentials for c hall not be relinquis | ions now in force or may are and operation of the hed without the consent |
| It is expressly understood le repairs to any monument, hea after be erected or placed on of plot. In no case will the rural causes of deteriorati ent of the Cemetery. The fo | nd stone, vaults or or said lot or plot. Cos Cemetery Division b ion, but reserves the | ther improvement of same shall in the responsible for right to remove | s of like nature that be assumed by legal or damage, malicious any object that deta | is already, or may here- owner or representatives mischief, vandalism and |
| | | | | |

Regulation Marker is 12" X 24", Flat Marker Only

Property Director

PY-684

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| A SA | WHITE CANARY | TO CUSTOMER CEMETERY AUDITOR |
|------|--------------|------------------------------|
| | | |

| FORTY-TWE | 284-3151 2rd Address: 8215 CAILE I DOLLARS — Edit Sale - Couper | The state of the | 8-6 OAN DIEGO Ollars (\$ 42.00 | 19 87 |
|-------------------------------|--|---|---|--------------|
| Lot Grave_ | 6799 | ection | Division Block | |
| Acet, No | MOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers | 67007 77184 100 77184 100 77181 100 77182 | 00 |
| Pre-Need Lot At Need On Acct, | | Handling Fee Recording & Misc. Fees Pre-Yead Trust Sales Tax | 100 77183 100 77183 63033 9022 60101 78390 | |
| AC-212 (Rev. 11-86) 419 | ISSUED BY 40. | TOTAL PAID | - 42 | 00 |

ACCOUNT No. E-6799 Credit Lot

Thomas & Norvella Howard 8215 Calle Minas San Diego, Ca 92126

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

\$42.00

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

\$43.00

NAME Mrs, Mowella Hannord

ADDRESS 82 15 Calle m was

CITY San Diago STATE Q1, ZIP 92 12/6

| No. | OFFICIAL RECEIPT | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 204-3151 | | Nº | 35124 |
|-----|--|--|--|---|----------|
| | From: Horvella Jan | 2 8215 Cal | Date: 10 | - 7 | 2.00, |
| | In Payment of | 234 Row_ 8 | oction 2 | Div -Bio | ision // |
| | Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lois Opening/ Closing Burlat Containers | 87007 77154 100 77154 100 77161 100 77162 | 4200 |
| • | Pre-Need Lot At Need On Acct Pre-need Trust Cash Check RAC-212 (Nev. 11-8) | Bourdy Once | Handling Fee Recording & Miles: Feed Pre-Need Trust Selec Tax TOTAL PAID | 700 77183 100 77183 63033 8022 80101 78300 | 1/200 |

| end or | bring : | one co | upon w | ith ea | ch rem | ittanc | · C | OUP | ON | | 2 |
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| AC | COUN | T No. | E. | -67 | 99 | | Cr | edi | t | Lot | |
| | 100 | oma 15 | | 1.0 | P. LOC. | | | Ho | wa | rd | |
| | | a D | | P MALE | 1100 | | | 26 | .0 | | . / |
| 12 | | Mon | th ar | d D | ay D | ue In | dica | led B | elow | | |
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| | nt due ate abo | | paid on | , or be | fore, | | > s | 42 | .01 |) | |
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| NAM | E | | _ | _ | | | | | | | |
| ADD | RESS | | | | | | | | | | |
| CITY | 21 | 17007784 | | | | STAT | | | ZIF | 02 | |
| 40007 | | | heck | 11 |) if t | his i | s nev | v add | iress | | |

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

ACCOUNT No. E-6799 Credit Lot

Thomas & Norvella Howard 8215 Calle Minas San Diego, Ca 92126

Month and Day Due Indicated Below

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

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

\$ 42.00

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

\$ 1.00 \$ 43.00

Amount Received S______

ADDRESS

CITY STATE ZIF

☐ check (√) if this is new address

WHITE TO CUSTOMER

PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 254-3151

| PINK AUDITOR | MOUNT HOPE CEMETERY | | | | |
|--------------------|---|-------------------------------|------------------|-------------|---------------------|
| | 294-3151 | Date: | -10 | , 19 | THE PERSON NAMED IN |
| From Swella Man | More Aggress 8215 Call | - Min | is | | - |
| ne hundled | sufter light no | 1100 po | ollars (\$ _ | 166.0 | 1 |
| In Payment of CAL | you 5,6, 17 18 | Mais | to | 1 | |
| | 12211 | | 2 1 | Division // | 7 |
| Lot 90 Grave | 1,0,099 Row Se | ction | | BIOCK | |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care | 67007 77184 | 7.0 | , |
| Acet. No. | | of Lots | 77184 | 168 | |
| w.o. E-1799 | CITY AUDITOR | Opening/ Closing Burisl | 77181 ——— 100 | | |
| BALANCE DUE 664.00 | 100 | Containers | 100 | | |
| | MAR 16 198 | Handling Fee | 100 | | |

Pre-need Trust Cash Check

AC-212 (Ray 10-87) 000

som sindre lles

Recording & Misc. Fees 7
Pre-Need 8
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TOTAL PAID

77185 100 77183 83033 9022 60101 78390 \$ 160 8 0 6

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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| CANARY PINK | CEMETERY MC | OUNT HOPE CEMET 264-3151 | TERY | |
|----------------|-------------------------|---|--|---|
| From Cucha. | Thomas | Odress: 82/5 | - Calle | Misa |
| lighte In Paym | - Seven | 100/100 m | o Crea | Dollare (\$ |
| Lot 40 | Grave / -4 | Row | Section | 2 |
| Invoice No. | NOT VALID TPAID IN T | FOR PURPOSE STATED UNLESS HIS SPACE. | STAMPED CREDIT 20% Sales O 80% Sales | 67007 77184 100 77184 |
| W.O. E - 699 | 7.00 | CITY AUD | Burial Containers | 100 77181 —————————————————————————————————— |
| BALANCE DUE | 1.00 | MAY 06 | 1988 Handling Fe | |

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

seventiale Vard

| CREDIT 20% Sales Care 80% Sales of Lots | 67007 77184 ———————————————————————————————————— | 87 | 00 |
|--|---|---------------------|-----|
| Opening/ Closing | 100 | | |
| Burial | 77182 | B. Called | 1 |
| Containers | 100 | NO THE | |
| Handling Fee Recording & | 77185 | E. W. T. S. C. | ET. |
| Misc. Fees Pre-Need | 77183 63033 | STATE OF THE PARTY. | |
| Trust | 9022 | - | |
| Sales Tax | 80101 78390 —— | 00 | 10 |
| TOTAL PAID | | 81 | 00 |

| | NOT | | | | | ittance | CC | UP | ON | | 9 |
|-------------|-------------------|-------------------|----------------|---------|-------|-------------------|-----------|-------|------|-----|-----|
| AC | COUN | T No. | E- | -67 | 99 | | Cre | d1 | t I | ot | |
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| | nt due ate abo | | paid on | , or be | fore. | | S | 42 | .00 |) | |
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| or bring one coupon with each remittance. | COUPON | 1 |
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| DO NOT MAIL ENTIRE BOOK | | - |

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| | 8215. Ca | | | | | |
| | C | | | 0212 | 6 | |

Month and Day Due Indicated Below AUG OCT NOV DEC JAN FEB APR MAY JUN HIL

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

ACCOUNT No.

Amount due if paid more than after due date above.

Amount Received

NAME **ADDRESS**

STATE CITY check (√) if this is new address DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-6799 Credit Lot

Thomas & Norvella Howard 8215 Calle Himas San Diago. Ca 92126

| | SAI | | ST No. | WHEN | | | 2 1/2 dicat | | elew | | |
|--------|--------|-----------------------------|--------|------|-------|--------|----------------|-----|------|------|-----|
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| due da | nt due | when posts if paid to about | more t | | | iys) | | | .00 | | |
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| CITY | , | | | | | STA | TE | | ZIF | 9 | |

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| 140 00 | ito abo | | T | | | | \$ | 70 | | 100 | C. C. |
| | nt due i | | | an | da | ys | > 5 | 1 | .00 | | |
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CITY

STATE ZIP

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| JAN | FEB | MAR | | | The second second | jut | _ | - | - | | DEC |
| | | - 47 | | | | | 10 | | | | |
| | nt due | when p | aid on | or bef | ore. | - | > 5 | 42 | .00 | | |
| | | if paid n te abov | | ian | day | /s) | > \$ | 1 | .00 | | |
| | | | | | | | S | _ | | - | |
| NAM | E | | | Am | ount R | eceive | 5 | - | _ | - | $\overline{}$ |
| ADD | RESS | | | | | | _ | | | | |
| CITY | | | _ | | - | STATI | - | | ZIP | 51 | 055 |
| | | 170 | heck | (1) | if th | ils is | new | ada | ress | | |

Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6799 Credit Lot Thomas & Norvella Howard 8215 Calle Mina an Diego, Ca 92126 Month and Day Due Indicated Below DEC JAN FEB MAR -APR MAY JUN JUL AUG SEP OCT NOV Amount due when paid on, or before. 42.00 due date above. days Amount due if paid more than ____ after due date above.

ADDRESS

NAME

CITY

STATE

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☐ check (✓) if this is new address

Amount Received

| DO | NOT | MAIL | ENTIR | E BO | OK | | 200000 | 337378 | ON E | Lot | 1 |
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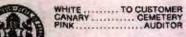
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WHITE TO CUSTOMER CANARY CAMERY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| PINK AUDITOR | MOUNT HOPE CEMETERY | | | | |
|----------------------------------|---|---|---|-------------------|---------|
| From Invella Vas | unand Tais Ca | Ce Me | 2-1- | 2 55 | 10 28 |
| inPayment of _Ca | 20/100 - 16 Use | tel 8 | ojiare us | 42,00 | <u></u> |
| Lot Grave | /// Row | ection | 2 | Division Block | 7 |
| Acct. No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots | 87007 77184 — 100 77184 — | CHY AU | 00 |
| BALANCE DUE 32/,00 | | Opening/ Closing Burial Containers Handling Fee | 77181 — 100 77182 — 100 77185 — | DEC 1 | 10- |
| *Pre-Need Lot At Need On Acct O | | Recording & Misc. Fees Pre-Need Trust | 100 77183 — 63033 9022 — | | 1388 |
| AC-212 (Rev. 10-87) Cash Check 2 | ISSUED BY Marked MC | Soles Tax TOTAL PAID | 78390 — | 42 | 00 |

| 2020 | | ma 5 | Cal | le le | OF M | rel | la s | Ho | | - | |
|--------------|----------|-----------------|---------|----------|------------|---------|-------------|-----|-----|-----|-----|
| UPR | | _ | _ | AUG | | - | _ | | - | FEB | MAR |
| ue da | nt due i | re. f paid r | more ti | or bef | ore, da | ys) | 5 | 42 | .00 | | 10 |
| mou ter d | | | | | | | | | | | |
| ter d | | | | Ап | nount (| Receive | \$ ad \$ | i i | | | |



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| 1200000 | 284-3151 | | 1 2 | COC F |
|------------------------------|---|---------------------------------------|---------------------|------------|
| | | Date: | 0-5 | . 19_1/ |
| From: Thomas E Ham. | monds Address: 8215 Callen | linus | 50. | 92126 |
| laster two | 19/03 | | ollars (\$ _4/ | 2 00, |
| | redit Lot | | 7.1100.5.14 × | |
| In Payment of | | | | |
| 1,- | 1-2-2-4 | 2 | Div | rision / / |
| Lot Grave | Row Se | ection | Bic | rck |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care | 67007 77184 | |
| Acct. No. | | 80% Sales of Lots | 77184 | 12 00 |
| wo. E-6799 | | Opening/ Closing | 77181 | |
| | | Burial Containers | 77182 | - T |
| BALANCE DUE | | Handling Fee | 77185 | |
| | | Recording & Misc. Fees Pre-Need | 77183 ———— 63033 | |
| Pre-Need Lot At Need On Acct | | Trust Sales Tax | 8022 | |
| Pre-need Trust Cash Check | Daniel Conte | WEARBOOK O' | 78390 | 13 153 |
| AC-212 (Rev. 10-87) | ISSUED BY | TOTAL PAID | | 12 00 |



MOUNT HOPE CEMETERY 527-3400

| we | SANDISAD D | 04. 9 oliars (\$ | 4500 | |
|----|--|---|----------|----|
| Se | ction2 | | Division | |
| EO | CREDIT 20% Sales Care 80% Sales of Los Opening/ Closing Burist Containers Handling Fee Recording & Misc. Feee Prs-Need Trust Sales Tax | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 — 63033 9022 — 60101 78390 — | 45 | 00 |
| - | TOTAL PAID | | 45 | 00 |

| From: Thomas None Ila Harty fire and The | 00- | - | 215Celle min | SINDIEGO D | 04. 9 ollars (\$ | 45-00 | |
|--|--------|---|-------------------------|-------------------------------|---------------------------|----------|-----|
| Lot \$0 = 0 | Grave | 2.3.4. | Row | Section 2 | | Division | 11 |
| Invoice No. | | NOT VALID FOR PURPOS "PAID" IN THIS SPACE. | SESTATED UNLESS STAMPED | CREDIT 20% Sales Care | 67007 77184 — | * * | 2 |
| Acct. No. | | | | 80% Sains of Lots | 77184 - | 45 | 00 |
| W.O. E-6799 | | | | Opening/ Closing Burist | 77181 — 100 | | |
| BALANCE DUE | | | | Containers Handling Fee | 77182 — 100 77185 — | | |
| | | | | Recording & Misc. Fees | 100 | WAS IN | |
| | Acct | 0 | | Pre-Need Trust | 63033 9022 — | | |
| Pre-need Trust Cash Ch | eck LE | ISSUED BY KOL | Ames | Sales Tex TOTAL PAID | 60101 78390 — | 116 | 66 |
| AC-212 (Rev. 1-91) | 1000 | | 0 | TOTALLAID | | 70 | 100 |

| | Th: | oma 15 | E. C. | . N | or | vel Min | 85 | | Va | rd | Section of the leaves of |
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| we da | ate abo | if paid | more t | han | di | nys) |) S | 1 | .0 | 0 | |
| we da | ate abo | if paid | more t | han | di | nys) | s | | .0 | 0 | |
| we da | ate abo int due due da | if paid te abo | ive. | 7 | | - 8 | \$ | _ | 450 | | |
| we da | ate abo | if paid the abo | ve UÆ | 7 LL | mount | Receive HA A | ed S | W | 5 | | |
| Amou ofter | ate abo | if paid the abo | moret ive | 7 LL | mount | Receive HA A | ed S | W | 5 | | e e |



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400

| From Thomas Lammons | L Address: VD/5 Calle | Date: = | 2-/ | 1/09 | 92 |
|---|--|--|---|------------|-------|
| Forty-Two (| The-Deed Rot | 20/ | oliars (\$ _ | 42 14 | |
| Lot 40 Grave | 1-2-3-4 ROW - SA | ection_2 | | Division / | 7 |
| Acct. No W.OE-6499 BALANCE DUE | MOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees | 67007 77184 ———————————————————————————————————— | 42 | w |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 1-91) | ISSUED BY Wast | Pre-Need Trust Sales Tex TOTAL PAID | 63033 9022 60101 78390 | 42 | w · |

| DO | NOT | MAIL | ENTIF | E BO | OK | | - A77.6 | 300000 | NT COLD | ot. | 9 |
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| | 823 | 1.5 1. D | ies | all o, | G. | 9 | 212 | 6 | | | , |
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| lue da Amou | nt due ste abo nt due due da | ve. if paid | moret | han | ore, | ys | s | 1 | .00 | | No. |
| NAM | E | | | An | nount f | Receive | s d \$ | | | | |

| 200 | COUNT | | EE05/2012 | 1000 | 9.00 | | CT | di | t I | ot | |
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| | The 821 San | 5 D | ie | 11 | e l | 9 | 212 | 6 | | | In the |
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| JUL | AUG | SEP | 200 | | | | | 0.00 | | | Ш |
| mou | AUG nt due ate abo | when ; | paid on | , or bel | fore, | | 10 | 42 | .00 | | |

Amount Received \$______NAME

ADDRESS

CITY STATE ZIP

☐ check (/) if this is new address



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

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400

| | | Date: | 25 1 | 2 , | 19.9= |
|-----------------------------|--|---|--|----------------|-------|
| | Address: 8215 Calle | | | 43.00 | 2 |
| Lot #O Grave | (, 2, 3, 4 Row Se | ection 2 | | Division | " |
| Pre-need Trust Cash - Check | NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtel Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax | 67007 77164 — 100 77184 — 100 77181 — 100 77182 — 100 77183 — 100 77183 — 83033 9022 — 80101 | 4/3 | 00 |
| AC-212 (Rev. 1-81) | ISSUED BY No. Standard | TOTAL PAID | 78390 — | 43 | in |

| | | T No. | | | 79 | | Other | | ota y | et | |
|-----------------|------------------|------------------|-----|-------|---------------|-------|-----------------|------|-------|-----|-----|
| | | 0 m.a 15 | | | _ | | | He | Wal | rd. | |
| | | R D | | | | | The Contract of | 26 | | | 4 |
| _ | | | | | | | | | elow | | |
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| ue di mou | nt due | if paid te abov | | nan | da | nys) | > \$ | 1 | .00 | | |
| | nt due | if paid ! | | nan | da | lys) | \$ | 4. | 3.0 | | |
| lue di Vriou | nt due lue da | if paid ! | | 200,0 | da nount l | | | 11.6 | 1 | | |
| mou ther c | nt due lue da | if paid to above | | 200,0 | | | | 11.6 | 1 | | |

THE REAL PROPERTY.

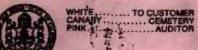


WHITE..... TO CUSTOMER CANARY CEMETERY PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400

| | | | REN 6 | |
|------------------|--|---|--|-------|
| Forty-two end of | Address: \$215 Calle 1 | | 5.D. CA ollars (\$ | |
| | dt Lot | | | |
| Lot Grave | | ection_2 | Division | |
| invoice No | NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 20% Sales of Lots Opening/ Closing Surial Containers Handling Fee | 67007 77184 100 77184 100 77181 100 77182 100 77185 | 42 00 |
| Pre-Need Lot | ISSUED BY K. S. Shidall | Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID | 100 77183 ———————————————————————————————————— | |

| E35 | 1500 NEVS | MAIL | | E BO | OK | - | GE4 | UP | | 2 | U |
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| | ite abo | | | or bef | 2566 | ys 1 | | 4 | .00 | | |
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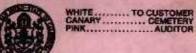


CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| | 527-3400 | Date: | 5-5 | | 9 |
|--------------------------------|---|---|---------------------------|------------|-------|
| From Mures Danners | Address: 215 Calle 7 | Iknas, | 1/2 | 0 '' | 9 / 3 |
| Eighty Four | 10/1 | w | oliars (\$. | 84.4 | |
| InPayment of | Phy- Theed Kots | | | | |
| Lot 40 Grave | 1,2,3,+4 ROW - Se | ection | | Division / | " |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care | 67007 77184 — | 84 | 00 |
| Acct. No. | | 80% Sales of Lots | 77184 | | |
| W.O. E- 6799 | 1 415 | Opening/ Closing Buriel | 77181 — 100 | | |
| BALANCE DUE | | Containers | 77182 | | |
| DALLINGE SOL | | Handling Fee Recording & Misc. Fees | 77185 — 100 77183 — | | |
| Pre-Need Lot G At Need On Acct | | Pre-Need Trust | 63033 9022 — | THE REL | |
| Pre-need Trust Cash Check | 1. 1/2 -4 | Sales Tax | 60101 78390 | 6/ | 1 |
| 12 (Play 1-91) 999 | ISSUED BY | TOTAL PAID | | 64 | WO. |

| | | | | eith ea | ok rem | ittenc | CC | DUÞ | ON | 2 | 2 |
|-----------------|---------|-----------------|---------|------------|---------|---------|-------------|-----|-----|-----|------|
| AC | COUN | T No. | | 1-6 | 799 | | Cra | di | t I | let | |
| | \$2 | 1.5 1. D | Ca. | lle go, | M: | 9 | 212 | 6 | | | |
| Trans. | - | | | | ry Du | | | | | | T |
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| due da Amoui | ite abo | ve. f paid r | nore th | an_ | |)s | > 5 > 5. | 4 | .00 | | \$"- |
| NAM | E | | | An | nount F | leceive | d S | _ | | | _ |
| ADD | RESS | | | | | | | | | | |
| CITY | SI. | | heck | 11 |) if th | STAT | | add | ZIP | • | |





CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400

| From Tromes Homound | Address: 82/5 Calle | | 5.0 | | 92 |
|---|---|--|--|-----------------|----|
| Twenty-three and | | | ollars (\$ | 23.00 | |
| Lot 40 Grave _ | 1-2-3-4 ROW | ection2 | | lvision lock | 11 |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers | 67007 77184 100 77184 100 77181 100 77182 | 23 | |
| Pre-Need Lot At Need On Acct | | Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax | 100 77185 | # | - |
| Pre-need Trust Cash Check AST AC-212 (Rev. 1-91) 937 | ISSUED BY Killedy | TOTAL PAID | 80101 78390 | 23 | 00 |



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7/15/87

| | allusaion - COATO |
|--|--|
| 0 0 | Expensed printer himse |
| In a Vault/Liner Q | Funeral, date, time |
| Church, Chapel, Graveside | Mortuary Mortuary |
| All funeral cars must arrive before 3:36 | p.m. of regular work day or an extra charge will be applied |
| and billed to undersigned. War time ve | teran |
| 1/0 | 0 1/ |
| Lot 70 Grave 7-8-9 Row | Section Division/Buck |
| | 25000 760 |
| Grave space & Care Fund | 730 |
| Additional spaces and care fund | |
| Opening/Closing & Setup | (none |
| Burial Container | Tanan |
| | Ather |
| Handling Fees | |
| Flower vases - Marker setting fee | Tene |
| Recording and filing fee | |
| Sales taxes | <u> </u> |
| 10-320 Mo. | Total Due |
| 7363 | CETTAL PURE PARENTAL STATE AND |
| 260 150 | Paid receipt number |
| 38 14 | |
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| 18 14 m | 20 40 24 |
| I hereby certify I am the | of the above named deceden |
| I hereby certify I am the and this is your authority to make disport that I have the right to make this author | of the above named decedents of the officers o |
| I hereby certify I am the and this is your authority to make disport that I have the right to make this author | of the above named deceder sition of remains as above indicated. I certify and represer ization and I agree to hold Mt. Hope Cemetery harmless from |
| I hereby certify I am the and this is your authority to make dispo that I have the right to make this authori any liability on account of said authoriz | of the above named decedent esition of remains as above indicated. I certify and represent ization and I agree to hold Mt. Hope Cemetery harmless from eation and interment. |
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| I hereby certify I am the and this is your authority to make disport that I have the right to make this authorizary liability on account of said authorizary liability authoriza the interment in lot hold under deed. | of the above named decedent sition of remains as above indicated. I certify and represent ization and I agree to hold Mt. Hope Cemetery harmless from attion and interment. |
| I hereby certify I am the and this is your authority to make disport that I have the right to make this authorizary liability on account of said authorizary liability liability of said authorizary liability liability liability of said authorizary liability liabi | of the above named decedent sition of remains as above indicated. I certify and represent ization and lagree to hold Mt. Hope Cemetery harmless from attion and interment. |



WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINKAUDITO | 284-3151 | | THE MENT A | |
|-----------------------------|--|---------------------------------------|-----------------------------|------|
| | | Date: | 8-7 | 1987 |
| From: S. D. Reg. Dept./M | 11551005 Address: 3773 Ocean | View St | an Diego | |
| | sixtey Dollars - | | | 0, |
| In COUPON Payment of C | edit Sale - Coupon | 5年1人 | thru # 5 | |
| | -10800 | e sylo | | 2 20 |
| Lot Grave | | ection | Division Block | |
| Invoice No. | NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | OREDIT 20% Sales Care 50% Sales | 67007 77184 | 00 |
| Acct. No. | | of Lats Opening/ Closing | 77184 - 790 100 77181 | |
| w.o. E-6800 | · · · · · · · · · · · · · · · · · · · | Buriel Containers | 77182 | |
| BALANCE DUE | | Hendling Fee Recording & | 100 77183 | |
| Pre-Need Lot At Need On Acc | | Misc. Fees Pre-Need Trust | 77183 63033 9022 | V VS |
| Pre-need Trust Cash Check | A TO | Sales Tax | 60101 | |
| AC-212 (PM. 11-85) 291 | ISSUED BY 10 | TOTAL PAID | * 160 | 0 |

| 4.7 | | | | | Marie S | | 1 |
|-------------|--------------------------------------|-----------------|-----------|--------|---------|------|----------|
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| - | COUNT No. | E-68 | | Çre | dit | Lot | |
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| 1 | SanG | iego / | Ca | 72 | | ow. | |
| AN | | APR MAY JI | | | | | DEC |
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| | ant due when par ate above | d on, or before | | 1.5 | 32. | 00 | |
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| mou iter | int due if paid me due date above | ofe than | days | S- | 1. | 00 | - 12 |
| | | 3 | | Els | 33. | 00 | |
| crean | RESS 37 | Amou | nt Receiv | ed \$_ | 32 | .00 | Market L |
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| DD | RESS 37 | 730e | end | Les | UK | sur | • |
| 1 | A 10 | | - | - Oa | | 0 | 7/17 |

CITY A CO STATE CO ZIP

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

ACCOUNT No. E-68Q0 Credit Lot

San Diego Regional Mission 3773 Ocean View 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.

Amount due if paid more than days \$ 1.00

\$ 33.00

NAME DO Regional Amount Received \$ 32.00

ADDRESS 37 7 3 Ocien View Ber

CITY STATE ZIP

☐ check (/) If this is new address

| | | an | D1 | ego | in ' | Ca | 19 | | V - 17 - 180 | | |
|----|------------------|----|----------------|------|------|------|----|---|--------------|---|-----|
| AR | APR | | | | AUG | | | | | | FEB |
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| | nt due due da | | more ti ve. | nan_ | da | ys) | s | 1 | .0 | 0 | |
| | | | | | | | S | | | | |

Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6800 Credet San Diego Regional Mission 3773 Ocean View San Diego, CA 92113 Month and Day Due Indicated Below MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB Amount due when paid on, or before due date above Amount due if paid more than after due date above NAME & Regional mission ADDRESS 3773 Deien Blv CITY Dan Diese STATE Ca 21992113

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| mou fter i | nt due due da | if paid te abo | ive. | New Column | | | \$ | -1 | .0 | 0 | - |

OFFICIAL RECEIPT 35603 CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY MOUNT MOPE CEMETERY PINK AUDITOR 264-3151 Division Section Row NOT VALID FOR PURPOSE STATED ON LESS STATED PED CREDIT 20% Sales Care 67007 77184 Invoice No 80% Sales GB 03 1988 of Lots Acct. No. Opening/ Burist Containers BALANCE DUE Handling Fee Recording & 100 77185 63033 On Acct Pre-Need Lot Trust • Pre-need Trust Sales Tax Cash 60101 78300 TOTAL PAID AC-212 (Rev. 10-87)

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CAMARY CEMETERY PINKAUDITOR | MOUNT HOPE CEMETERY 244-3161 | 图 | | |
|--------------------------------|--|---|-----------------------------------|-------------|
| From In Occo Vegins | Missin 392 a | Date: Vec | 3- | (wel , 50) |
| one huidled & | with two no/100- | - her | ollars (\$ | 162.00 |
| 40 | 7-9 | No. of the | 2 | Division // |
| Lot Grave. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | CREDIT 20% Sales Care | 67007 77184 — | |
| Acct. No. 2-6800 | CITY AUDITO | 60% Sales of Lots Opening/ Closing | 77184 — 100 77181 — | 162 00 |
| BALANCE DUE 268.00 | MAR 1 0 198 | Rurial | 100 77182 — 100 77185 — | 13.00 |
| Gre-Need Lot At Need On Acct | | Recording & Misc. Fees Pre-Need Trust | 100 77183 — 63033 9022 — | |
| Pre-need Trust Cash Check C | ISSUED BY JONELA WORD | Sales Tax TOTAL PAID | 90101 78390 — 5 | 16200 |

| 7330 | 1000 | MAIL T No. | 2000 | STATE OF STA | 80 | 0 | Cr | e 4. | lt i | hot | 6 |
|------|------|---------------|------|--|------|-----------|-----------|-------------|------|-----|-----|
| | 3 | 773 an | Di | cea | in , | Vie CA | on 92 | 113 | 1 | * | on. |
| IUN | JUL | | | | | | JAN 10 | | | | MAY |
| | | 1 3 | | | | | | | | | |

\$ 33.00

Amount Received

NAME ADDRESS

STATE ZIP CITY

☐ check (v) if this is new address

| AC | COUN | No. | . 1 | E-6 | 800 | 0 | Cr | adi | £] | Lot | |
|----------|-------------------|----------------|---------|-------------------|----------|-----|----------|------|-----|-----|-----|
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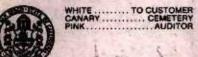
WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

M2 37898

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| | CENTRAL LONG TO STATE OF | | The I | | |
| Lot 40 Grave | 7-9 Row | ection | 2 | Division / | / |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CITY NUDTTO | CREDIT 20% Sales Care | 67007 77184 — | 42 | 00 |
| Acct. No. | AUDITO | 80% Sales of Lots | 77184 — 100 | 118 | 00 |
| w.o. 2- 6600 | CIL 0 1883 | Opening/ Closing Burial | 77181 | | |
| BALANCE DUE 200,00 | "MO" | Containers Handling Fee | 77182 — 100 77185 — | | |
| | 30 | Recording & Misc. Fees | 100 77183 — | | |
| Pre-Need Lot At Need On Acct | | Pre-Need Trust | 63033 9022 — | AE | |
| Pre-need Trust Cash Check | Than I long | Sales Tax | 60101 78390 — | 160 | 1 |
| AC-212 (Rev. 10-87) | ISSUED BY | TOTAL PAID | 1 00 | 100 | 10 |

| NAME San | n Diego Regional Mission | | | ACCT, NO. | E-6800 |
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| ADDRESS 37 | 773 Ocean View Blvd., San Diego, Ca 92113 RA | ATING | | LIMIT | |
| DATE | ITEMS | DEBIT | V | CREDIT | BALANCE |
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| JAN 26 87 | RECEIPT #35603, CK # 896 | | 11 | 16000 | 43000 |
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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

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| | A. A. A. | Date: / d- | 22 190/ |
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| one lander | I wint noth | Dollars | 106.00s |
| In Payment of | diell lacren | ta u | 11/15 |
| | | | MILE MILE |
| Lot 40 Grave | 7—9 Row Se | oction 2 | Division // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 57007 20% Sales Care 77184 | 744 |
| Acct. No. | | 80% Sales 100 of Lots 77184 Opening/ 100 | A IB |
| w.o. 6-6000 | | Closing 77181 Burial 100 Containers 7718 | 10. |
| BALANCE DUE | | Handling Fee 77185 | 1990 |
| | | Misc. Fees 77183 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | N/1/1/1 | Trust 9023 Sales Tax 60101 | 022020 |
| 01/3 | ISSUED BY COLD LACE | TOTAL PAID | 10000 |
| AC-212 (Rev. 10-87) 0/4/ | | - 400 MM A-0 | |

D.A. 10326 90 MT. HOPE CEMETERY INTERMENT ORDER

| Clase | Date 6 - 29-87 |
|--|---|
| | bject to your rules and regulations, to inter the remains |
| ina F | uneral, date, time fluts 6/25 1.00p. W |
| Church, Chapel, Graveside | Maree Mortuary |
| All Funeral cars must arrive 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 |
| | 28 |
| Grave space & Care Fund | |
| Additional spaces and care fund | 45 |
| Opening/Closing & Setup | |
| Burial Container | |
| Flower vases Marker setting fee | |
| Recording and Ning fee | |
| Sales taxes | |
| -10 C.PY / W | / Total Due |
| nul Paid | eceipt number |
| | Balance due |
| 10 | |
| I hereby certify I am the and this is your authority to make disposition | of the above named decedent of remains as above indicated. I certify and represent hand agree to hold Mt. Hope Cemetery harmless from |
| any liability or account of said authorization | h and lagree to hold Mt. Hope Cemetery harmless from and laterment. |
| | |
| I hereby authorize the interment in lot I hold under deed. | Signature |
| Signature of recorded holder of deed | Authress |
| V | State Zip Code |
| | Telephane |
| | Invoice # |
| Work Order # E 6801 | Acet. # 000 952 |
| | TOTAL CALLED |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/15/87

| You are hereby authorized and instructed, sub | ject to your rules and regulations, to inter the remains |
|--|---|
| of Willard We | reker |
| ina Bell Line Fu | neral, date, time Fre //17/87 - 3 PM |
| Church, Chapel, Graveside Chepel & B | (5 : Ragalale Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | yw. O.T. fee \$1000 |
| Lot 64 Grave 7 Row ~ | Section 2 Division/Block 1/ |
| Grave space & Care Fund and S | nd Can Au - 2500 |
| Additional spaces and care fund | more |
| Opening/Closing & Setup | 320°C |
| Burial Container Bell Counte | 10000 |
| Handling Fees Bell - OT - # | 100° 245°° |
| Flower vases - Marker setting fee | T- 12500 |
| The Allerton and A | 37.00 |
| Recording and filing fee | / ** |
| Sales taxes | /201 00 |
| sold of el | Total Due |
| will have sent Paid re | eceipt number |
| nest 00 07 | Balance due |
| 1.1:1. | |
| I hereby certify I am the | of the above named decedent of remains as above indicated. I certify and represent |
| that I have the right to make this authorization any liability on account of said authorization | and I agree to hold Mt. Hope Cemetery harmless from |
| | |
| I hereby authorize the interment in lot I | Euro Welkra |
| hold under deed. | |
| Signature of recorded holder of deed | Address |
| | State Zip Code |
| | Telephone |
| | 059512 |
| E 6800 | Invoice # 02 30 3 C |
| Work Order # L 0002 | Acct. # 0 doll alb |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

36802

| PLACE OF DEATH—COTY OR TOWN SAN DIEGO NAME AND ADDRESS OF FACILITY RECEIVING REMAINS LOCALIFORM PLACE OF DEATH—COUNTY OR STATE # NOT BIT CALIFORMAN HAY 20, 1925 AMERICAN ADDRESS OF FACILITY RECEIVING REMAINS LOCALIFORM PLACE OF DEATH—COUNTY OR STATE # NOT BIT CALIFORMAN HAY 20, 1925 AMERICAN ADDRESS OF FACILITY RECEIVING REMAINS LOCALIFORM PLACE OF DEATH HAY 20, 1925 AMERICAN AND ADDRESS OF FACILITY RECEIVING REMAINS LOCALIFORMA LO | | · · | SE BLACK INK-MAKE NO AL | TERATIONS OR ERASUR | ES | | |
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| This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me. LOCAL REGISTRAR THIS PERMIT OF THE SIGNED THIS PERMIT OF THE SIGNED THIS PERMIT OF THE SIGNED AMOUNT OF FEE PAID OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED INTHIS PERMITS OF THE PERSON IN CHARGE OF DISPOSITION DISPOSITION WAS MADE ON DISPOSITION WAS MADE ON DISPOSER, IF APPLICABLE | | N/A | men W | itur sorm | word | ALEGIR L | |
| This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me. LOCAL REGISTRAR CERTIFICATION OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED INTHIS PERMIT SIGNATURE OF APPLICANT SIGNATURE OF APPLICANT AMOUNT OF FEE PAID SIGNATURE OF APPLICANT DATE SIGNATURE OF APPLICANT AMOUNT OF FEE PAID OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED INTHIS PERMIT SIGNATURE OF DISPOSITION LICENSE NUMBER OF CREMATED REMAINS DISPOSITION WAS MADE ON DISPOSER, IF APPLICABLE | | | EIVING REMAINS | - (1) | 1000 | // | |
| This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me. LOCAL REGISTRAR CERTIFICATION OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED INTHIS PERMIT SIGNATURE OF APPLICANT SIGNATURE OF APPLICANT AMOUNT OF FEE PAID SIGNATURE OF APPLICANT DATE SIGNATURE OF APPLICANT AMOUNT OF FEE PAID OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED INTHIS PERMIT SIGNATURE OF DISPOSITION LICENSE NUMBER OF CREMATED REMAINS DISPOSITION WAS MADE ON DISPOSER, IF APPLICABLE | USE | N/A | Bell h | mer - he | to wow | | |
| and I hereby acknowledge that tresposs and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me. LOCAL REGISTRAR. THE PERMIT IS ISSUED IN ACCOMPANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED WITHIS PERMIT IS SIGNATURE OF DISPOSITION IN CHARGE OF DISPOSITION WAS MADE ON DISPOSE, IF APPLICABLE | | | rson having the right to contro | I the disposition of the | SIGNATURE OF APPLICAL | 47 | |
| this permit gives no right of unrestricted access to property not owned by me. LOCAL REGISTRAR CERTIFICATION OF FREEDOM IN CHARGE OF DISPOSITION WAS MADE ON DISPOSITION WAS MADE ON DISPOSITION WAS MADE ON DISPOSED. SIGNATURE OF DISPOSITION LICENSE NUMBER OF CREMATED REMAINS DISPOSED. DISPOSED IN CHARGE OF DISPOSITION LICENSE NUMBER OF CREMATED REMAINS DISPOSED. | | | | | DATE SUBJED | | |
| LOCAL REGISTRAR CERTIFICATION OF FERSON IN CHARGE OF DISPOSITION WAS MADE ON DISPOSED WAS MA | APPLICANT | | | | MATE SHARED | | |
| REGISTRAR OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED INVITALS PLANT OF PERSON IN CHARGE OF DISPOSITION LICENSE NUMBER OF CREMATED REMAINS DISPOSETION WAS MADE ON DISPOSET, IF APPLICABLE | 120-20 | | 114.100.114.114.114.114.114.114.114.114. | Control of the Contro | SISNATURE COLOCAL | EGSTEM ISSUING PERMIT | |
| CERTIFICATION I CERTIFY THAT THE SPECIFIED 9/17/87 SIGNATURE OF PERSON IN CHARGE OF DISPOSITION LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE | | OF THE CALIFORNIA HEALTH AND SAFETY CO. | DE AND IS THE | JUL 1 5 136 | Nonal. | De Games M.J. Min | |
| ZIDEO III A VIGITA | | I CERTIFY THAT THE SPECIFIED 9/ | | F PERSON IN CHARGE OF | | | |
| OF DISPOSITION (TOTAL DISPOSITION) | OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | TEN CATEL | ocur let | Dispo | SER, IF APPLICABLE | |
| HE DISPOSITION IS INDICATE ADDRESS OF REGISTRATI OF COUNTY OF DEATH | IF DISPOSITION IS | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | III WATER | | |
| TO OCCUR IN ANOTHER COUNTY | TO OCCUR IN | | | | | | |

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

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

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

PAID INVOICE REPORT BY DEPARTMENT AS OF 09/04/87

DATE: 09/04/87 TIME: 201614 PAGE: 7

| 2. HM32/10.10 | Callin Zina | 0 130 | | the Ma | 10- 3-17- | T-MICH | | | 1878 | | | |
|---------------|-------------|-----------|--|---|-----------|---|--------------------------------------|----------------------|---------------------------|---|---------------|-------------------|
| INV | | CCT ND | CUS TOMER | NAME | ORG | ACCT | J/0 | PAYM DATE DPEK | BY REF NO BN/EQ FACILI | AMOUNT PAID | AMOUNT SILLED | UNPAID BALANCE |
| | 08/19/87 02 | 3036 | QUEEN WAI 100 100 100 100 100 60101 67007 | KER 072 072 072 072 072 072 | | 77181 77182 77183 77184 77185 78390 77184 | 0000 0000 0000 0000 0000 | 72 72 72 | CK 2000 | 1.081.00 320.00 100.00 260.00 200.00 145.00 50.00 | 1.081.00 | PAID IN FULL |
| | OF INVOICES | PAID | 1+0 | 1 31.00 | | | | | | | | |

MT. HOP INTERM City of Sa

Date 7/5/87

| You are hereby authorized and instructed, supp | ect to your sules and regulations, to inter the rema | ins |
|---|--|------|
| of Carolien | earl bokuson, | |
| ~ 100 11 | 1 m 20m 7/20 | |
| in a Touth Curat Fun | neral, date, time //w -dem //20 | _ |
| Church, Chapel, Graveside Church | S.S. Rosslele Mortus | arv. |
| | | 100 |
| All Funeral cars must arrive before 3:30 p.m. o | of regular work day or an extra charge will be appl | led |
| and billed to undersigned. War time veteran _ | No. Batton of Cupt | |
| / Wa 17 | 7 /7 | |
| Lot 90 Grave Row Z | Section Division/Block | _ |
| | 100,01 10% | 0 |
| Grave space & Care Fund ./.90-2- | trulare for 4753 | 2 |
| Additional spaces and care fund | al Coult | |
| | 2205 | 0 |
| Opening/Closing & Setup | 300 | 0 |
| Burial Container | 380 | - |
| Handling Fees | 320 | 00 |
| Hu a | | |
| Flower vases - Marker setting Kee 0 1987 | 4. | 100 |
| Recording and Sing Ted SPE CEMETER | 53 | - |
| Sales taxes CITY of SAN DIEGO, CALL | 19.8 | 0 |
| Sales (axes | 1519 | 0, |
| | Total Dye | 0/ |
| Paid rec | ceipt number 34 840 (V 19.6 | 30 |
| | Balance due | |
| | Balance due | |
| I hereby certify I am the | of the above named deces | lone |
| and this is your authority to make disposition of | of remains as above indicated. I certify and repres | ent |
| that I have the right to make this authorization any liability on account of said authorization a | and I agree to hold Mt. Hope Cemetery harmless for | om |
| any hability on account of said authorization a | nd memery | |
| (beauty much sales the lets | x milde Olo Masa | |
| I hereby authorize the interment in lot I hold under deed. | Signature 51 50 th 1 1 1 th | _ |
| | X 4 4 3 4 30 2 57 1 A | _ |
| Signature of recorded holder of deed | X SAN DIEGO | |
| | \$ PA 114" | Code |
| | Tulephone 20/ 1255 | _ |
| | 200-1000 | |
| | Invoice # | |
| West Order # E 6803 | WARMAN CO. | |
| Work Order # UOUO | Acct. # | _ |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6803

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | | | SEX | DATE OF BIRTH | DATE OF DEATH |
|--|--|--------------------------------|---|--|--|
| | CAROLYN JEAN JOHNS | ON | Female | August 24, 195 | 5 July 14, 1987 |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH—COUNTY | IOR STATE IF NOT IN CALIFORNIA | NAME AND ADDRESS OF | SPOUSE OR OTHER INFORMANT |
| San Di | | San Diego | | Mildred Mason | |
| | S OF FUNERAL DIRECTOR TOR PERSON A | ACTION OF THE PARTY OF | CALIFORNIA DICENSE NUMBER | 1261 Stone Can | · Control of the cont |
| Ander | rson-Ragsdale Mortuar | У | 1329 | Los Angeles, C | A 90077 |
| | TYPE OF PER | MIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES O | F DISPOSITION | |
| A SURIAL DIV | CLUDES ENTOMBMENT | 5 DISINTERMENT AND ENTOMBMENT) | BURIAL (INCLUDES | 0. DISINTERMENT AND PREMAINS (INCLUDES | REINTERMENT OF CREMATED |
| | N AND BURIAL UNCLUDES INURNMENT) | 6 DISINTERIMENT CRE | | B DISINTERMENT OF CR | EMATED REMAINS AND THAN IN A CEMETERY |
| 3 CHEMATIO CEMETERY 4 SCIENTIFIC | | 7 DISINTERIMENT, CRE | MATION, AND DISPOSITION | FOR CORONI | ER'S USE ONLY |
| S - SCHAIL | | | 2001 (60-200) | LI 10 DISPOSITION PENDIN | G |
| INTERMENT | NAME AND ADDRESS OF CEMETERY V | WHERE REMAINS OR CHEMATED | REMAINS ARE TO BE INTERR | ED CO | INTY |
| HATERWENT | Mt. Hope Cemetery: | | er King Way: Sar | | San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | VHERE REMAINS ARE TO BE CREE | MATED DATE CREMATED | SIGNATURE OF PERSON IN | CHARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREI | LINE, OR OTHER DESCRIPTION S | SUFFICIENT TO IDENTIFY FINA | L PLACE AND <u>COUNTY</u> OF DIS | POSITION |
| SCIENTIFIC USE | NA Bullow Would | eli Cufft - | | | |
| WLEDGMENT | This is to certify that I am the pe remains of the above named deco | | | SIGNATURE OF APPLICANT | The state of the s |
| УТ | and I hereby acknowledge that to this permit gives no right of unres | | THE RESERVE AND ASSESSMENT OF THE PROPERTY OF | DATE SIGNED | |
| | THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED I | DE ANTO ES TIPE | JUL 20 1987 | | Cours M.D. MY |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED THE BISPOSITION WAS MADE ON | 20/87 SIGNATUR | POSSEN IN CHARGE | | NUMBER OF CREMATED REMAINS R. IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAN OF | COUNTY OF DEATH | 0 | | |

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

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| SANARY SINK | CEMETERY | MOUNT HOPE CEMETERY | | 1 | 1 | |
|--|-----------------|--|--------------------------------|---------------------------|------------|-----|
| | 000 | 264-3151 | Date: | 7/20 | 0/87 | 9 |
| From: Grdeson | -Torphale | Address 5050 Federal BB | 4-12-9 | 2102 | | |
| Fifteen | Hundred hi | steer and 8000 | 100 | ollars (\$ | 151930 |) |
| in Gull | Payment of Ante | iment four Carolyn le | an John | 50- | du | |
| - | Double | Cupt - Top & | all lense | rel | | |
| Lot 190 | Grave | 7- Row S | Section 2 | 53 | Division / | 2 |
| Invoice No. | ~ | NOTVALID FOR PURPOSE STATED UNLESS STAMPED | CREDIT 20% Sales Care | 67007 77184 — | 99 | 00 |
| Acct. No. | _ | | 90% Sales of Lots | 100 17184 — | 596 | 00 |
| w.o. £ 68 | 103 | JUL 2 3 1987 | Opening/ Closing Buriel | 77181 | 330 | 00 |
| BALANCE DUE | 0 | SERVICE TO THE | Containers Handling Fee | 77182 - 100 77183 - | 320 | 00 |
| | | THE RESERVE THE PARTY OF THE PA | Recording A Misc. Fees | 77183 - | 35 | 00 |
| THE REAL PROPERTY AND ADDRESS OF THE PARTY O | Need On Acct | 00 1000 | Pre-Need Trust Sales Tax | 9022 - | NO. | 00 |
| Pre-need Trust Ca | ash Check | 185UEDAY LEAVEN LITTE | TOTAL PAID | 90101 78390 — | 1810 | 970 |
| AC-212 (Rev. 11-86) | 201 | 1000EURY | TOTALTAID | | 1017 | ONE |

MT. HOPE CEMETERY INTERMENT ORDER City of San Diego nstructed subject to your rules and regulations, to inter the remains Funeral, date, times Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an and billed to undersigned. War time veteran Additional spaces and care fund Opening/Closing & Setup Recording and filing fee Sales taxe

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

Signature of recorded holder of deed

Story GLENVier Replace # 70-9155

Balance due

Work Order # E 6804 / PY-883 (NEV. 8-95)

Acct. # _____

£ 6804

PERMIT FOR DISPOSITION OF HUMAN REMAINS

| | | USE BLACK INK-MAKE N | O ALTERATIONS OR ERASUR | ES | |
|--|--|--|--|--|--|
| NAME OF DECEDEN | Herman Victor | Kantund | SEX Male | Peb. 11, 1907 | July 15, 1987 |
| PLACE OF DEATH— | | San Diego | Y IOR STATE IF NOT IN CALIFORNIA | Frances Darler | |
| | S OF FUNERAL DIRECTOR OR HIS | 553 Imperial Aven San Diego, CA. | 670 | 5109 Glan View Bonita, CA. | Place |
| 1 | TYPE OF | PERMIT, CHECK ONLY ONE | OF THE FOLLOWING TYPES O | F DISPOSITION | |
| XX 1" BURIAL UN | CLUDES ENTOMBMENTI | 5 DISINTERMENT A | NO BURIAL (INCLUDES | B. DISINTERMENT AND REMAINS (INCLUDES | REINTERMENT OF CREMATED INURNMENTI |
| | N AND BURIAL INCLUDES INURNMEN | INCLUDES INURO | REMATION, AND BURIAL | 9 DISINTERMENT OF CONTROL OF CONT | REMATED REMAINS AND THAN IN A CEMETERY |
| GREMATION CEMETERY GRENTIFIC | | The same of the sa | REMATION, AND DISPOSITION A CEMETERY | FOR CORON | IER'S USE ONLY |
| ONTERMENT | NAME AND ADDRESS OF CEMETER NAME AND ADDRESS OF CREMATOR N/A | 3751 Market Stre | et, San Diego, C/ | 4. 92102 S | ONTY AN Diego CHARGE OF CREMATORY |
| BURIAL AT SEA DR POSITION OTHER THAN IN A CEMETERY OF CHEMATED REMAINS | ADDRESS, NEAREST POINT ON MA | 18 ga story | Blue FINAL | PLACE AND COUNTY OF DE | Sural Sural |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY | RECEIVING REMAINS | | Sax. | w or |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the remains of the above named of and I hereby acknowledge that this permit gives no right of un | decedent under provisions of trespass and nuisance laws | the Health and Safety Code, apply and understand that | SIGNATURE OF AFFECT | Blim |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE OF THE CALIFORNIA HEALTH AND SAFETY AUTHORITY FOR THE DISPOSITION SPECIF | CODE AND IS THE | 9999 A 10 100 | 7 - Horall & | Control M.D. YW |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | 7/15/87 SIGNAT | Sour WIR | | NUMBER OF CREMATED REMAINS R. IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR | OF COUNTY OF DEATH | 7 0 % | | |

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



WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| | | A A A A | | 264-3151 | 0 | 1 1 | com | |
|------|-----------------------|--------------|----------------------|-------------------|---|---------------------------|-------------------|-----|
| 6 | tela | they Heren | muleul See | 120 | Date: | 10/ | 87 | 19 |
| Fr | om: Hackett of | L Boone | Address // | 2/ W. Besadun | g Souts 1110 - | 27 | 1. 9210 | 21 |
| 2 | Jenteen Au | odeed her | timene at | 80/100 - | = =0 | ollars (\$ | 199980 | - 3 |
| In. | Leell Pay | ment of Call | Vort Pein- | Herman V | . Kanlund | - See | - | TE |
| 7700 | 1 Souble | Cust - | 99 | | | | | |
| Lo | 1_8 | Grave_ | 5 | Row | _ Section | | Division Block | 6 |
| In | voice No. | | NOT VALID FOR PURPOS | ESTATEDUNLESSSTAM | PED CREDIT | 67007 77184 — | 119 | 100 |
| Ac | oct No. | | 210-100 | | 80% Sales of Lots | 77184 — | 476 | 00 |
| W. | o F-680 | 4 | 1000 | | Opening/ Closing Buriel | 77161 — 100 | 320 | 00 |
| | ALANCE DUE | 0 | COLOR TA | | Containers | 77182 | 700 | 00 |
| - | LENIOL DOL | R. Turk | 130 700 | | Handling Fee Recording & Misc. Fees | 77183 — 100 77183 — | 25 | 00 |
| Pri | e-Need Lot At Need | □ On Acct □ | RATE LA | | Pre-Noed Trust | 63033 | | - |
| Pn | e-need Trust Cash | □ Check □ | 120 | 1411 | Sales Tax | 60101 78390 — | 19 | 80 |
| AC | -212 (Rev. 11-86) 291 | 77 | ISSUED BY | willete | TOTAL PAID | 1 | 1999 | 80 |
| | | | | | | | | |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/5/87

| You are hereby authorized and instructed, sub | ject to your rul | es and reg | ulations, to inte | r the remains |
|---|------------------|---------------------------------------|-------------------|------------------------------|
| of Willie mas my | Torgan | // | - | |
| no Bellhein Fu | neral, date, tin | ne 7/21 | - Tuesday- | 1/Am |
| Church, Chapel, Graveside Chapel + 9 | S | Ray | stelle" | Mortuary |
| All Funeral cars must arrive before 3:30 p.m. | of regular wor | k day or ar | extra charge w | ill be applied |
| and/billed to undersigned. War time veteran . | | | | |
| 1175 1 | 2 12 | 2 | 4-01-01-01 | 11 |
| or 125 Grave Row | Section _ | ~ | _ Division. | *_4_ |
| Grave space & Care Fund | | ******* | | 250 = |
| Additional spaces and care fund | non | · · · · · · · · · · · · · · · · · · · | | |
| Opening/Closing & Setup | | | | 32000 |
| Burial Container | | | | 10000 |
| landling Fees | | | | 14500 |
| lower yases - Marker setting fee | | | ****** | - |
| | | | ********** | 3500 |
| Sales Usxes PAIDI | | | | 600 |
| 110.20 | | Total Due | | 856 0 |
| JUL 15 987 | ceipt number | 348 | 321 | 856 4 |
| MT. HOPE CENTER | suprimani | - | Balance due | -1 |
| CITY of SAN DIEGO, CALIF. | | | Dolarice due | |
| hereby certify I am the | | | of the above nar | |
| and this is your authority to make disposition hat I have the right to make this authorization any liability on account of said authorization a | and lagree to | hold Mt. H | ope Cemetery h | and represer armless from |
| hereby authorize the interment in lot I | XE, | uger | ria C. A | Corect |
| nold under deed. | Signature | 7/70 | O'Men | a St |
| ignature of recorded holder of dead | Address | en Tier | 921 | 14 |
| | Starts | 163-3 | 572 | Zip Cod |
| | Telephone | | | |
| 1 | Investor | | | |
| Nork Order # E 6805 | Invoice | | | |
| Nork Order # 0000 | Acct. # | | | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

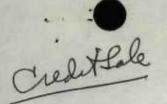
E6805

| KES | ALIERATIONS OR ERASURE | BE BLACK INK MAKE N | U | |
|---|---|--|---|--|
| DATE OF BIRTH DATE OF DEATH | 5EX | | ır | NAME OF DECEDEN |
| Sept. 6, 1900 July 14, 1987 | Female | MORGAN | WILLIE MAE | - |
| NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT | OR STATE IF NOT IN CALIFORNIAL | PLACE OF DEATH—COUNT | CITY OR TOWN | PLACE OF GEATH |
| Eugenia C. Lovett - Friend | 90 | San Di | San Diego | -0- |
| 7170 O'Meara Street | CALIFORNIA LICENSE NUMBER | ederal Blvd. | SS OF FUNERAL DIRECTOR FOR PERSON AC | NAME AND ADDRES |
| San Diego, California 92114 | 1329 | ego, Callforni | agsdale Mort.: San Di | Anderson-R |
| OF DISPOSITION | THE FOLLOWING TYPES OF | IT, CHECK ONLY ONE C | TYPE OF PERM | 1. |
| B DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INCRMMENT) | BURIAL (INCLUDES | 5 DISINTERMENT AS ENTOMBMENT) | ICLUDES ENTOMBMENT) | 1 BURNAL TIN |
| 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY | | 6 DISINTERMENT C | N AND BURIAL (INCLUDES INURNMENT) | ☐ 2 CREMATION |
| FOR CORONER'S USE ONLY | MATION, AND DISPOSITION | DISINTERMENT, COTHER THAN IN A | | CEMETERY |
| ☐ 10 DISPOSITION PENDING | Water | | USE | A SCIENTIFIC |
| RED COUNTY | REMAINS ARE TO BE INTERRE | ERE REMAINS OR CREMAT | NAME AND ADDRESS OF CEMETERY WE | - |
| v: California San Diego | San Ulego | 751 Martin Lut | Mt. Hope Cematery: 3 | VTERMENT |
| SIGNATURE OF FERSON IN CHARGE OF CHEMATORY | MATED DATE CREMATED | THE REMAINS ARE TO BE O | NAME AND ADDRESS OF CREMATORY W | |
| | ALN | 0 1 | N/A | CREMATION |
| AL PLACE AND <u>COUNTY</u> OF DISPOSITION | THE TO IDEAL TIMAL | Bluary | AODRESS. NEAREST POINT ON SHORELI | PLRIAL AT SEA OR OBSTRON OTHER OF CREMATED REMAINS |
| | They war | IVING REMAINS | NAME AND ADDRESS OF FACILITY RECE | SCIENTIFIC |
| | Woo | OX | N/A | USE |
| > | Health and Safety Code, uply and understand that | ent under provisions of s spass and nuisance laws | This is to certify that I am the per | ACKNOWLEDGMENT OF & APPLICANT |
| D. SIGNATURE OF LOCAL PLANSTRANT ISSUING PERMIT | | | THIS PERMIT IS ISSUED IN ACCORDANCE WITH | - |
| 17 Norall & Cames M. Dmm | JUL 16 1987 | MINISTRE 2 00 | OF THE CALIFORNIA HEALTH AND SAFETY COO AUTHORITY FORTHE GISPOSITION SPECIFIED IN | REGISTRAR |
| DISPOSER, IF APPLICABLE | orsen in charge of | SIGNATI TER DATES | JESTIGNING MADE ON - / IEN | CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION |
| | d | DUNTY OF DEATH | INDICATE ADDRESS OF REGISTRAR OF S | IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY |
| TOSTOCION LICENSE NUMBER OF CRE | JUL 1 6 1987 | ALE PERMIT 3.09 SIGNAT | OF THE CALIFORNIA HEALTH AND SAFETY COO AUTHORITY ENGINE GISPOSITION SPECIFIED IN I CERTIFY THAT THE SPECIFIED TO SECONTION SPECIFIED TO SECONTION SPECIFIED TO SECONTION SPECIFIED TO SECONTION SPECIFIED TO SECONTION SPEC | CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION IF DISPOSITION IS TO OCCUR IN |

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

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| DANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | Date: 7 | /151 | 187 | 19. |
|--|---|---|--|---------------------------------|----------|
| From: Eagenea Chovell in full payment of An | Leinent of Williams | Moyan | 98 diars (\$ 1 | 856 20 |) |
| Lot 125 Grave | / RowSe | ection 2 | Y. | Division / | / |
| Acct. No. W.O. F-6805 BALANCE DUE Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording 5 Misc. Fees Pre-Need Trust Sales Tax | 67007 77164 — 100 77184 — 100 77181 — 100 17183 — 100 77183 — 100 77183 — 63033 — 9022 — 60101 — | 300 100 143 143 163 | 00 00 00 |
| 45 00 mm 11 00 /32 | issimmer es untable | TOTAL PAID | 3 | 856 | 00 |



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/12/87

| of Odessa H. | 704- |
|---|---|
| n a Fu | ineral, date, time |
| Vaut/Uner Church, Chapel, Graveside | |
| | of regular work day or an extra charge will be app |
| - Anna Anna | 1/2 |
| and billed to undersigned. War time veteran | 110 |
| Lot 120 Grave 10 Row | Section Division/Blast/ |
| | |
| Grave space & Care Fund Space: | al culon of |
| Additional spaces and care fund | odispto 9- |
| Opening/Closing & Setup | January - |
| Burial Container | 7 nor g |
| landling Fees | (at me |
| lower vases - Marker setting fee | 1. Lilley |
| STEED STEED OF THE LOCK STEED ST | 7 |
| Recording and filing fee | Feet has entre experience and the contract of |
| Sales taxes | 25 |
| or do more | Total Due |
| Paid re | eceipt number 34823 36 |
| 10 | Balance due do |
| mu | self of the above named dece |
| hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a | of remains as above indicated. I certify and repre and lagree to hold Mt. Hope Cemetery harmless |
| hereby authorize the interment in lot I | Doeson H. Paye |
| sold under dead | 1/90 XI. THO Melsone P |
| Signature of recorded holder of deed | X San Disso 921 |
| Signature of recorded holder of deed Lemon Gro 9195 | 15 Totophone 462-1944 |
| / | Marie Ma |
| F 2000 | Invoice # |

8/28/87 34970 25.00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: Odossa H. Polk | Address 740 Metrose | Date: Aug | 28 .19 67 |
|---|--|---|-------------|
| In fact Payment of #35 | 00 Carned Let 130-S | Dollars (| \$ 40.90) |
| #15.90 - flower 10 Lot 120 Grave | 9-10 ROW_S | ection 2 | Division // |
| Invoice No | NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CHEDIT 87007 20% Sales 77764 80% Sales 100 of Late 77184 Opening/ 100 Closing 77181 Bunal 100 | 2500 |
| Pre-Need Lot | | Costainers 77162 100 Handling Fee 77163 Recording & 100 Misc Fees 77183 Pre-Need 93033 Trust 9022 Sales Tax 90101 | 10 60 |
| Pre-need Trust U Cash U Check D AG-2/12 (Rev. 11-86) | ISSUED BY LOWE Young | TOTAL PAID S | 40 90 |



WHITE TO GUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| 国文研究 周 | 2010101 | | 000 | | Car |
|------------------------------|---------------------------------|------------------------------|-------------------|-------------|-----|
| From Odessa H. Polk | Address: 740 7) | | July 16 | 9-114 | 4 |
| Fefte dollars and in | ma H. folk | - Pre nee | Dollars (\$ | 50.00 | -) |
| In Payment of Car | edit Sale. | - INCOME | 1 1 3 | | |
| Lot/ Grave | | Section | 2 | Division // | |
| Invoice No | NOT VALID FOR PURPOSE STATED UP | | | | - |
| Acct, No. | | 80% Sal of Lots Openin | 77184 — 9/ 100 | 30 | 00 |
| W.O. F-6000 | A ROLL DO WAY | Ciosing Burial Contain | ora 77182 — | | - |
| BALANCE DUE | JES 3, 813-57 | Handlin Records | no & 190 | | |
| Pre-Need Lot At Need On Acct | | Misc. Fe Pro-Net | | - | |
| Pre-need Trust Cash Check | (X) | Lowne Torus | 7,000 | - | - |
| AC-212 (Rev. 11-86) 44 8 P | ISSUED BY MOULE | TOTALP | AID \$ | 50 | 00 |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| | | Date:2-/ | 7- ,19.88 |
|------------------------------|--|---|---------------|
| From: Comment of the Park | Address 740 MECROS | E PE, S.D. C | A 92114 |
| Fifty dollars and | L 11/100 | Dollars (| \$50,00 |
| In Payment of 222 | ve vace for Ode | essa H. Pol | k |
| | | | - 10000 |
| Lot Grave | /0 RowS | Section 2 | Division // |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED -PAID IN THIS SPACE. | GREDIT 67007 20% Sales Care 77184 | 450 |
| Acct. No. | | 80% Sales 100 of Lots 77184 | 50 00 |
| WO. E & CE | CITY AUBITOR | Opening/ 100 Closing 77181 | |
| 195 20 | CHANGE | Burial 100 Containers 77182 | |
| BALANCE DUE | FEB 19 1988 | Handling Fee 77185 - Reporting & 100 | |
| Pre-Need Lot At Need On Acct | LED T | Misc Fees 77183 Pre-Need 63033 | |
| Pre-need Trust Cash Check | | Trust 9022 Sales Tax 60101 | CONTRACTOR IN |
| AC-212 (Rev. 10-87) 1063 | ISSUED BY W.J. Flaque | TOTAL PAID \$ | 50.00 |

| NAME PO | lk, Odessa H. | | ACCT. NO. | E-6806 |
|------------------------------|---|------------------|-------------------------|------------------|
| ADDRESS 7 | 40 Melrose Place, San Diego, Ca 92114 | RATING | LIMIT | |
| DATE | IT ICMS | DEBIT | CREDIT | BALANCE |
| Jul 16 87 2 88 8-16 89 | Lot 120, Grave 10, Section 2, Division 11 Receipt # 3870 | 250 00 | 75 00 5000 /25 VI | 175 00 125 00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| AIGNER FORM NO. | 25-204 Polk, Odessa H. 12 | 20 - 10 - 2 - 13 | • . | MINTED IN USA |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From AR GIRE | Address: | 240 Me | Date: | 120 | 105 (D) |
|-----------------------------|---------------------|----------------------|---|-------------------------------------|----------------------|
| In Payment of | west. | XH | | ollars (\$ | (|
| ·Lot Grave | 10 | Row | Section | 2 | Division // Block |
| Invoice No. | NOT VALID FOR PURPO | SESTATED UNLESS STAM | BOW Dalan | 67007 77184 — 100 | 50 00 |
| W.O. 0 -6106 | | CITY | | 77184 — 100 77181 — | |
| BALANCE DUE | FERN | FEB 2 | Containers 1989 Handling Fee Recording & | 77182 — 100 77185 — | |
| Pre-Need Lot | | | Mac Fees Pre-Need Trust Sales Tax | 77183 — 63033 9002 — 60101 | |
| Pre-need Trust Cash Check C | ISSUED BY | Allo 1 | TOTAL PAID | 78390 — \$ | 12500 |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7/17/87

| You are hereby authorized and instruc | ted subject to your rules an | d regulations to inter the rem | aine |
|--|-------------------------------|--|----------|
| of many as | lans | a regulations, to inter the ren | unia. |
| May 1 Park | Funeral, date, time | 2/12-2:30 | |
| III a Veuli/Liner Q/ | Funeral, date, time | 00-0 | |
| Church, Chapel, Graveside | - X | Mort | 00 00 |
| All Funeral cars must arrive before 3:3 | 1/- | or an extra charge will be app | plied |
| and billed to undersigned. War time ve | eteran | newhuntert | -A |
| Lot Grave 2/_ Row | Section | Division/Block | |
| | - Journal - | DIVISION DIOCK | |
| Grave space & Care Fund | | | - 2 |
| Additional spaces and care fund | | | - |
| Opening/Closing & Setup | | 250 | |
| Burial Container | | | |
| Handling Fees | | | |
| Flower vases - Marker setting fee | | | - |
| Recording and filing fee | | | . 00 |
| Sales taxes | | | |
| De more | Total | 70 | C. |
| 80 0 | Paid receipt number | 34977 285 | ·a |
| M | raid receipt number | Balance due | |
| 0 | | Balance due | 100 |
| I hereby certify I am the | en e | of the above named dece | dent |
| and this is your authority to make disp that I have the right to make this author | rization and lagree to hold h | indicated. I certify and repre Mt. Hope Cemetery harmless | from |
| any liability on account of said authori | zation an The Pent. | 11. 1/2 | |
| I hereby authorize the interment in lot | 1 of a gar | mone vol | 2 |
| hold under deed. | Signature | 10 | |
| Signature of recorded holder of deed | 74945. | MARCELLENI | 9 |
| Jones Will get w | gut san | DIEGO CA' | Eip Code |
| your will of | Tulephone | 92115 | |
| | | 583-6227. | |
| Wast Outs. # E 6807 | Invoice # | | |
| Work Order # UOU | Acct. # | | |

E6807

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT

MARY ADAMS

PLACE OF DEATH—COUNTY FOR STATE IF NOT IN CALIFORNIAL MARE AND ADDRESS OF FUNERAL DIRECTOR FOR PERSON ACTIVE AS EACH COUNTY FOR STATE IF NOT IN CALIFORNIAL CENSE NUMBER

SAN DIEGO

MANA AND ADDRESS OF FUNERAL DIRECTOR FOR PERSON ACTIVE AS EACH CALIFORNIA SON CALIFORNIA SON CALIFORNIA 92115

| GOODESDY M | ORT., 5027 EL CAJON EL | VO. SAN DIEGO CA F790 HOLE | SAN DIEGO | FLLENA ROAD, #7), CALIFORNIA 92115 |
|---|--|---|------------------------|--|
| | TYPE OF PERM | NT, CHECK ONLY ONE OF THE FOLLOWING TY | PES OF DISPOSITION | |
| XX 1 SURIAL IIN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND BURIAL INCLUDES ENTOWNMENT) | | ENT AND REINTERMENT OF CREMATED NOLUDES INVENMENT) |
| 2 CREMATION | N AND BURIAL (INCLUDES INURNMENT) | 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURINMENT) | | ENT OF CREMATED REMAINS AND N OTHER THAN IN A CEMETERY |
| 3 CREMATION CEMETERY 4 SCIENTIFIC | | 2. DISINTERMENT, CREMATION, AND DISPOSIT OTHER THAN IN A CEMETERY | FOR 10 DISPOSITIO | CORONER'S USE ONLY |
| TERMENT | MT. HOPE CENETERY, 37 | HERE REMAINS ON CHEMATED REMAINS ARE TO BE 151 MARKET STREET, SAN DIEGO | , CALIFORNIA | SAN DIEGO |
| CREMATION | NAME AND ADDRESS OF CREMATORY WE | - 4- | And I demonstrate man | PERSON IN CHARGE OF CREMATORY |
| BURIAL AT SEA OR SETTION OTHER IN A CRIMITERY OF DIEMATED REMAINS | N/A | Ne An OTHER FOR HONOR SUPPRISED TO DENTIFY CONTROL GRAND | Y FINAL PLACE AND COUN | <u>ITY</u> OF DISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECE | IVING REMAINS | STALL | |
| ACKNOWLEDGMENT OF APPLICANT | remains of the above named deced and I hereby acknowledge that tre | son having the right to control the disposition of lent under provisions of the Health and Safety C spass and nuisance laws apply and understand icted access to property not awned by me. | Code, | PPLICANT |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY CODS AUTHORITY FOR THE DISPOSITION SPECIFIED IN | EANDESTHE Z OO COUNTY TO | 1987 Kondk | L Campas M.D. MM |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | 17/87 SIGNATURE OF ERSON IN CHARLE | OPOSITION CONTRACTOR | LICENSE NUMBER OF CHEMATED REMAIN DISPOSER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF C | 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 SEMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: | Address P.O. By o | Date: | 96/26 |
|--|---|--|------------|
| In Payment of | lery Washis s | Muse de | • |
| Lot Grave | 2/ Rows | ection Muslim | Division A |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 77184 80% Sales Care 77184 00% Sales 77184 Opening/ 100 Closing 77181 Burse 100 Containers 77182 | 500,00 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | 8/11 | Handling Fee 77183 Recording 8 100 Miles: Fees 77183 Pre-Need 53033 Trust 9022 Sales Tax 60101 76390 | 35 00 |
| AC-212 (Rev. 11-86) 1/4 | ISSUED BY THE ME OF THE ME | TOTAL PAID \$ | 28500 |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-/7-87

| of pure org | |
|--|--|
| in a Vault/Uran | neral, date, time |
| Church, Chapel, Graveside | ; Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. o | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | |
| INTI | 10 |
| Lov Grave Row | Section Division Block O |
| X/ | 27 |
| Graha Shace Cale Find | Ş |
| Additional spaces and care fund | |
| Opening/Closing & Some | 70 |
| Burial Container | (°2 |
| MI HOPE CEMETERY | |
| Flower vases - Marker setting ree | |
| Recording and filing fee . Meld M | ew deed 35.00 |
| | |
| Sales taxes | 3(00 |
| 1420 | 748)4 300 |
| Paid re | ceipt number 3 / 0 / / |
| 7 | Balance due |
| - mw | of the above names decedent |
| I hereby certify I am the and this is your authority to make disposition | of rechains as above indicated. Veerfily and recognition and lagree to hold Mt. Hope Compters hat bless from |
| that I have the right to make this authorization any liability on account of said authorization a | and agree to hold Mt. Hope Completely hat minsy from |
| | X / |
| I hereby authorize the interment in lot I | Signature 1 1 2 d |
| hold under deed. | 4388 Texas St - |
| Signature of recorded holder of deed | Santing Ca 92104 |
| | State 295-4798 Zp Code |
| | Talaphore |
| | W |
| E 6808 | Invoice # |
| Work Order # UOUO | Acct. # |

AC-212 (Rev. 11-86)

CITY OF SAN DIEGO CALIFORNIA

| WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR | PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151 | | 7/1 | 7/0 | 717 |
|--|--|---------------------------------------|------------------------|-------------------|------|
| | 10 1/2000 | Date: | 1/9 | 4/0. | 19 |
| From: My Mel | Address 7008 Le | yer XX | 4-2 | 3000 | 04 |
| In Payment of | placement des | # | ollars (\$ 1 | 6 |) |
| HINT . | V C-8127-1 | -12-19 | 70 | Uman Carlotte | 1.50 |
| Lot / Grave | RowS | ection | | Division Block | 10 |
| Invoice No | NOT VALID FOR PURPOSE STATED LINLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care | 67007 77184 — | 1 | |
| Acct. No. | Carlotte Barrier Barrier | 80% Sales of Lots Opening/ | 77184 | -> | |
| W.O. F-0808 | | Closing Burial Containers | 77181 | 2 | |
| BALANCE DUE | THE LET COLUMN | Handling Fee | 77183 | 30 | 10-1 |
| Pre-Need Lot At Need On Acct | m. | Recording & Misc. Fees Pre-Need | 77183 — 63033 | ale | 100 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | Salu Hal | Trust Sales Tax | 9022 60101 78380 | | |

TOTAL PAID

MT. HOP CEMETERY

INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject to your fules and regulations, to inter the remains Funeral, date, time, Church, Chapel, Grayeside Mortuary. e before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Section Additional spaces and care fund Opening/Closing & Setup Burial Container . Handling Fees Flower vases - Marker setting fee Recording and filing fee . MT, HOPE CEMETERY CITY of SAN DIEGO, CALIF 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. turn of recorded holder of deed Invoice # Acct. # PY-593 (REV. 8-85)

E 6809

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES NAME OF DECEDENT SEX DATE OF BIRTH DATE OF DEATH July 16, 1987 Male June 18, 1923 Ionacio M. Manta PLACE OF DEATH—CITY OR TOWN NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT PLACE OF DEATH-COUNTY (OR STATE IF NOT IN CALIFORNIA) Revnaldo Santos Vanta - Son San Diego San Diego NAME AND ADDRESS OF FUNERAL DIRECTOR 10h PERSON ACTING AS SUCH 4333 Mt. Jeffers Avenue CALIFORNIA LICENSE NAMIERI San Diego, CA. 92117 Mayer Mortuary 2859 AdammaAve. San Diego, CA 1424

| | TYPE OF PERA | AIT, CHECK ONLY ONE OF THE FOLLOWING TYPES O | OF DISPOSITION | |
|--|--|--|--------------------------|---|
| XXX 1 BURIAL ON | ICLUDES ENTOMBMENTI | 5 DISINTERMENT AND BURIAL BINCLUDES ENTOMBMENT) | | MENT AND REINTERMENT OF CREMATED |
| ☐ 2 CREMATION | N AND BURIAL (INCLUDES INURNMENT) | B. DISINTERMENT, CREMATION, AND BURIAL DINCLUDES INVENIMENT | | IENT OF CREMATED REMAINS AND ON OTHER THAN IN A CEMETERY |
| ☐ 3 CREMATION CEMETERY ☐ 4 SCIENTIFIC | | D 2 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | FOR DISPOSITE | CORONER'S USE ONLY |
| NTERMENT | The state of the s | HERE REMAINS OR CREMATED REMAINS ARE TO BE INTERP 751 Market St. San Diegg, CA | ED | San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY WI | note ! | | PERSON IN CHARGE OF CREMATORY |
| BURIAL AT SEA OR OSITION OTHER N IN A CUMETERY OF CREMATED REMAINS | N/A Mour 1, los | Orth Lower CIN TO DELLY FINA | PENSE AND COU | NTY OF DISPOSITION |
| SCIENTIFIC | NAME AND ADDRESS OF FACILITY RECE | EIVING REMAINS | | NAME OF THE PARTY OF THE PARTY. |
| ACKNOWLEDGMENT OF APPLICANT | remains of the above named docer and I hereby acknowledge that tre | son having the right to control the disposition of the dent under provisions of the Health and Safety Code, espass and nuisance laws apply and understand that ricted access to property not owned by me. | SIGNATURE OF DATE SIGNED | APPLICANT |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIC | FAND IS THE | SIGNATURE OF | LOCAL REGISTRAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | 1 - 31101-11 | TER INTEL SIGNATURES PERSON IN CHARGOE | DISPOSITION | LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN | INDICATE ADMRESS OF REGISTRAR OF | COUNTY OF DEATH | | |

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

ANOTHER COUNTY

| 0 | OFFICIAL RECEIPT WHITE TO CLISTOMER CANARY CEMETERY PINK AUGITOR From: Pull Payment of | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address: #333 ht Liverly four of Salifornia Address: #333 ht Liverly four of Salifornia Liverly four of Salifornia | Date: 7 | Nº 34826 |
|--------|--|--|---|--|
| * Cark | Invoice No. Acct. No. W.O. BALANCE DUE Pre-Need Lot Pre-need Trust Cash Check AC-212 (Rev. 11-88) | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID | Division // So 00 00 77184 100 320 00 100 77184 100 320 00 17184 100 320 00 17185 100 320 00 17185 100 320 00 17185 100 320 00 17185 100 320 00 17185 100 320 00 17185 100 17185 |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7 17-87

| in Lines | neral, date, time 7/2/ June 2:00 |
|---|---|
| Vault/Ligar) | neral, date, time |
| Church, Chapel, Graveside | Mortuar |
| | of regular work day or an extra charge will be applie |
| and billed to undersigned. War time veteran . | - |
| Lot 6 Grave Row | Section Division Brock |
| TE: | |
| Grave space & Care Fund | |
| Additional spaces and care fund | 320 |
| Opening/Closing & SetupJUL 2 | 2.0.1987 |
| Burial Container | CEMETERY 145 |
| Handling Fees | |
| Flower vases - Marker setting fee | |
| Recording and filing fee | _3\$ |
| Sales taxes | 4 6 |
| | Total Due 9. 60 6 |
| Paid re | eceipt number 34831 606 |
| | Balance due |
| | |
| I hereby certify I am the | of remains as above indicated. I certify and represe |
| that I have the right to make this authorization any liability on account of said authorization a | and lagree to hold Mt. Hope Cemetery harmless fro |
| any maniny on account of said admin teation . | D 1 4 8 017 120 |
| I hereby authorize the interment in lot I | Gussey A Clause |
| hold under deed. | 1190 HARDIN DR. |
| Signature of recorded holder of deed | ENTEL CATON CAL |
| | 444-8390 920200 |
| | |
| | Telephone |
| | Invoice # |

E6810

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | 9 | SE BLACK INK-MAKE NO | ALIERATIONS OF ERASON | | | |
|--|---|---|--|---|---|--|
| NAME OF DECEDENT Eva Maree Eldridge | | | Female | Oct. 1, 1897 | July 16, 1987 | |
| PLACE OF DEATH—CITY OR TOWN PLACE OF DEATH—COUNTY ICH | | IOR STATE IF NOT IN CALIFORNIA | NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Percy Eldridge - Husband | | | |
| NAME AND ADDRESS OF FUNERAL DIRECTOR TOR PERSON ACTING AS SUCIO | | TING AS SUCIO | S SUCIO CALIFORNIA LICENSE NUMBIO 795 | | 1469 Melody Lane El Cajon, Ca. 92020 | |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES C | DE DISPOSITION | | |
| XX BURIAL IIN | CLUDES ENTOMBMENT) | 5. DISINTERMENT AND ENTOMBMENT) | BURIAL (INCLUDES | B DISINTERMENT AND REMAINS INCLUDES | REINTERMENT OF CREMATED INCHMENT | |
| 2 CREMATIO | N AND BURIAL (INCLUDES INURNMENT) | DISINTERMENT, CHE | MATION, AND BURIAL | DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY | | |
| CEMETERY | | 7. DISINTERMENT, CRE | MATION, AND DISPOSITION | FOR CORONER'S USE ONLY | | |
| 4 SCIENTIFIC | | 11.46.46.011.46.000.110.46.6 | | ☐ 10. DISPOSITION PENDIF | 1890 | |
| INTERMENT | Nt. Hope Cametery 37 | 51 Dr. Martin L | uther King Way- | | San Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO BE CHE | DATE CREMATED | SIGNATURE OF PERSON IN | CHARGE OF CREMATORY | |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY EMATED REMAINS | N/A OC | gon clit | Tu Harden | HACE AND COUNTY OF DE | SPOSITION | |
| CIENTIFIC | NAME AND ADDRESS OF FACILITY RECI | HEMAINS QUA | | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that tre this permit gives no right of unrest | dent under provisions of the sposs and nuisance laws a | Health and Safety Code, pply and understand that | SIGNATURE OF APPLICANT DATE SIGNED | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | ENMOISTHE 3 80 | DUL Z 1 1987 | SIGNATURE OF LOCAL REL | SISTRAR ISSUING PERM | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | S/ SIGNATUR | DILLA DELLA | | NUMBER SA CHEMITED REMAINS ER, IF APPLICABLE | |
| # DISPOSITION IS TO OCCUP IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | | | | |

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



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| | Address: 1190 HARD OCCARS AND Y/10 | | , 19 |
|--|--|---|------------|
| Lot Grave | / Row_ | Section MAS | Division O |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAME | PED CREDIT 67007 77184 - | |
| Acct. No. | # 2 | 80% Salen 100 of Lots 77184 - Opening/ 100 | 320 00 |
| W.O. E 6810 | | Glosing 77181 - Burial 100 | 100 00 |
| BALANCE DUE | MINISTER OF THE PARTY OF THE PA | Containers 77182 - 100 Handling Fee 77183 - | 145 00 |
| | PROBLET NOW. | Recording & 100 Misc. Fees 77183 - | 3500 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | A COLUMN TO A STATE OF THE PARTY OF THE PART | Pre-Need 63033 Trust 9022 - Sales Tax 60101 | 6 00 |
| AC-212 (Rev. 11-86) #/38 | ISSUED BY W.J. Teague | TOTAL PAID 1 | 606 00 |

Levent Hound

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/18/87

| 5 | |
|---|--|
| You are hereby authorized and instructed, se | bject to your rules and regulations, to inter the remains |
| of Julia | all of t |
| ina Lener (P.P.) F | uneral, date, time 1:00 PM - 7bg/Mon |
| Church, Chapel, Graveside Graves | ile : Genkham Mortuary. |
| All Funeral cars must arrive before 3:30 p.m | n, of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | Keven |
| 270 - | |
| Lot 2/8 Grave Row | Section Division/Block // |
| Grave space & Care Fund | |
| Additional spaces and care fund | WO. D-320 |
| Opening/Closing & Setup | 0 () We |
| Burial Container | P.P. |
| Handling Fees | |
| Flower vases - Marker setting fee | |
| Recording and filing fee | 35% |
| Sales taxes | P.P. |
| Men | Total Due 34835 3500 |
| Paid | receipt number |
| | Balance due |
| | balance due = |
| I hereby certify I am the | of the above named decedent |
| and this is your authority to make disposition that I have the right to make this authorization | n of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from |
| any liability on account of said authorization | n and interment. |
| Segue of Eleanor House I hereby authorize the interment in lot I | |
| hold under deed. | Sagnature |
| Signature of recorded holder of deed | Address |
| | State Zip Code |
| | Tulephone |
| | Invoice # |
| Work Order # E 6811 | Acct.# |
| | |

| 1. | 101 |
|----|-----|
| VI | 681 |
| V | |
| | |

| | | July 20, | 198/ |
|---|---|---|----------|
| The undersigned hereby requests and author | izes the interment | of the remains o | f |
| Julia Mae Hall in Lot | Gr 278 Row | Sec. M | |
| Block Division 10 in accordance with and su | | | T.C.S |
| governing said interment in Mount Hope Cem | etery, and certifie | es and represents | |
| that he or she has the legal right to make | such authorization | and agrees to | 100 |
| hold Mount Hope Cemetery harmless from any | and all liability | on account of | |
| said authorization and interment. | | | 1 |
| L'Cleanor L. Howard | 1 | | 100 |
| | Address & relation authority to sign | HARRIST COLD COLD COLD COLD COLD COLD COLD COLD | r and/or |
| Watness | | | |
| Witness | | | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6811

| • | | USE BLACK INK-MAKE NO | ALTERATIONS OR ERASUR | ES | |
|--|--|---|---|---|---|
| Name OF DECEDEN | T | | SEX | DATE OF BIRTH | DATE OF DEATH |
| | JULIA MAE HALL | | Female | May 5, 1908 | July 17, 1987 |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH—COUNTY | OF STATE IF NOT 14 CALIFORNIA | NAME AND ADDRESS OF | SPOUSE OR OTHER INFORMANT |
| 808 Thirteent | | San Diego | | Floyd Hal | 1. Grandson |
| | | th Street ch, CA 92032 F-1178 | | 1223 Prestoca Street Spress Valley, CA 92077 | |
| . 7 | TYPE OF PER | MIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES O | F DISPOSITION | |
| BURIAL IIN | CLUDES ENTOMRMENT) | 5 DISINTERMENT AND ENTOMBMENT) | BURIAL (INCLUDES | B. DISINTERMENT AND REMAINS INCLUDE: | REINTERMENT OF CREMATED S INLIANMENT) |
| | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CREMINCLUDES INVANME | | | DREMATED REMAINS AND I THAN IN A CEMETERY |
| 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE | | 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | FOR CORONER'S USE ONLY In to disposition pending | |
| TERMENT | NAME AND ADDRESS OF CEMETERY V | WHERE REMAINS OR CREMATED 751 Worket Street | REMAINS ARE TO BE INTERRI | ED O | San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | WHERE REMAINS ARE TO BE CHEN | MATED DATE CREMATED | SIGNATURE OF PERSON | IN CHARGE OF CREMATORY |
| OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS: NEAREST POINT ON SHORE | Sink and works | UFFICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF C | DISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RE | 278-1 | 0 | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named deco and I hereby acknowledge that to | edent under provisions of the espass and nuisance laws ap | Health and Safety Code, uply and understand that | SIGNATURE OF APPLICAN DATE SIGNED | |
| LOCAL REGISTRAR | This permit gives no right of unres THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY OF AUTHORITY FOR THE DISPOSITION SPECIFIED. | H PROVISIONS AMOUNT OF FEE P | ACCOUNTS OF THE PARTY. | SIGNA DE OF UNITA | PRAR ISSUING FRANT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | TER CATES SIGNATUR | COYLU THE | | E NUMBER OF CREMATED REMAINE ER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 * | | |

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

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: Mer Me to | (CAddress: 3655) | Oafe: 7-20 | 3500 |
|---|---|---|-------------|
| In Payment of | actively Tec Ja | ection_ | Division 70 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check DAC-212 (New 11-86) | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CAEDIT 67007 20% Sales Care 77184 60% Sales 100 of Lots 77184 Cipening 100 Closing 77181 Buriel 100 Containers 77182 Handling Fee 77183 Pre-Need 53033 Trust 9022 Sales Tax 60101 78390 TOTAL PAID \$ | 35 - |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

36103

| From Baller | Address | Date: | 19.00 |
|---|--|--|---|
| In Payment of | les Mac | Hall Hi | 4000 Vise |
| Lot 278 Grave | Row | Section | Division / 6 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS S. "PAID" IN THIS SPACE. | BINL Cales 1 | 97 64 |
| Acot No. E-6811 | CITY AU | DITOR of Lists 773 Opening/ 10 Closing 771 | 90 |
| BALANCE DUE | MAY 1 | 1 1988 Containers 7711 Handling Fee 7711 | 100 /0 /0 /0 /0 /0 /0 /0 /0 /0 /0 /0 /0 / |
| Pre-Need Lot At Need On Acct | 1/// | Misc Fees 7711 Pre-Need 630 Trust 90 | 33 |
| Pre-need Trust Cash Check CAS-212 (New 10-87) | ISSUED BY TRACKE (| Sales Tax 601 763 TOTAL PAID | 1593 |

MY. HOPE CEMETERY

INTERMENT ORDER

"City of San Diego

Date 7/29/87

| You are hereby authorized and instruct | and subject to your | ules and regulations, to | inter the remains |
|--|-----------------------|--------------------------|--------------------|
| Papp 1. : | Eumani data | Sated -1 | Odne /4/22 |
| in a Vault/Unit Valle | Funeral, date, | CO.YC. HA | Say |
| Church, Chapel, Graveside | | Rech Re | Mortuary. |
| All Funeral cars must arrive before 3:3 | 1/0 | ork day or an extra char | ge will be applied |
| and billed to undersigned. War time ve | eteran | | |
| Lot 46 Grave Row | Section | _2_Division/ | Block // |
| 0 | 7 - 0 | | 250 |
| Grave space & Care Fund | enga | | 900 - |
| Additional spaces and care fund | | Mo | 50.00 |
| Opening/Closing & Setup | <i>f</i> | ····· | 520 - |
| Burial Container | ener - | onute | 100- |
| Handling Fees | | | 14500 |
| Flower vases - Marker setting fee | | | |
| Recording and filing fee | | | 3500 |
| Sales taxes | | | 6 = |
| 2000 down 2/ /-> | | Total Due | 856 20 |
| Bel 8/10/81 | Paid receipt number | 34832 | 10000 |
| Ans. \$ 756 | 0 | Balance o | tue 772 00 |
| | Vane . | | |
| I hereby certify I am the and this is your authority to make dispose | enition of remaine s | | named decedent |
| that I have the right to make this author any liability on account of said authorize | rization and lagree t | to hold Mt. Hope Cemet | ery harmless from |
| any habinty on account or said authori. | zation and intermet | 1.1 // | 2 |
| I hereby authorize the interment in lot | 1 X | John 16 | owene |
| hold under deed. | X | | |
| Signature of recorded holder of deed | - X | 2936ARGSW | AY 9213 |
| 13511684 | X | 263-28/1 | Zio Code |
| 13321001 | Telepho | ne . | |
| Landon _ | Invai | ce# 0576 | 96 |
| Work Order # E 6812 | Acct | 62300 | 5 |
| PY-593 (REV. 8-86) | ACCE | | |

| NOTE-STRAIGHT |
|---|
| s 756 20 San Diego, California. July 20 198 |
| |
| Mt. Hope Cemetery or San Diego City Treasurer |
| , or ord |
| at 3751 Martin Luther King Way, San Diego, CA 92102 |
| the sum of Seven Heindrid Buffyship o 100 DOLLAR |
| with interest from Clugust 19 - 1997 on the unpaid principal at the rate |
| 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 interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of t |
| holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of t |
| United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for paymentered before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A marri |
| person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If a action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees. |
| x Kicharl Roman |
| |
| MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE Mailing Address |
| TO. |
| ue august 10,1987N3521684-ID. |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

76812

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| - | | | | | The second secon | |
|---|--|---|--------------------------------|--|--|--|
| NAME OF DECEDER | 1 | | SEX | DATE OF BIRTH | DATE OF DEATH | |
| FRANCES R. | BINYOUN | | FEMALE | JULY 10, 1928 | JULY 15, 1987 | |
| PLACE OF DEATH- | CITY OF TOWN | PLACE OF DEATH COUNTY | IOR STATE IF NOT IN CALIFORNIA | NAME AND ADDRESS OF | SPOUSE OR OTHER INFORMANT | |
| INGLESSOOD | | LOS ANGELES | | MR. RICHARD B | XONENS - SON | |
| | SS OF FUNERAL DIRECTOR TOT PERSON AL | CONTRACTOR OF THE PARTY OF THE | CALIFORNIA LICENSE NUMBER | 2936 ARESWAY | WAY | |
| SRY ELLICA | ON BOWLEN ARE SAN DIEG | BASSIF -92115 | F-1357 | SAN DIEGO, CA | LIFORNIA - 92139 | |
| | TYPE OF BERN | THE CHECK OF HE OF THE | THE PALLACIAN IN THESE A | | 7.7 | |
| G. 30 | tire or rek | NIT, CHECK ONLY ONE OF | THE POLICIMING TAKES (| of dispositions | | |
| XX 1. BURIAL III | NCLUDES ENTOMBMENT) | 5 DISINTERMENT AND ENTOMBMENTI | BURIAL UNCLUDES | 8 DISINTERMENT AND REMAINS UNCLUDES | REINTERMENT OF CREMATED | |
| 2. CHEMATIC | N AND BURIAL IINCLUDES INURNMENT) | 6 DISINTERMENT, CRE | MATION, AND BURIAL | | CHEMATED REMAINS AND | |
| 3 CREMATIC | N AND DISPOSITION OTHER THAN IN A | The second second second | | The state of the s | The state of the s | |
| ☐ 4 SCIENTIFIC | | 7 DISINTERMENT, CRE | MATION, AND DISPOSITION | FOR CORONER'S USE ONLY | | |
| A SUCHIFIC | - USE | | | ☐ 10 DISPOSITION PENDING | | |
| TERMENT | NAME AND ADDRESS OF CEMETERY W | | | CALTRORNIA | NAM INTERCO | |
| *************************************** | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO BE CHEN | MATED DATE CREMATED | | N CHARGE OF CREMATORY | |
| CREMATION | N/A | | N/A | b 1 | VA | |
| BURIAL AT SEA OR OR SETTION OTHER IN A CEMETERY OF CHEMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | INE, OR OTHER DESCRIPTION S | UFFICIENT TO IDENTIFY FINA | L PLACE AND COUNTY OF D | ISPOSITION | |
| SCIENTIFIC | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | | |
| USE | N/A | | | | | |
| ACKNOWLEDGMENT OF | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre | dent under provisions of the | Health and Safety Code, | SIGNATURE OF APPLICANT | VA . | |
| APPLICANT | this permit gives no right of unrest | ricted occess to property not | owned by me. | K | 1/4 | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COS AUTHORITY FOR THE DISPOSITION SPECIFIED # | E AND IS THE | JUL 2 1 1987 | SIGNATURE OF OCAL REL | SISTRAL ISSUED PERMIT | |
| CERTIFICATION OF PHESON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON 12 | 1/87 SIGNATURE | PERSON IN CHARGE OF | DISPOSITION LICENSE | NUMBER OF CREMATED REMAINS ER, IF APPLICABLE | |
| IF DISPOSITION IS | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | | |
| TO OCCUR IN ANOTHER COUNTY | 313 NORTH FIGUEROA ST | REET - LOS ANGER | ES, CALIFRONIA | - 90037 | | |
| | | THE RESERVE OF THE PERSON NAMED IN | | THE RESERVE AND ADDRESS OF THE PARTY OF THE | | |

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

TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CAMARY CEMETERY AUDITOR | MOUNT HOPE CEMETERY 264-3151 | Date: | 7/2 | 0/87 |
|--|--|--|--|-------------|
| In Part Payment of All | posit on Juley | rent of | ollars (\$ | 100 000 |
| Lot 46 Grave | Row5e | ection 2 | Jak. | Division // |
| Acct. No. W.O. F-68/2 BALANCE DUE 756° Pre-Need Lot At Need On Acct | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | CREDIT 20% Sales Care 80% Sales of Lots Opening Closing Burtal Containers Handling Fee Recording & Misc. Fees Pre-Need Trust | 87007 77184 100 77184 100 77181 100 77182 100 77183 100 77183 100 77183 100 77183 100 77183 | 100,00 |
| Pre-need Trust | ISSUED BY SEOSEWELLES | Sales Tax TOTAL PAID | 50101 78390 — | 100 00 |

ACRO71 INVOICE INQUIRY PE INVOICE: 059696 INV TOTAL: Z56.00 ACCOUNT: 023035 NAME: RICHARD BOWENS

INVOICE STATUS

PG 2

DISPOSITION DATE AMOUNT
WRITTEN OFF COLLECTION ACTIONS

DATE AMOUNT
08/29/90 756.00

LATE NOTICE - 1ST: 09/25/87 REFERRED TO - TREAS COLLECTION: 10/16/87

- 2ND: 10/14/87 - CITY ATTORNEY : - 3RD: - COLLECTION AGENCY:

DATE INVOICE AMOUNT

LATE CHG-1:

-21

DEPRESS PAI KEY FOR NEXT SCREEN

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 720-87

| of the state of the | Thou | 1 | -/- | 1 11 |
|--|-----------------|--------------|--|-----------------|
| in a Company Full Full Full Full Full Full Full Ful | neral, date, ti | mely | 4 7/24 | 11.00 |
| Church, Chapel, Graveside | uale: | Ju | veis | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular wo | rk day or ar | extra charge | will be applied |
| and billed to undersigned. War time veteran . | | | | |
| 138 5 | Section | 2 | | -12 |
| ot/O Grave Row | Section | | _ Division/Bloc | * / - |
| Grave space & Care Fund | | | ********* | |
| Additional spaces and care fund | | | | |
| Opening/Closing & Setup | | | | 320.0 |
| Burial Container | | ,,,,,,,,,,,, | | 100.0 |
| Handling Fees | | | | 14500 |
| lower vases - Marker setting fee | | | ******* | |
| Recording and filing fee | | | ********** | 35,0 |
| Søles taxes | | | | 1630 |
| | | Total Due | | 606,00 |
| Paid re | ceipt number | 34/8. | 36 | 606 CX |
| | | | Balance due | 8 |
| | | | | |
| hereby certify I am the and this is your authority to make disposition hat I have the right to make this authorization any liability on account of said authorization a | and lagree to | above ind | of the above na icated. I certify ope Cemetery | and represent |
| | 1 | 250 | 11/20 | 1 |
| hereby authorize the interment in lot I nold under deed. | Signature | il ab | - Day | 0+ |
| | Address | 7400 | 1 CIVE | DHEN |
| ignature of recorded holder of deed | State | O M | esan | Z D T Zip Code |
| | Telephon | 7660 | R468 | 3467 |
| | Invoic | | | |
| Nork Order # E 6813 | Acet | 2015111 | | |
| | | | | |

E6813

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | | SE BEACK IN MAKE INC | ALTERATIONS OF ERASON | | | Processor 1970 | |
|---|--|--|---|---------------------------|--------------|-------------------|------------|
| NAME OF DECEDEN | M. Carrier and Car | | SEX | DATE OF BIRTH | 1 | DATE OF DEATH | |
| | CLARA CYNTHIA GAMBE | HIAI. | female | Sept 17, | 1906 | July 18, | 1987 |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH-COUNTY | PLACE OF DEATH COUNTY FOR STATE IN NOT IN CALIFORNIAL | | | OUSE OR OTHER IN | FORMANT |
| San Die | 90 | San Diego | | SELF | | | |
| NAME AND ADDRES | SS OF FUNERAL DIRECTOR ICH PERSON AC | Cajon Blyd, | CALIFORNIA LICENSE NUMBER | | by pre- | arrangeme | nt |
| Lewis Colo | nial/Benbough San Di | ego, CA 92104 | F-480 | | | | |
| | TYPE OF PERA | AIT. CHECK ONLY ONE OF | THE FOLLOWING TYPES OF | F DISPOSITION | | | |
| 1 49 | THE STATES | ON STREET SERVICE SERV | | | | | |
| I BURIAL (IN | CLUDES ENTOMBMENT) | S. DISINTERMENT AND ENTOMBMENT) | BURIAL (INCLUDES | B DISINTERMI REMAINS (| NT AND REI | NTERMENT OF CRE | MATED |
| 2 CREMATION | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CRE | | | | NATED REMAINS AN | |
| ☐ 3 CREMATION CEMETERY | N AND DISPOSITION OTHER THAN IN A | | F | | | | |
| A SCIENTIFIC | | OTHER THAN IN A | MATION, AND DISPOSITION DEMETERY | FOR CORONER'S USE ONLY | | | |
| - SCHNIFIC | USE | | 2012101010101 | ☐ 10 DISPOSITIO | IN PENDING | | |
| | NAME AND ADDRESS OF CEMETERY W | HERE REMAINS OR CREMATED | REMAINS ARE TO BE INTERRE | :D | COUNT | TY | |
| INTERMENT | Mount Hope Cametery | - San Diego, Ca | (3751 Market 1 | St.) | Sar | Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO BE CRE | MATED DATE CREMATED | SIGNATURE OF I | PERSON IN CH | HARGE OF CREMAT | ORY |
| BUHIAL AT SEA | ADDRESS, NEAREST POINT ON BRIOREL | WE DE OTHER DESCRIPTION | SUFFICIENT TO IDENTIFY FINAL | PLACE AND COUN | ITY OF DISPO | SITION | |
| DISPOSITION OTHER | ough | 0: | H-80 tu | | | | |
| IN A CEMETERY | n/a W30 | Blue Der | th- Pluster Handle | - | | | |
| SCIENTIFIC | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | | 19-11-11 | |
| USE | n/a | | | | 13 | | |
| | This is to certify that I am the per | son having the right to cor | stral the disposition of the | SIGNATURE OF A | FFLICANT | | |
| ACKNOWLEDGMENT | remains of the above named dece | | | > | | | |
| APPLICANT | and I hereby acknowledge that tre | | | DATE SIGNED | | | |
| | this permit gives no right of unrest | ricted access to property no | owned by me. | | | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED II | DE AND IS THE | DATE PERMIT ISSUED | July 20 | L Can | THAT ISSUING PERM | mm |
| CETATIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON 7/2 | | OF PERSON IN CHARGE DE | DISPOSITION | DISPOSER. | IMBER OF CHEMAT | ED REMAINS |
| The second living | INDICATE ADDRESS OF REGISTRAR OF | 4 1000 | The contraction | | | B. DOOR | |
| TO OCCUR IN | | | | | | | |
| ANOTHER COUNTY | n/a | | | | | | |
| | West Control of the C | | | | | | |

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

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| | 264-3151 | 100 | 200 | | 57 |
|---------------------------------|--|---|---------------------------|-------------------|----|
| 1 / Man / 1 | 1 101- 1. | Date: | -00 | 010.10 | 01 |
| From: 11 Japan Les | Address: 165 Jan | e Treet | te | Menta | 2 |
| Nix hundred | Le sulland | 00/- 0 | ollars (\$ 4 | 606.0 | 01 |
| InPayment of | la terrole | N. E.S | acle | 0 | |
| | | | | | |
| Lot 138 Grave_S | RowSe | ection 2 | | Division Block | 2 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | CREDIT 20% Same Care | 67007 77184 | | |
| Acct. No. | | 60% Sales of Lots | 77184 | 200 | - |
| W.O. E -6613 | THE REAL PROPERTY. | Opening/ Closing Burial | 77181 | 100 | = |
| BALANCE DUE | | Containers | 100 | 145 | = |
| The San Parcel | | Handling Fee Recording & Misc. Fees | 77183 — 100 77183 — | 25 | - |
| Pre-Need Lot At Need On Acct | 2/1/1 | Pro-Need Trust | 80033 | | - |
| Pre-need Trust □ Cash ☑ Check □ | Sales Word | Sales Tax | 60101 78390 —— | 188 | 7 |
| AC-212 (Rev. 11-86) | ISSUED BY THULA | TOTAL PAID | 1 3 | 606 | |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From A. Jan broke | Address: | Date: | 20 .187 |
|---|---|--|--|
| fifteen 20. | lower Con Jon | Mend > | 15 15. 9.0) |
| Lot /34 Grave | 5 Row Se | ection 2 | Division 12 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Bev. 11-86) | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 7718 80% Sales 10 60% Sales 10 61 Lots 7718 Closing 7718 Burial 10 Containers 7718 Handling Fee 7718 Recording 5 Misc. Fees 7714 Pre-Need 6300 Trust 900 Sales Tax 6010 7836 | 34 34 30 31 31 32 33 33 33 33 33 34 35 36 37 38 39 30 30 31 31 32 33 33 33 33 34 35 36 37 38 38 38 38 38 38 38 38 38 38 |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/20/87

| Against Male | ed, subject to your rules and regulations, to in | ter the remains |
|--|--|-----------------|
| Dall: and | 1:60-7/ | 2 11.00 |
| a Gell Line OOR | Funeral, date, time | × 7.00 |
| hurch, Chapel Graveside | Mesede : Hazelale | Mortuary |
| Il Funeral cars must arrive before 3:30 | p.m. of regular work day or an extra charge | will be applied |
| nd billed to undersigned. War time vet | eran NO | |
| 728 - | 1 | 9 |
| ot 738 Grave — Row | Section Division/BI | ock _/ |
| Grave space & Care Fund | | 1000 |
| | *************************************** | - |
| NUMBER OF THE PROPERTY OF THE PARTY OF THE P | | 10500 |
| pening/Closing & Setup | | Co e. |
| 100 | | 11 01 |
| andling Fees | ************************** | 11 - |
| lower vases - Marker setting fee | | |
| ecording and filing fee | | 3000 |
| ales taxes | | 200 |
| Post salid | Total Dug | 297 |
| Way Ck- | Paid receipt number 3484(| 299 |
| 2 | Balance du | 0 |
| - | th. | |
| hereby certify I am the | | amed deceder |
| hat I have the right to make this authori | sition of remains as above indicated. I certifization and I agree to hold Mt. Hope Cemeter | |
| ny liability on account of said authoriz | ation and interment. | |
| hereby authorize the interment in lot | William Q Som | e- |
| nold under deed. | Sympose 4 6 auliera | Ve apt 5 |
| gnature of recorded holder of deed | San Aprila 93 | |
| | State 283-2074 | Zip Cor |
| | Talaphone | |
| | | |
| E 6914 | Invoice # | |
| Nork Order # 6 0014 | Acct. # | |

PY-503 (REV. 8-85)

•

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| PLACE OF DEATH—CIT | | UAN SIMMONS | | THE SECTION AND THE PARTY OF TH | | |
|--|--|---|---|--|--|--|
| PLACE OF DEATH-CIT | | | Male | July 16. | 1987 | July 16, 1987 |
| | TO THE PERSON NAMED IN COLUMN TO THE | PLACE OF DEATH—COUNTY TOR | STATE IF NOT IN CALIFORNIAL | NAME AND ADDS | RESS OF SPOR | USE OR OTHER INFORMANT |
| 1 | National City | San Dieg | 10 | Deborah | McCoy | - Mother |
| | OF FUNERAL DIRECTOR (OR PERSON AC | | LIFORNIA LICENSE NUMBER | 4960 Au | burn Dr | Ive |
| Anderson-Ray | gsdale Mort.: San Di | ego, Callfornia | 1329 | San Die | go, Cal | Ifornia 92105 |
| 1 | TYPE OF PERM | AIT, CHECK ONLY ONE OF THE | E FOLLOWING TYPES O | F DISPOSITION | | |
| | | | | 100 CONTRACTOR OF THE PARTY OF | | |
| 1 BURIAL (INCL | UDES ENTOMBMENT) | 5 DISINTERMENT AND BUR ENTOMBMENTI | RIAL INCLUDES | | NT AND REIN | TERMENT OF CREMATED |
| | IND BURIAL IINCLUDES INURNMENTI | 6. DISINTERMENT, CREMAT | | | | ATED REMAINS AND N IN A CEMETERY |
| CEMETERY | AND DISPOSITION OTHER THAN IN A | 7 DISINTERMENT, CREMAT OTHER THAN IN A CEME | | FOR | CORONER'S | S USE ONLY |
| 4 SCIENTIFIC US | | | 100//01 | ☐ 10 DISPOSITIO | N PENDING | |
| (MIEDMEN) | AME AND ADDRESS OF CEMETERY WI | 751 Martin Luther | King Jr.; Way | ; Callforn | THE RESERVE AND ADDRESS OF THE PERSON. | San Diego |
| CREMATION | MAME AND ADDRESS OF CREMATORY WI | HERE REMAINS ARE TO BE CREMAT | clothus | WZamb | ensure in uni | ARTIE OF CHEMATORY |
| OR COSITION OTHER ON A CEMETERY | ODRESS, NEAREST POINT ON SHORELY | OOA Bel | D Lines | - Sh | ellou | SITION |
| SCIENTIFIC N | AME AND ADDRESS OF FACILITY RECE | EIVING REMAINS | | d | ldoff | tell 4:45 |
| ACKNOWLEDGMENT | This is to certify that I am the per remains of the above named deco- and I hereby acknowledge that tre this permit gives no right of unrest | dent under provisions of the He espass and nuisance laws apply | ealth and Safety Code, y and understand that | SIGNATURE OF A | PFLIGĀN # | |
| LUCAL | HES PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPESSING IN | HE AND IS THE | JUL 22 198 | SIGNATURE OF LI | St. Ram | AR ISSUING PERMIT |
| OF PERSON IN CHARGE | 200 | ITER PATEL SEO | y white | DISPOSITION | DISPOSER, IF | MBER OF CREMATED REMAINS APPLICABLE |
| IF DESPOSITION IS TO OCCUB IN ANOTHER COUNTY | NDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | U | | 154 | |

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

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| AUDITOR AUDITOR | 264-3151 | | | - 1 | 1 |
|--|--|---------------------------------------|---------------------------|-------------------|------|
| From Welleam a Sen | sian Address 4940 albe | Date: alts | 19 | 3/ | 1987 |
| Trus Hundred In | interner of foo | Di Di | ollars (\$ | 2999 | 00 |
| in full Payment of Ax | tement of and for & | evin hel | uan | Linencon | w- |
| - Burial Date- | -7/22/37- | 0 | | | |
| Lot Grave | RowS | ection/ | | Division Block | 9_ |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED TPAID IN THIS SPACE. | CREDIT 20% Sales Care | 67007 77184 — | 20 | 00 |
| Acct. No. | O. O in and | 60% Sales of Lots Opening/ | 77184 — 100 | 80 | 00 |
| wo E-6814 | (Soud to floor | Glosing Sursal | 77181 - | 50 | 00 |
| BALANCE DUE | 1. D. Hanin | Containers Handling Fee | 77182 — 100 77183 — | 11 | 00 |
| | Sy Vor | Recording & Misc. Fees Pre-Need | 100 77183 — 63033 | 50 | 00 |
| Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐ | 1 CD land | Trust Sales Tax | 9022 - | 3 | 00 |
| AC-212 (Rev. 11-86) /20 | ISSUED BY SLOYEN Stille | TOTAL PAID | 78390 - | 299 | 00 |

MT. NOPE CEMETERY

INTERMENT ORDER

City of San Diego

You are hereby and foreign and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time .. Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied ind billed to undersigned. War time veteran ... Section Division/Bleek Additional spaces and care fund Real Apr. 8 ... Opening/Closing & Setup . not arranged Burial Container . Handling Fees Flower vases - Marker setting fee Recording and filing fee

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

Acct. #

Paid receipt number .

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

Stynature of recorded holder of deed

Zio Code

Total Due

Invoice !

PY-503 (REV. 8-85)

Sales taxes

595.00 8-4-87 34875 \$ 569 00 9.3-87 34982 25,00 \$5 44-00 10-6-87 35/14 25.00 45119.00 25.00 494.00 469.00 11-3-87 35230 11-4-87 35243 18-8-87 35395 25.00 1-6-88 35505 444.00

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| Weston | |
|----------|---|
| Ban. | 8 |
| a second | 月 |
| STATE OF | H |
| CONTRACT | |

WHITE TO CUSTOMER

| | AUGITOR MO | 264-3151 | ENT | 1111 | DIT | |
|--|--------------|------------------------------|--------------------------------|------------------------|-------------------|----|
| From Ella | Matchell A | ddress: | Date: | 17/ | d / | 9 |
| Inventaly | ing | 0.+ 0.0 - | Chudan Itt | ollars (\$ _ | 2600 |) |
| Lot Payr | ment of | Row | Section | | Division Block | |
| Invoice No. | | FOR PURPOSE STATED UNLESS ST | | 67007 77184 | BIOOK | |
| Acct. No. | | | 80% Sales of Lots | 77184 | 26 | 00 |
| w.o. E-6815 | | | Opening/ Closing Burtal | 77181 —— 100 | - | |
| BALANCE DUE | | | Containers Handling Fee | 77182 100 77183 | | |
| | | | Recording & Misc. Fees | 100 77183 —— | | |
| Pre-Need Lot At Need Pre-need Trust Cash | On Acct | on. | Pre-Need Trust Sales Tax | 63033 9022 60101 | | |
| AC-212 (Bry 11-85) 24 | 7) ISSUED BY | Jews . | TOTAL PAID | 78390 | 26 | 00 |

Sand or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK E-6815 Credit Lot ACCOUNT No. Ella Mitchell 80 So. 33rd Street San Diego, CA 92113 Month and Day Due Indicated Below FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC Amount due when paid on, or before due date above. days Amount due if paid more than... after due date above. if this is new addr

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| | 264-3151 | | 12 2 | | On |
|--|---|--|---|-------------------|-----|
| From: Ma Mitabell | Address 70 5.33.1 | Date: | 10-6 | 13 | 967 |
| InPayment of City | gra#3 Velalet | of P | ollars (\$ _ | 25.0 | 0) |
| Lot 7 Grave | RowSe | ection | | Division Block | 10 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Hundling Fee Recording & Misc Fees Pre-Need Trust Sales Tax | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 27183 — 100 27183 — 100 9022 — 60101 78390 — | 25 | 00 |
| AC-212 (Rev. 11-86) | ISSUED BY | TOTAL PAID | | 25 | 00 |

| and or bring one coupon with each remittance COUPON | 2 |
|--|---------|
| DO NOT MAIL ENTIRE BOOK 15 Credit | Loc |
| ACCOUNT No. | |
| Ella Mitchell | 15 |
| 80 So. 33rd Street | - |
| San Diego, CA 92113 | |
| THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | |
| the same of the sa | |
| Month and Day Due Indicated Below | |
| APR MAY JUN JUL AUG SEF OCT WOV DEC | JAN FEB |
| | |
| 25. | 00 |
| Amount due when paid on, or before. | |
| | 00 |
| Amount due if paid more than days | 00 |
| after due date above. | |
| | |
| \$ | |
| 7 95 | 10 |
| NAME CISCA AMOUNT RECEIVED TO THE PARTY OF T | - |
| 100 | 11 0 |
| ADDRESS 80 SN 3200 | AVF |
| CITY S. 10 STATE CA ZIE | 92113 |
| Check (/) if this is new address | |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: ELLA L. MITCHE & Liverty Twe Dolla | Address: 80 5, 33rd | Date: | 92/13 lars (\$ 25.6 | . 1987 |
|--|--|---|--|--------|
| Lot Grave | - Coupon 1 | ection | Division Block | 10 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | 60% Sales of Lots Operling/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust | 67007 77184 100 77184 100 77181 100 77183 100 77183 100 77183 60033 8022 8022 8071 807 | |
| AC-212 (Nev. 11-86) 3513 | ISSUED BY Bluce Morrison | TOTAL PAID | 1 25 | 00 |

DO NOT MAIL ENTIRE BOOKS 5 Credit Lot ACCOUNT NO. ACCOUNT NO. ETTA Mitchell 80 So. 33rd Street EC815 San Diego, CA 92113

Month and Day Due Indicated Below APR MAY JUN JUL AUG SEP OUT NOO DEC JAN FEB MARK

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

Amount due if gaid more than aye, after due date above

\$ 25.00

NAME Ella I Mutchell
ADDRESS 80 80 33 rd St



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

| | Date: | 9.2 | | .10 |
|------|-------|-------|-----|------|
| W/ = | The . | and i | e 2 | 11/3 |

| In Payr | nent of | Jupa # 2 01 | dit | ollars (\$ | | |
|---|-----------|---|--|--|------------|----|
| Lot 7 | Grave | Row Se | ection | 134 | Division / | 10 |
| Acct. No | 00 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | GREDIT 20% Sales Care 50% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees | 67007 77184 — 180 77184 — 100 77181 — 100 77182 — 100 77183 — 100 77183 — | 85 | |
| Pre-Need Lot At Need Pre-need Trust Cash C-212 (Rev. 11-86) | On Acct O | ISSUED BY Production Out of | Pre-Need Trust Sales Tas | 63033 9022 — 80101 78380 — | 65 | |

Send or bring one coupon with each remittance COUPON

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6815 Credit Lot

Ella Mitchell .

80 So. 33rd Street

San Diego, CA 92113

Month and Day Due Indicated Below MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN 10

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

\$ 26.00

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



Invoice No. Acct. No.

BALANCE DUE

Pre-need Trust

AC-212 (Rev. 10-87)

Pre-Need Lot At Need

Cash

From:

PINIC

WHITE TO CUSTOMER CEMETERY

Check

ISSUED BY

Payment of __

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

| lell . | Address: 80 S. 3 | 3 DAY | SA 92113 |
|-------------|----------------------------|---|---|
| Cargo | n#6 Chalet | dat | Viidi o (4 |
| ve | Row | Section | Division / |
|) Ct XI | CITY AUDITOR JAN 1 1 1988 | 80% Sains of Lots Opening/ Closing Burial | 67007 77164 100 77164 100 77181 100 77182 190 77185 100 77185 100 77183 83033 9022 60101 78390 |

TOTAL PAID

| Bond or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE RDOVELD CREATE LOF ACCOUNT No. 1 Chell Flore Son Son 33rd Street San Diego, CA 92113 Month and Day Due Indicated Below |
|--|
| JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY |
| Amount due when paid on, or before |
| due date above \$ 1.00 Amount due if paid more than days, |
| after due date above \$ 26.00 |
| NAME Ella Amount Acceived \$ 25,00 |
| CITY School STATE Cur Zip 92/13 |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

35663

| From: Metakes | Address: 80 S 3 | Date: | 2-5 | . 19 |
|-------------------------|---|---|---|-------|
| In Payment of | upn# 7° W | and po | llars (\$ | 3.00) |
| Lot Grave | Row | Section | Divis Bloc | |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | THE RESERVE TO SERVE | 67007 77184 | 000 |
| Acct. No. | CITY AUDITOR | 80% Sales of Lats Opening/ Closing | 100 77184 ———————————————————————————————————— | 23 00 |
| BALANCE DUE | FEB 1 0 198 | 140000000000000000000000000000000000000 | 100 77182 100 | |
| | LED 1 | Handling Fee Recording & Misc. Fees | 77185 | |
| Pre-Need Lot | 111 | Pre-Need Trust Sales Tax | 63033 9022 60101 | |
| AG-212 (Nev 10-07) 3568 | ISSUED BY DELLE VICTOR | TOTAL PAID | 78390 | 25 00 |

| DO NOT | _ | Section In a | | | Ittanci | C | OUP | ON | | 7 |
|----------------------------|-----------|---------------|--------|---------|-------------|-------|----------|------|----|------|
| ACCOUN B11a 80 S | T No. | ite | hel | 1 | rec | at | 2 | 68 | 15 | |
| San | Die | ngo | , (| CA. | 92 | 211 | 3 | | | |
| | Mon | th ar | id Di | y Di | ie In | dicat | ed B | elow | | |
| JUL, AUG | | | | | | | | | | JUN |
| Amount due due date abo | | paid on | or bet | fore | | > s | - | 5. | 00 | |
| | | | | | | | | 1. | 00 | |
| Amount due after due da | if paid i | morett re. | an_ | da | ys . | \$ | - 2 | 6. | 00 | |
| | | | | | | S | 3 | I | | А |
| NAME & | M | a | Z. | gount i | lécium L | Tue S | I | 21 | 0 | 0 |
| ADDRESS | 8 | 8 | 8 | 9. | 3: | 300 | Ι. | 11 | 4. | 1000 |
| CITY | W. | hack | 1.7 | 1100 | STAT | ECA | n and of | ZIP | 92 | 1/3 |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

No 35810

| 日本社会局 | 264-3151 | | 2-6 |
|----------------------------|---|---|------------------------|
| The hotel | 00 ON C - | Date: | To A 196 |
| From: TICE /III CINC | Address 0 0- | IN O | eller so |
| florente - / ge | | Do | ollars (\$ |
| In Payment of | ugant 8 UM | det a | 7 |
| 100 | | | |
| Lot Grave | RowSe | ection | Division /O |
| Invoice No. | NOT VALID FOR PURPOSE STATEDUNLESS STAMPED TAID IN THIS SPACE | CREDIT 20% Sales Care | 67007 77184 |
| Acct. No. | | 90% Sales of Lots | 77184 25 00 |
| wo € 60/5 | MAR 08 1988 | Opening/ Clusing Burst | 77181 100 |
| BALANCE DUE 376.00 | man 23 | Containers | 77182 |
| BALANCE BOE | THE PERSON NAMED IN | Handling Fee Recording & Misc. Fees | 77185 |
| Pre-Need Lot | | Pra-Need Trust | 77183 63033 6022 |
| Pre-need Trust Cash Check | 1 6 16 h | Sales Tax | 60101 78390 |
| AC-212 (Rev. 10-87) 3577 | ISSUED BY A COLOR | TOTAL PAID | 2500 |

| DO ACC | NOT | MAIL No. | ENTIR Ltc 33 | he] | 961 11 St | rec | cr cr tt | E | 68 | 15 | 8 |
|-----------|-------------------|-------------|--------------------|--------|-----------------|-----|----------------|----|-----|--------------------------------------|-----|
| AUG | SEP | | | | | | dicate 140 | | MAY | Name and Address of the Owner, where | Jui |
| | nt due ste abo | | paid of | or bet | tore. | 1 | > \$ | 23 | .0 | 0 | |

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

\$ 26.00

NAME Ella Ambunt Received \$ 25.00

ADDRESS 80 So: 3374 St

check (/) if this is new address



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| | _264-3151 | 11 | 7 2 |
|---------------------------------|--|--|--------------|
| From: Matako | OP Address 20 S- 3 | Brd St | 5A, 1000 |
| twenty - feel | | Dollars (\$ | 25,00 |
| In Payment of | upon a collect | S DOT | ENITED I |
| Lot Grave | Row Se | ection | Division / O |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID IN THIS SPACE. | CREDIT 67007 20% Sales Care 77584 — 80% Sales 150 of Lots 77184 — | 25 00 |
| w.o. E-6815 | CITY AUDITOR | Opening/ 100 Crosing 77781 — Burial 100 Containers 77182 — | |
| Pre-Need Lot | APR 14 /198 | Handling Fee 77185 — Recording A 100 Misc Fees 77183 — | |
| Pře-need Trust 🗆 Cash 🗆 Check 🖼 | ISSUED BY MILLE MELLE | Pre-Need 83033 Trust 9022 — Sales Tax 9017 78390 — TOTAL PAID \$ | 25 (2) |
| AC-212 (Rev. 10-67) | | | 000 |

| ond or bring one coupon with a DO NOT MAIL ENTIRE B | | COUPON 9 |
|--|-----------------|-----------------|
| ACCOUNT No. | | €6815 |
| 80 So. 33rd | | |
| San Diego, | CA 921 | 13 |
| Month and I | Day Due Indic | ented Below |
| SEP OUT NOV DEC JAN | FEB MAR AF | MAY JUN JUL AUG |
| Amount due when paid on, or ti due date above | petare. | 25.00 |
| Amount due if paid more than after due date above. | days | 1.00 |
| NAME | Amount Received | \$ 25.00 |
| ADDRESS | | |
| CRY | STATE | ZJP |
| L check () | /) if this is n | ew address |

WHITE TO GUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| From: Polla Mitable | Address: 80 So. 33FD | Pate: | 9-8 | 13 | 1987 |
|--|---|--|--|-------------------|------|
| In Past I Payment of Pre | D = 00/100 1 | | ollars (\$ _ | 35.00 | |
| Lot Grave | RowSe | ction | | Division Block | 0 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cesh Check | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lote Opening Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77183 — 100 77183 — 100 77183 — 100 77183 — 100 77183 — 100 77183 — 100 77183 — | 25 | 00 |
| AC-212 (Rev. 11-86) 35.98 | ISSUED BY HOLD SILVED | TOTAL PAID | | 25 | 00 |

| and or bring DO NOT | - | | | | Ittano | C | DUP | NO | | 5 |
|----------------------------|-------------------|----------------|-------|----------|--------|----------|-----|-------|-----|-----|
| ACCOUN Ella 80 S | IT No. | itc 33 | he. | il St | | - | | -6 | 81. | 5 |
| San | | ego th ar | | | | | | lelow | | |
| MAY JUN | JUL | AUG | SEP | OCT | NOV | DEC | Q'N | FER | MAR | APR |
| Amount due due date abo | | paid on | or be | tore. | | > 5 | - | 25. | 00 | |
| Amount due after due da | if paid to abo | more ti ve. | nam. | da | ув | s | - | 26. | 00 | - |
| | | 20- | 0 An | nount l | lean. | \$ | 2 | 5. | 11 | |
| NAME ADDRESS | 2 | 20 | a | 7 | 33 | 7.41 | Th | 11 | 7 | |
| CITY | CH! | heck | IV. |) if ti | STAT | | ado | ZIP | 92 | 1/9 |



From

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Payment of

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

Row

CITY AUDITOR

Section_

| | | - | 00 | LUI |
|---|--|--------|-----|------|
| Date: | 5 - | 5 | 5 | 88 |
| 70 | ollars (\$ | ds | 70. | 2) |
| ion | | Divisi | | 10 |
| CREDIT 20% Sales Care 80% Sales of Lots Opening/ Cleasing Burial Containers | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — | | 25 | 00 |
| Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax | 77185 — 100 77183 — 83033 — 9022 — 60101 78390 — | | | |
| TOTAL PAID | 8 | 1 | 25 | (11) |

Grave. NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE Invoice No. Acct. No. BALANCE DUE _ On Acct Pre-Need Lot At Need Pre-need Trust Cash Check | AC-212 (Rev. 10-87)

| | NOT | - | | | | ittance | CC | UP | ON | 1 | 0 |
|-----------|---------------------|-----------|---------|--------|---------|---------|--------|------|------|-----|-----|
| 80 | COUNT LIE D S | Mi | 33 | rd | St | | t 11 | 3 E | 69 | 45 | |
| | | | | | | o Inc | licate | ed B | elow | | |
| OCT | NOV | DEC | JAN | FEB | MAR | APR | THE | JUN | JUE | AUG | SEP |
| | int due ate abo | | aid on | or bei | ore. | | > s | 25 | .0 | 0 | |
| Amou | nt due | if paid r | nore ti | tan | Ga | 15 | 5 | 1 | .0 | 0 | |
| Marie III | | | | | | | S | 2 | 5. | 58 | |
| NAIV | IE I | 8 | la | | my Pr | dieve | it | h | 11 | , | |
| ADD | HESS | 8 | 0 | -6 | 30 | STAT | 3 | 312 | 1 | 921 | 12 |
| 20110 | 01 | Tie | heck | (1) |) if th | nis is | | add | | 100 | - |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

36230

| From Alle Metting | (Address: 80 S 3× | Date: | a d | - SA | 9.00 |
|--|--|--|--|-------------------|------|
| twent - 4 | ugen #11 | Med ? | oliars (\$ | 25.0 | 10, |
| Lot Grave | RowS | ection | | Division Block | 0 |
| Acct. No. W.O. E-68/5 BALANCE DUE 32/200 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE CITY AUDITOR JUN 7 1988 | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees | 67007 77164 100 77184 100 77181 100 77182 100 77185 100 77185 | 25 | a |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | ISSUED BY MONTH MAN | Fre-Need Trust Sales Tax TOTAL PAID | 63033 9022 — 60101 76390 — | 25 | 00 |

| end or bring one coupon with each remittance COUPON 11 |
|--|
| ACCOUNT No. Ella Mitchell E 6815 80 So. 33rd Street E 6815 |
| Month and Day Due Indicated Below |
| NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP OCT |
| Amount due when paid on, or before, due date above. |
| Amount due if paid more than days s s 26.00 |
| SIL Arpount Flacewood, S 25.00 |
| NAME CHO L. Truthell, |
| CITY S. H. STATE CIL 219 92/13 |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

36362

MOUNT HOPE CEMETERY 264-3151

| From: Matthe | @ Address: 80 S, 33 | Date: | 7-5 ,19. SS (15) | 80 |
|--|--|--|---------------------------------|-----|
| InPayment of Cor | you 12° True | AXT | llars (\$ | |
| Lot Grave | RowSe | ection | Division / | 5 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT 20% Sales Care 80% Sales | 67007 77184 100 | 73) |
| Acct. No. 6 68/5 | | of Lots Opening/ Closing Burial | 77184 100 77381 100 | |
| BALANCE DUE | CITY AUDITOR | Containers Handling Fee Recording & | 77182 100 77185 100 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | JUL 11 1988 | Misc. Fees Pre-Nood Trust Sales Tax | 77183 65033 9022 60101 | |
| AD 212 (Per 10-87) 3644 | ISSUED BY BYELL MILE | TOTAL PAID | \$ 25 0 | 10 |

| AC | COUN | T No. | ite | hel | 1 | - | - | | 1.4 | ,15 | |
|---------|--------|-----------|--------------|---------|--------|----------|--------|------|------|-----|-----|
| 81 |) 5 | Die | 33 | Ed | SE | res | t | 36 | 0 | | |
| | | | | | | | | | | | |
| | | Mon | th an | of Oa | y Ou | e (n | dicate | | | - | - |
| DEC | JAN | FEB | MAR | APR | MAY | JUN | 如 | AUG | SEP | OCT | MOA |
| | | | | | | Kir I | | | | | - |
| | | | - | | | | | - | | | |
| Armour | nt due | when p | aid on | or bet | ore. | | | - 23 | | U | |
| lue da | de abo | ve. | | | | | S | | | | |
| | | | | | | - | | | .0 | 0 | |
| Amou | nt due | If paid i | mare th | 185 | da | y5 | | | 1 | | |
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Send or bring one coupon with each remittance COUPON 12

DO NOT MAIL ENTIRE BOOK



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

Nº 36498

| From | Address | Pate: | ollars (\$ 25 | ,19 |
|--|---|--|--|-----|
| In Payment of | Credit of | 1 | | |
| Lot Grave | RowSi | ection | Division Block_ | 10 |
| Acct No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening Closing | 67007 77184 100 77184 100 77181 | - |
| BALANCE DUE | CITY AUDITOR | Burial Containers Handling Fee | 100 77182 100 77185 | / |
| Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐ | AUG 0.9 1988 | Pre-Neut Trust Sales Tax | 77183 — — — — — — — — — — — — — — — — — — — | |
| AG-212 (Rev. 10-87) 2/-/- 2 | ISSUED BY | TOTAL PAID | 76390 | 7 5 |

| DO NOT MAIL ENTIRE ROOK COUPON 13 |
|---|
| ACCOUNT No. Hila Mitchell 80 So. 33rd Street # 6815 |
| San Diego, CA 92113 Month and Day Due Indicated Below |
| JAN FEB MAR APR MAY JUN JUL ANG SEP OCT NOV DEC |
| |
| Amount due when paid on, or before, due date above |
| 1.00 |
| Amount due il paid more than days after due date above. |
| |
| 25.00 |
| NAME Ella Li Mulkell |
| ADDRESS 80 Sp. 33 ad SA |
| CITY Se M. STATE CA. ZIP 92/13 |
| El check (y') if this is new address |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

No 36633

| | 264-3151 | | / 01 |
|--------------------------------|--|--|-------------|
| Metalica | M Address: 80 S. | Date: | 18 00 |
| twente - Ju | Le 100/100 - | Dollars | 15 25.00, |
| In Payment of | m. 70 19 | Wester 1 | XI- |
| Lot Grave | Row | Section | Division /O |
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| AC-212 (Plev. 10-87) 368/ | ISSUED BY | TOTAL PAID 7809 | 2500 |

| and or bring one coupon w | | | UPON | 1/1 |
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| 80 So. 331 | ed Sei | reet | F10 | 810 |
| San Diego, | , CA | 92113 | , , | |
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| NAME Ella Z | Amount B | aceived S | ~ ~ | |
| ADDRESS 80 | | 3 | | |
| | | STATE (| m | 92113 |
| CITY L Check | (√) if th | | address | 73113 |



WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HODE CEMETERY

| PINK | 264-3151 | | 00 |
|--|--|---|----------------|
| The state of the s | N - 3 - | Date: | 19 00 |
| From: I Can I I I I I I I I I I I I I I I I I I I | Address: 80 S. | 5500 | |
| west, - year, | no/100 - | Dollars | \$ 25,00 |
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| | U. | | |
| Lot Grave | Row Se | action | Division Slock |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | CHEDIT 67007 20% Sales Care 77184 80% Sales 100 | 25 (17) |
| Acot. No. 2 -68/5 | CITY AUBITOR | of Lots 77184 Opening/ 100 Closing 77181 | 87 1 22 |
| BALANCE DUE 201,00 | OCT 7 1988 | Burial 100 Containers 77182 100 Handling Fee 77185 | |
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| due da | nt due | when give. | nore II | | fore da | ys) | \$ 5 | 2 | 1.0 | 00. | |
| NAM ADD | HESS | 200 | la check | L X | nount) | STAT | | 2 A | 5. | 2 | 0 7 |

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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY 264-3151

| From: Attacke Comment of Payment of | Address 80 S 33 | Date: Fleet Dollars 18 2 | SD . 19 . 00 25.90 , |
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| Lot Grave | RowSe | | livision / |
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| nou e da | nt due de abo | when p | aid on | or bef | ore. | | > 5 | 25 | .0 | 9 | |
| nou ler c | nt due Sue dat | if paid i | nors ti | nan_ | ta | уя | 5 | 20 | .0 | 0 | No. |
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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| | 264-3151 | 10 | 7 / 01 |
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| From Ma Metshel | Address: 80 S | Bro S | 7 50 .19 |
| nPayment of | uga 19 Un | al do | ollars (\$ 25, 00) |
| ot Grave | Row | Section | Division / O |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tex | 67007 77184 100 77184 100 77185 100 77185 100 77185 100 77185 100 77185 100 77185 100 77185 100 77185 100 77185 |
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| | | ago | | A. | 92 | 111 | 3 | | | |
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| MAY JUN | _ | AUG | _ | | | peg | _ | FEB | MAR | APR |
| Amount due due date abo | | paid on | or bet | ore. | 1 | > s | 3 | 23. | 90 | |
| Amount due after due da | If paid | moreti ve. | nan | da | ys) | 5 | - | 1. | 00 | |
| | | | | | | S | _ | a · | | |
| NAME & | 24 | a | Lo | 200 | Receive | 2000 | el | 7.5 | 0.0 | 0 |
| CITY | 18 | 1. | 2 | 2: | 3.5 STAT | EC | 1 | ZIF | 92 | 113 |
| - | 177 | chack | LV |) if t | his is | new | add | ress | | |



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

| From Bla Mitakel | Address: 80 S. | 33rd Inc | T. Jan Cu |
|--|--|---|---------------------|
| Payment of | right 12 | Model do | 45.00, |
| ot Grave | Row | Section | Division / O |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | NOT VALID FOR PURPOSE STATED UNLESS STAMPS PAID IN THIS SPACE. | OREDIT 67007 20% Sales Care 77184 00% Sales Care 77184 00% Sales 100 of Lots 77184 Opening 100 Closing 77181 Surial 100 Containers 77182 Handling Fee 77185 Hacording 8 100 Misc. Fees 77183 Pre-Need 5333 Trust 9022 Sales Tas 80101 78390 | 2500 Corr AL MOR |
| AC-212 (Rev. 10-87) 275/ | ISSUED BY MAIN A MONEY | TOTAL PAID | 2500 |

| end w | | ene ce MAIL | | | | ittane | · CC | OUP | ON | 1 | 8 |
|---------------|-------------------|----------------|----------|---------|----------|-------------|-------------|--|---------|--------|-----|
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| | | Mon | th ar | d Da | y Do | ie Ini | dicat | ed B | elow | | |
| IUN | JUL | economy | SEP | | NOV | | 业的 | | MAR | APR | MAY |
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| CITY | RESS | 1.1 | Sheck | 11 | 1111 | STAT | E | 1 | ZIP | 92 | 1/3 |
| | | 100 | иниск | | 1 11 1 | 1100 44 | 1 1 1 1 1 W | THE STATE OF THE S | 41 1123 | | |



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

| From: | Address: State Sta | nd Hout | 19.5 |
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| In Payment of | compone of C | Dollars (\$ | 250 |
| Lot Grave | Row | Section | Division Block |
| Acct. No | | ED CREDIT 57097 20% Sales Care 77184 80% Sales Care 77184 00 of Lots 77184 Opening/ 100 Closing Bugst 100 Coloring Bugst 17182 Handling Fet 77182 Handling Fet 77185 Pre-Need 53035 Trust 9022 Sales Tax 80101 78380 | |
| AC-212 (Rev. 10-87) | ISSUED BY | TOTAL PAID S | 250 |

| ond or bring one coupon with each remittance COUPON 19 DO NOT MAIL ENTIRE BOOK |
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| JUL AUG SEP OCT NOV DEC JAN EEB MAR APR MAY JUN |
| Amount due when paid on or before. |
| Amount due if paid more thandays \$\$ |
| NAME Ella Amplini Appeived Smithell |
| ADDRESS 8 6 33 xel CITY STATE ZIP Check (/) If this is new address |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

Nº 37433

| From: Market Market | Address: | Date: | 3.3 | 3 | 95/ |
|--------------------------|--|---|--|----------------|-----|
| In Payment of | pm 20 (1) | colif | Dollars (\$ | 25,0 |) |
| Lot 7 Grave | Row | Section | 1711 | Division Bleck | 0 |
| Acct No | MOTVALIDEORPURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE CITY AU MAR 10 | 80% Sales of Lots Opening/ Glosing Burini | 6 77184 — 100 77184 — 100 77181 — 100 77185 — 100 77185 — 100 77185 — 63033 9022 — 60101 78390 — | 23 | 90 |
| AC-212 (Play 10-87) 3789 | ISSUED BY THAT IS NOT | TOTAL PAID | \$ | 25 | 0 |

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|---------------------------------|---|------------------------|--------------------|-----------------------------|--------|-------|
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| Pan 1 | lego, | . GR | 9211 | 30 | 100 | E |
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| due date abov | | or senore, | S | | | |
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| giler ove dan | I MUNITE. | | | - | *11.11 | - |
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WHITE TO CUSTOMER CANARY CEMETERY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 37623

| | 204-3131 | HEL AL | 09 |
|------------------------------------|---|-------------|--------------------|
| ram Matale | Address: 20, 5, 3 | Date: | tut, B |
| trate, - yes | is nother | Doll Doll | ars 15 - 90 , |
| n Payment of | Jangon 21 | cacac | 1 det |
| Lot 7 Grave | Row | Section | Division / O Block |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE, | | 7007 |
| Acct. No. | WENT STREET | Opening/ | 100 7184 100 |
| w.o. 2 - 600 - | 图1964年11月 | Burial | 7181 |
| BALANCE DUE | THE RESERVE AND A PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO | Recording & | 100 7185 - |
| Pre-Need Lot D At Need D On Acct D | 1 1 | Misc Fees | 7183 |
| Pre-need Trust Cash Check | Marker 161 | | 8390 |
| AC-212 (Rev. 10-87) | ISSUED BY | TOTAL PAID | 000 |

| DO NOT MAIL ENTIRE BOOK 21 |
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| ACCOUNT No. E6815 |
| Son Dieso, SA 92113 |
| San Diego, SA 72113 |
| Month and Day Due Indicated Below |
| SEP OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG |
| 45.00 |
| Amount due when paid on, or before, due date above. |
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| arter due Gair avove. |
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| NAME Ella Amount Pinceying Tehest |
| CITY S-N. Ch. STATE Co. 219 92 1/3 |
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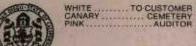


WHITE TO GUSTOMER CANARY CEMETERY PINK AUDITOR

NO 38158

| - | THE RESERVE AS A SECOND OF | RTY D | | TMENT | PORCH . |
|----|----------------------------|-------|-------|-------|---------|
| NO | UNT | HOP | E CE | MET | ERY |
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| Difference of the state of | 1 3 | Date: 9 | 7 ,190/ |
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| Payment of | Owner At | Dollars (\$ | 10.00 |
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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 284-3151

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| 27.5 | 500 | 300 |
| - | 38 | 238 |

| From: | Date: | 10 |
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| n Payment of | The reflect | Dollars (\$ 4/200 |
| ot Grave | Row Section | Division /O |
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| Pre-Need Lot | Misc. F Pre-Ne Trust Sales 1 | Fees 77183 |

| NAME | Mitchell, | Ella |
|------|-----------|------|
| | | |

ACCT. NO. E-6815

| ADDRESS 80 | O S. 33rd Street, San Diego, Ca 92113 RA | TING | LIMIT | |
|-----------------|--|---------|--|----------------|
| DATE | ITEMS | DEBIT / | CREDIT | BALANCE |
| Jul 21 87 | Lot 7, Division 10 | 595 00 | 151 00 | 444 00 |
| 2- 88 | Caupon #17 Receipt 35663 | | 2500 | 41900 |
| 3-4/ 88 | Couper 48 Lecept 35810 | | 2500 | 39600 |
| 4-7 88 | lougen #9 lecept 35986 | | 2500 | 37/10 |
| 5-5 08 | Jaugen # 10 Deceipt 36107 | | 2500 | 34600 |
| 6-2 88 | Coupen #11 Reseist 36230 | | 2500 | 32100 |
| 5-5 88 | Caugan # 12 Receipt 36362 | | 2500 | 29600 |
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| 1-9 89 | Musch 18 Page ST 37199 | | 2000) | 11000 |
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| 6-13 89 | Carrent 38/58 | | 2000 | 210 |
| 7-17 89 | Donotat 38298 | | 2/10 | 2100 |
| | Theretages 4040 | | 0400 | 200 |
| No. | | | | |
| AIGNER FORM NO. | 25-204 Mitchell, Ella 7 - | - 10 | A STATE OF THE STA | PRINTED IN USA |

MT. HOPE CEMETERY
INTERMENT ORDER

| | AUTO |
|--|---|
| na F6 | meral, date, time |
| Church, Chapel, Graveside | |
| The state of the s | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | |
| <i>a</i> 2 | 2 11 |
| Lot 72 Grave 72 Row | Section Division/Bleek |
| Grave space & Care Fund 2 Sp 23 | 500 \$ |
| Additional spaces and care fund sould | Che 210- for 12 mb. OK |
| Opening/Closing & Setup | A array |
| Burial Container | the lend |
| landling Fees | D |
| lower vases - Marker setting fee) | man all and l |
| Recording and filing fee | DYD LLET |
| Sales taxes | 1 MULA B |
| editor | Total Olie) 5002 |
| Paid re | eceipt number |
| Tues - | Balance due |
| | |
| hereby certify I am the | of the above named deceden |
| and this is your authority to make disposition | of remains as above indicated. I certify and represen |
| hat I have the right to make this authorization | of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment. |
| | and lagree to hold Mt. Hope Cemetery harmless from |
| hat I have the right to make this authorization in liability on account of said authorization and hereby authorize the interment in lot I | and lagree to hold Mt. Hope Cemetery harmless from |
| hat I have the right to make this authorization in liability on account of said authorization and hereby authorize the interment in lot I | and lagree to hold Mt. Hope Cemetery harmless from and interment. |
| hat I have the right to make this authorization in liability on account of said authorization is the said authorization in late of the said authorization is larger than a said authorize the interment in lot I hold under deed. | and I agree to hold Mt. Hope Cemetery harmless from and interment. Signature |
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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

| From: 1 mend 4 nes | Address: - | 7774 1 | Date | 1 | The same | 19 |
|--|--|---------|---|---|-------------------|----------|
| tout - The | 100 /1 | 3 0 | wat do | ollars (\$ | 27-0 | <u> </u> |
| Lot Grave | 172 | Row | Section | 15 | Division Block | 7 |
| Acct. No | NOT VALID FOR PURPOS "PAID" IN THIS SPACE | CITY A | 60% Sales of Lota UD/70 seeing/ String | 57007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 27183 — | 3/1 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 10-87) | ISSUED BY | No Very | Pre-Need Trust Sales Tax FOTAL PAID | 63033 9022 — 60101 78390 — | 21 | 10 |

Samuel Jones 7774 Woodbine Way San Diego, Ca 92114

Month and Day Due Indicated Below MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB Amount doe when paid on or before. due date above. days Amount due if paid more than after due date above. \$ 21.00 Amount Received S. NAME SAMUEL JONES ADDRESS 7774 WOOD BING WAY STATE C 17 ZP 92114 CITY S D Check (/) if this is new address



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| From Amuel bress In Payment of | 264-3151 Address: 7774 Des | Date: 10 | 04, S. 9211 ars (\$ 21.00) |
|--------------------------------|---|--|-------------------------------|
| Invoice No | NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID IN THIS SPACE" | BO's Sales of Lots Opening Cleating 7 Burlat Containers 7 Handling Fee 7 Recording 8 Misc. Fees 7 Pre-Need 6 Trust | Division |

| 00 | NOT | MAIL T No. | ENTER | E BO | K | ittunc | | OUP | - | فا | 1 |
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| | 3 a m | uel 4 V | L J | one | s | | | | | | |
| | | | | | | | dicat | | | | and the same of |
| JAN | FE8 | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | Nov | DEC |
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| | nt due ite abo | when p | oaid on | or bef | Dre | | > 5 | _20 | 0.0 | 0 | |
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| | | | | | | | \$ | 2 | 1.0 | 0 | _ |
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| ADD | RESS | 77 | 74 | W | 200 | BI | NE | W | AX | | |
| CITY | 5 | PA | D | 10 | 30 | STAT | E C | AK, | -ZIP | 72 | 114 |

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Samuel & Sallie Jones

Address 7974 Wandbine Way 8. 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 92, Grave 142, Row ____, Section ____, Block/Division ___/__ in Mt. Hope Cemetery, entered into on ______, 1987, by and between Mt. Hope Cemetery and ______, 1987, by and between Mt. Hope Cemetery and ______, Large Large Pones ______ 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: Mucheli L. Clark
Clerical ASST. II



THE CITY OF

SAN DIEGO

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

February 22, 1989

Samuel & Sallie Jones 7774 Woodbine Way San Diego, Ca 92114

Re: Credit Lot Purchase

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

If you have any questions please call 264-3151.

Sandra Ward

Administrative Aide II

Mt. Hope Cemetery

MT. HODE GEMETERY INTERMENT ORDER

City of San Diego

Date 7/21/87

| na vaccus | Funeral, date, t | ime Fri | 11 Am | 7/24 |
|--|--|--|-------------------------|---|
| Church, Chapel, Graveside | eside | Lewe | Colon | Mortuary. |
| All Funeral cars must arrive before 3:30 | The state of the s | | extra charge | will be applied |
| and billed to undersigned. War time vet | teran WW2 - | air | and - | 200 |
| ot 44 Grave 6 Row | Section | 2 | _ Division/Bh | -7_ |
| Grave space & Care Fund | | | | |
| dditional spaces and care find | | | | |
| pening/Closing & Setup | AID | · · · · · · | | 320.00 |
| urial Container | | | | 175.0 |
| andling FeesAU(| G-1-0-7987 | | | 170.00 |
| | | | | |
| ecording and filing fee | E CEMETERY | | ********** | 35.00 |
| ales taxes | - CALIF. | J | | 1030 |
| Chemin Colonial | | Total Due | | 710.50 |
| THE TENED | Paid receipt numbe | 349 | 23 | 7102 |
| | | | Balance due | 0 |
| 0 | | | | |
| hereby certify I am the one of this is your authority to make disponding I have the right to make this authorizing liability on account of said authorizing liability liability on account of said authorizing liability lia | ization and I agree t | s above ind to hold Mt. H | icated. I certif | amed decedent y and represent harmless from |
| | CR | and | 00 K C | asin Oc |
| harabu sutharias the interment is fet i | | THE PARTY OF THE P | ~~~~~ | - |
| | Signatur 27 | 3 5 5 | anidal | mand |
| old under deed. | Signatur 8.7 | 7 S. S | ANDAL | CD 9231 |
| hereby authorize the interment in lot I sold under deed. | Signatur Salvas Salvas Telapho | 75.5 00MH | andal voton 29-10 | CA 9231 20 Code |
| old under deed. | Signatur 8.7 Bathers State | 75.5 00MU 4) 8 | RNdal votan 29-10 | CA 9231 |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6817

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | | POR DESCRIPTION OF | TOTAL TEST PARTS | KATIONS ON ERASON | | |
|--|---|---|------------------|--|-------------------------|---|
| NAME OF DECEDEN | T | | | SEX | DATE OF BIRTH | DATE OF DEATH founds |
| | VERMON KEITH OLIVER | | male | | March 22, 1 | 920 July 21, 1987 |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH | COUNTY IOR ST | ATE IF NOT IN CALIFORNIA! | NAME AND ADDRESS O | F SPOUSE OR OTHER INFORMANT |
| San | Diego | San Die | igo | | Randall K. | Oliver - son |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR OF PERSON A | Cajon Bly | EALI | CHMA LICENSE HUMBER | 877 S. Sand | alwood Street |
| Lewis Colon | | go, CA 921 | | F-480 | Blookington | , CA 92316 |
| 1 | TYPE OF PER | MIT, CHECK ONLY | ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | |
| 1 BURIAL IIN | CLUDES ENTOMBMENTI | 5 DISINTER | MENT AND BURU | AL (INCLUDES | B DISINTERMENT AN | D REINTERMENT OF CREMATED ES INURNMENT) |
| 2 CREMATION | N AND BURIAL (INCLUDES INURNMENT) | | MENT CHEMATIC | N. AND BURIAL | | CREMATED REMAINS AND R THAN IN A CEMETERY |
| CEMETERY | N AND DISPOSITION OTHER THAN IN A | ☐ 7 DISINTER | MIENT CREMATIC | N. AND DISPOSITION | FOR CORONER'S USE ONLY | |
| 4 SCIENTIFIC | USE | Per 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | HAN IN A CEMET | | 10. DISPOSITION PEN | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | | | | San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | HERE REMAINS ARE | TO BE CREMATED | DATE CREMATED | SIGNATURE OF PERSON | IN CHARGE OF CREMATORY |
| BURIAL AT SEA OR SITION OTHER A & CEMETERY OF DISMATED REMAINS | ADDRESS, NEAREST POINT ON SHORE! | INE, OR OTHER DES | SCRIPTION SUFFIC | ENT TO IDENTIFY FINAL | PLACE AND COUNTY OF | DISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | CEIVING REMAINS | | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the peremains of the above named deceand I hereby acknowledge that to this permit gives no right of unrest | dent under provis espass and nuisar | ions of the Heal | th and Safety Code, and understand that | DATE SIGNED | NT |
| DCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAPETY COLAUTHORITY FOR THE DISPOSITION SPECIFIED. | DE AND IS THE | 3.00 | JUL 23 1987 | SIGNATURE OF LEGAL | Comes M.D. MAT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | 182 VILE SATES | SEGNA CHECK | Jan Jan | DISPOSITION LICEN DISPO | SE NUMBER OF CREMATED REMAINS SER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | | | | |

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



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| HALLAND | Carlotte Car | | | |
|--------------------------------|--|----------------------------------|-------------------|-------------------|
| | | Date: | 1101 | 87.19 |
| From It amens M. P. | Y ENAddress 5000 Propo | 2 mun Rd | 18 | 92121 |
| Xeven Hearley - | Tent w Tron | _ D | ollers (\$ _ | 71000 |
| In Sull Payment of Att | enert feer for ver | won II K | Her | er Dec |
| 1 on lely 2 | 4 of 11 Am. | | | |
| Lot 44 Grave | 6 RowS | ection_2 | 1 10 | Division Block |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care | 67007 77184 | |
| Acct. No | PER LA PRINCIPAL | 80% Sales of Lots Onening/ | 100 17184 — | 250 00 |
| w.o. E-6817 | 174 TO 18 | Opening/ Closing Buttal | 77181 | 175000 |
| BALANCE DUE | EST BLOWN AND AND AND AND AND AND AND AND AND AN | Containers Handling Fee | 77182 | 17000 |
| | | Recording & Misc. Fees | 77183 | 3500 |
| Pre-Need Lot At Need On Acct | m love | Pre-Need Trust | 83033 9022 — | 100 |
| Pre-need Trust Gash Check | Lade State | Sales Tax | 50101 78390 —— | 7000 |
| AC-212 (Rev. 11-86) 080/83 | ISSUED BY | TOTAL PAID | - 1 | 110 NV |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-22-87

| of one roy | Morrow | nains |
|---|---|----------|
| ina Leville A Fu | ineral, date, time free 7128 -0 | 100 |
| Church, Chapel, Graveside | ew Tento Caloxia Mon | tuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra energe will be ap | plied |
| and billed to undersigned. War time veteran . | () Nresp-off | |
| 17 11 | 17 | 1 |
| Lot Grave Row | Section | _ |
| Grave space & Care Fund DUNGS | Oc \$ Line (bee) | |
| Additional spaces and care fund | D-756/ | |
| | *************************************** | |
| Opening/Closing & Setup | | |
| Burial Container | | |
| Handling Fees | | |
| Flower vases - Marker setting fee | | - 60 |
| Recording and filing fee | | · CC |
| Sales taxes | | - 0 4 |
| will for the | Total Due | UT |
| A Paid re | eceipt number 35229 35 | 00 |
| 9)101 100 100 | Belance due | 0 |
| Je Se 50 | FIGURE STREET | |
| I hereby certify I am the and this is your authority to make disposition | of remains as above indicated. I certify and repr | |
| that I have the right to make this authorization any liability on account of said authorization a | and lagree to hold Mt. Hope Cemetery harmless | from |
| | | |
| I hereby authorize the interment in lot I | Signature | - |
| hold under deed. | Address | _ |
| Signature of recorded holder of deed | | |
| | | Zip Code |
| | Telephone | |
| | | |
| | Invoice # | |
| Work Order # E 6818 | Invoice # | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

| NAME OF DECEDEN | T | | SEX | DATE OF BIRTH | DATE OF DEATH | |
|--|--|--|--|--|--|--|
| | LEE ROY MORROW | | Male | July 8, 1901 | July 21, 1987 | |
| PLACE OF DEATH—CITY OR TOWN San Diego San Die | | | IOR STATE IF NOT IN CALIFORNIA | Self: By Pre-Need | | |
| | s of funeral director for Person a colonial/Benbough | Arrangement | | | | |
| | TYPE OF PER | MIT, CHECK ONLY ONE O | F THE FOLLOWING TYPES C | OF DISPOSITION | | |
| I BURIAL (IN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AN | D BURNAL (INCLUDES | 8. DISINTERMENT AND REMAINS UNCLUDES | REINTERMENT OF CREMATED | |
| | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CE | EMATION, AND BURIAL MENT) | 9 DISINTERMENT OF CONTROL OF CONT | REMATED REMAINS AND THAN IN A CEMETERY | |
| CEMETERY 4 SCIENTIFIC | | 7 DISINTERMENT, CA | EMATION, AND DISPOSITION CEMETERY | FOR CORON | NER'S USE ONLY | |
| TERMENT | NAME AND ADDRESS OF CEMETERY V | | er water to be a second to the | RED CO | DUNTY | |
| CREMATION | NAME AND ADDRESS OF CREMATORY OF | WHERE REMAINS ARE TO BE CA | EMATED DATE CREMATED | SIGNATURE OF PERSON I | San Diego N CHARGE OF CREMATORY | |
| OR OR OTHER THAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINTSHOPE | O'DR ON DESCRIPTION | SUFFICIENT TO IDENTIFY FINA | A PLACE AND COUNTY OF D | ISPOSITION. | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY BEI | CEIVING REMAINS | | | | |
| ACKNOWLEDGMENT , DF APPLICANT | This is to certify that I am the per remains of the above named deci and I hereby acknowledge that to this permit gives no right of unres | edent under provisions of the resposs and nuisance laws | ne Health and Safety Code, apply and understand that of owned by me. | DATE SIGNED | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED. | DE AND IS THE | PAID JUL 2719 | ST. Coroll | Carros M.S. M | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | CEPTIFY THAT THE SPECIFIED THE | SIGNATE SIGNATE | COSWELLER | DISPOSITION LICENSE DISPOS | NUMBER OF CREMATED REMAIN ER, IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | | |

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



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

| From: | 16/ | Address: 520/ | Date: | d = 10 |
|---|-----------|-----------------------------------|---|--|
| InPaymer | nt of | 200 | | Dollars (\$ 25.00 |
| Lot | Grave | Row | Section | Division Block |
| Acct. No | | NOT VALID FOR PURPOSE STATED UNLE | SS STAMPED CREDIT 20% Sales Care 90% Sales of Lots Opening/ Closing Burier Containers Handling Fee Recording & Misc. Fees | 67007 77184 100 77184 100 77181 100 77182 100 77183 |
| Pre-Need Lot At Need Pre-need Trust Cash Cash | On Acct C | ISSUED BY CHAP / CA | Pre-Need Trust Sales Tas TOTAL PAID | 63033 6022 60101 78390 |

MT. HOPE CEMETERY

INTERMENT ORDER

#6 hmi

City of San Diego

Date 7/22/87

| You are hereby authorized and instructed, subje | ect to your cules and regulations, to in | ter the remains |
|--|--|-----------------|
| of Plances Jourse | The son | 1 |
| in a Sell fune Fun | eral, date, time 121-21M. | - mon |
| Church, Chapel, Graveside Church | S. Hagstell | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. of | f regular work day or an extra charge | will be applied |
| and billed to undersigned. War time veteran - | NO. | |
| 1150 41 - | 2 | 17 |
| Lot 153 Grave 7 Row | Section Division/B4 | 12 - |
| Grave space & Care Fund | | 4950 |
| Additional spaces and care fund | com Reserved | |
| Opening/Closing & Setup | - 1 | 32000 |
| Burial Container Countiline | -#6(50) | 100 00 |
| Handling Fees | | 146: |
| | (30) | - |
| Flower vases - Marker setting fee | | 3500 |
| Recording and filling fee E. | ******************************** | 100 |
| Saled taxes | | 110100 |
| JUL 22 1987 | 70tal Due | 1/01 00 |
| MT. HOPE CEMETERY | eipt number O TOTE | 1101.00 |
| CITY of SAN DIEGO, CALIF. | AL 34-85 X - | 500 |
| I hereby certify I am the Dau | sliter of the above n | amed decedent |
| and this is your authority to make disposition of that I have the right to make this authorization a | | |
| any liability on account of said authorization ar | nd interment. (Kotaster J. 1 | homphine |
| I hereby authorize the interment in lot I | - Kotaster J. T | homotins |
| hold under deed. | 3873 UAN DUK | #6 |
| Signature of recording legister of dead | SAN DIECO C | A 92105 |
| un Ja | 5. 586 - 61 Junes | 339 Zo Code |
| or the Mad | Telephone | |
| 1100 | Impeles # | |
| E 6819 | Invoice # | |
| Work Order # BOLD | Acct. # | |

€6819

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | T. | | | SEX | DATE OF BIRTH | | DATE OF DEAT | н |
|---|--|--------------------------------|---------------------------------------|---|-----------------|------------|-----------------|--------------|
| | FRANCES LOUIS | E ROBERS | ON | Female | Nov. 7. | 1942 | July 18 | 1987 |
| PLACE OF DEATH- | | | | STATE IF NOT IN CALIFORNIA | NAME AND ADD | RESS OF SP | OUSE ON OTHER | INFORMANT |
| | San Diego | | San Die | | | | rson - Dat | |
| March College College Inc. | SS OF FUNERAL DIRECTOR ION PERSON AC | | 575 | ALIFORNIA LICENSE NUMBER | | | Blvd. Apt | |
| Angerson-K | agsdale Mort.: San D | CONTRACTOR OF STREET | | 1329 | | ego, La | lifornia | SELENDA |
| | TYPE OF PERA | AIT, CHECK O | NLY ONE OF TH | E FOLLOWING TYPES O | OF DISPOSITION | | | |
| XI 1. BURIAL (IN | CLUDES ENTOMBMENT) | | VTERMENT AND BU | RIAL INCLUDES | | ENT AND RE | INTERMENT OF C | REMATED |
| | N AND BURIAL (INCLUDES INURNMENT) | | ITERMENT, CREMA LUDES INURNMENT | TION, AND BURIAL | | | MATED REMAINS | |
| GEMETERY 4 SCIENTIFIC | | | ITERMENT, CREMA ER THAN IN A CEM | TION, AND DISPOSITION LETERY | FOR DISPOSITION | | R'S USE ONL | Y |
| INTERMENT | Control of the Contro | San Diego | o, Callfor | nia; AZFLin L | uther King | Jr.WY. | | Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | , Leves | Lock | | > | | HARGE OF CREM | ATORY |
| BURIAL AT SEA OH DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | N/A Craying Start | Leader 2X. | DESCRIPTION SUF | HG | Bell L | NE DISP | OSITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECI | EIVING REMAINS | | - | | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest | dent under pr espass and nu | ovisions of the H isance laws appl | ealth and Safety Code, y and understand that | SIGNATURE OF A | PPLICANT | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COS AUTHORITY FOR THE DISPOSITION SPECIFIED IS | FANO IS THE | AMOUNT OF FEE PAI | JUL 2 4 1987 | SIGNATURE OF L | L. Com | TRAR ISSUING PE | emm |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISCONTINUOUS MADE ON | \$7/87 | | PERSON IN CHARGE OF | POSITION 4 | | IF APPLICABLE | ATED REMAINS |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DE | АТН | | | | | |

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

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From Sotastar Thore There Hungan | 1284-3151 Applinadress: 3873 Van P | Date: 7/22 Super#6 & France & Rob | 101 00 Just |
|-------------------------------------|--|--|-------------------|
| Lot 153 Grave_ | Row Se NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID' IN THIS SPACE | OREDIT STOOT 77184 | Division /2_Block |
| Acct. No. W.O. E-6819 BALANCE DUE | | 80% Sales 100 of Lots 77184 — 100 Clasing 77181 — 100 Containers 77182 — 100 Handling Fee 77183 — 100 Feecording & 100 100 Feecording & 100 Fe | 32000 |
| Pre-Need Lot | 159UED EN SEWELLE | Recording & 100 | 600 |

WHITE TO CUSTOMER CANARY CEMETERY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| From: Rotaster 5: The | MOUNT HOPE CEMETERY 264-3151 MOUNT HOPE CEMETERY 264-3151 | Date: 7/2 | 27/87.19 D. 92/05 ars (\$ 50.00 |
|--|---|--|--|
| Lot 153 Grave | Lige Opening Se | action 2 | Division /)_ |
| Pre-Need Lot Pre-need Trust Cash Check AC-212 (Rev. 11-86) | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | e0's Sales of Lots Opening/ Closing Burtal Containers Handling Fee Recording & Misc. Fees Pre-Need Trust | 77007 77184 100 77184 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77184 100 77185 77185 100 77185 100 77185 100 77185 100 77185 100 7718 |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-22-87

| OF DAMES DACCIO | OT STATEN |
|--|--|
| ina Lines | Funeral, date, time FRI - 2! PM 244 |
| Church, Chapel, Graveside | Ragsda Oc Morte |
| All Funeral cars must arrive before 3:30 p | p.m. of regular work day or an extra charge will be app |
| and billed to undersigned. War time veter | |
| Contract Con | 10 10 |
| ot <u>668</u> Grave <u>2</u> Row _ | Section Division/Block |
| Grave space & Care Fund | 250 |
| | |
| Additional spaces and care fund | 220 |
| | 320 |
| Burial Container | 100. |
| landling Fees | |
| lower vases - Marker setting fee | |
| lecording and filing fee | 35 |
| Sales taxes | _ 6. |
| | Total Due |
| Pa | id receipt number 34 8 4 9 8 56. |
| | Balance due |
| | A _/ |
| hereby certify I am the Dave | alter of the above named dece |
| and this is your authority to make disposit | fon of remains as above indicated. I certify and repre frion and I agree to hold Mt. Hope Cemetery harmless I |
| any liability on account of said authorizati | ion and interment. |
| | Couly Duo |
| hereby authorize the interment in lot I nold under deed. | Signature & Da La da |
| | hooses of the same of the |
| | |
| grature of recorded holder of dead | Los angele, Colif |
| grature of recorded holder of dead | Sun 90047 Calif |
| 8079371 | State 90047 Telephone |
| 8079371 | State 900 47 Telephone 213-779-8411 Invoice # |

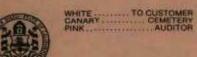
E 6820)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | T | | SEX | DATE OF BIRTH | DATE OF DEATH |
|--|---|---|---------------------------|--|---|
| | JAMES DALLI | OT STATEN | Male | Nov. 4, 1919 | July 18, 1987 |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH—COUNTY ION S | TATE IF NOT IN CALIFORNIA | NAME AND ADDRESS OF | SPOUSE OR OTHER INFORMANT |
| N | ational City | San Die | M | | Dyer - Daughter |
| Anderson-R | agsdale Mort.: San | Federal Blvd. | 1329 | The state of the s | Denker Avenue es. California 900 ¹ |
| ef | TYPE OF PERA | AIT, CHECK ONLY ONE OF THE | FOLLOWING TYPES OF | FDISPOSITION | |
| M SURIAL IIN | CLUDES ENTOMBMENTI | D 5 DISINTERMENT AND BUR ENTOMBMENT) | AL INCLUDES | B DISINTERMENT AND REMAINS (INCLUDES | REINTERMENT OF CREMATED |
| | N AND BURIAL (INCLUDES INLIRNMENT) | 6 DISINTERMENT, CREMATI (INCLUDES INVRNMENT) | ON, AND BURIAL | DISINTERMENT OF CONSPOSITION OTHER | REMATED REMAINS AND THAN IN A CEMETERY |
| ☐ 4 SCIENTIFIC | N AND DISPOSITION OTHER THAN IN A USE | 7 DISINTERMENT, CREMATI OTHER THAN IN A CEME | | FOR CORON | NER'S USE ONLY |
| INTERMENT | | San Diego, Califor | nia | | San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO BE CREMATE | D DATE CREMATED | SIGNATURE OF PERSON II | N CHARGE OF CREMATORY |
| BURGAL AT SEA OR DISPOSITION OTHER THAN IN A CHMPTERY EMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | INE. OR OTHER DESCRIPTION SUFFI | CIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF D | ISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EFVING REMAINS | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre | dent under provisions of the Hea | olth and Safety Code, | DATE SIGNED | |
| * s | this permit gives no right of unrest | ricted access to property not awa | ned by me. | | |
| LCCAL REG. TRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COC AUTHORITY FOR THE DISPOSITION SPECIFIED IN | HE AND IS THE 3.00 | JUL 22 1987 | SIGNATURE OF LOCAL RE | GISTRAN ISSUING MERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | SHIP SIGNATURE OF | DEFISION IN CHARGE OF L | ticense bispos | E NUMBER OF CREMATED REMAINS ER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | |
| | | | | | |

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



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

| | | | | Date: | -22 | | -87 |
|--|-------------|--------------------|--------------------------|--|--------------------------|----------|-----|
| From: EVECYN I | HER | Address:_ | 10405 S. I | EDKER A | UE | The same | |
| EIGHT HUNDON | ED FIFT | Y SIX DO | LARS AUD! | xx/100 E | ollars (\$ | 856,00 |) |
| In Full Paym | ent of LITE | RMENT | OF JAMES | DALLIOT | STAT | EN | - |
| | | | | | | | |
| Lot 68 | Grave | 2 | Row | Section 2 | | Division | |
| Invoice No. | 3310100 | NOT VALID FOR PURP | OSE STATED UNLESS STAMPE | The second second | 67007 77184 — | 50 | _ |
| | | PAID IN THIS SPACE | | 20% Sales Care 60% Sales of Lots | 100 | 200 | |
| Acct. No. | | 1-3-01 | | Opening/ Closing | 77181 — | 320 | 00 |
| WO E6820 | | 1015 THE | | Burial Containers | 77182 — | 100 | |
| BALANCE DUE | | Down RE | | Handling Fee | 77183 — | 145 | = |
| | - | - LETTER | | Recording & Mac. Fees Pre-Need | 77183 — | 35 | |
| Pre-Need Lot ☐ At Need ☐ Pre-need Trust ☐ Cash ☐ | On Acct | 10 2 3 | | Trust Sales Tax | 63033 9022 — 60101 | 6 | |
| Pre-need Trust U Cash | CHECK L | ISSUED BY What | 6 Ca Teagre | TOTAL PAID | 60101 78390 — | | ~ |
| AC-212 (Rev. 11-86) | | INSULID OF STREET | 11 | GUALTAID | 200 | 856 | 00 |



Invoice No.

From.

WHITE TO CUSTOMER CEMETERY CANARY ... CEMETERY PINK AUDITOR

Grave.

SUED BY

Payment of

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

Row

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

Date Dollars (\$ Division Section. Blook CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burrat. 100 Containers 77182 100 Handling Fee 77185 Ascording & 100 120 77183 Pos-Need 63033 9022 Trust Sales Tax 60101 78390 TOTAL PAID

| W.O. | E | - | 6 | 32 | 0 | |
|--------|-----------|-------|---------|----|---------|---|
| BALA | ANCE DO | JE _ | - | - | | |
| Pre-N | leed Lot | 0 , | At Need | T | On Acct | 0 |
| Pre-ni | ed Trust | 0 | Cash | | Check | d |
| | S (Hay 10 | 3-871 | | 16 | 546 | 5 |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7/22/87

| You are hereby authorized and instructed, sub | ject to your rules and regulations, to inter the remains |
|--|---|
| of Karen and Letwon | Twens (roun 7/20 |
| ina mone Fu | neral, date, time Then - AM (IAN |
| Vault/Liner | 1.10 Mailes |
| Church, Chapel, Graveside | Mortuary Mortuary |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran . | No. |
| 1711 | 1 0 |
| Lot / / Grave _ Row _ 7 | Section Division/Block |
| | 10/00 |
| Grave space & Care Fund | |
| Additional spaces and care fund | no - |
| Opening/Closing & Setup | 5900 |
| | none |
| Burial Container | |
| Handling Fors | |
| Flower vases - Marker letting ice | *************************************** |
| Recording and filing fee. | 3500 |
| Sales taxes | |
| MT. HOPE CEMETERY | 19900 |
| CITY of SAN DIEGO, CALIF. | Total Due |
| Paid re | ceipt number 37070 /99 |
| | Balance due |
| | |
| I hereby certify I am the | of the above named decedent |
| that I have the right to make this authorization | of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from |
| any liability on account of said authorization a | and interment. |
| | + Manage Mc Romoel |
| I hereby authorize the interment in lot I hold under deed. | Signature 3 A A March 1 |
| | Address Address All Colle |
| Signature of recorded holder of deed | Den Balo, Ca 42411 |
| | > 714-884-8506 ZID COOK |
| | Telephone |
| | |
| E 0001 | Invoice # |
| Work Order # E 6821 | Acct. # |

PERMIT FOR DISPOSITION OF HUMAN REMAINS E (82)

| | 1 | ISE BLACK INK-MAKE NO ALTE | RATIONS OR ERASURI | ES | |
|---|--|---|--|-------------------------------------|---|
| NAME OF DECEDEN | Karen Brown | | Female | July 19,1987 | July 19,1987 |
| San Dieg | | PLACE OF DEATH—COUNTY FOR ST. San Diego | ATE # NOT IN CALIFORNIA | Karen Y. Brow | |
| | S OF FUNERAL DIRECTOR OF PERSON ACTUARY 2859 Adams Av. | | 1424 | San Diego, CA | |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF THE P | COLLOWING TYPES OF | F DISPOSITION | |
| XXX 1 BURIAL IIN | CLUDES ENTOMBMENTI | 5 DISINTERMENT AND BURIA ENTOMBMENT) | L (INCLUDES | B DISINTERMENT AND REMAINS UNCLUDES | REINTERMENT OF CREMATED INURNMENT) |
| ☐ 2 CREMATION | N AND BURIAL (INCLUDES INURNMENT) | 6. DISINTERMENT, CREMATION INCLUDES INURNMENT | N, AND BURIAL | DISPOSITION OTHER | REMATED REMAINS AND THAN IN A CEMETERY |
| ☐ 3 CREMATION CEMETERY | N AND DISPOSITION OTHER THAN IN A | 7. DISINTERMENT, CREMATIO OTHER THAN IN A CEMETE | | FOR CORON | NER'S USE ONLY |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | The state of the s | 77.7 | en Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO BE CREMATED | DATE CREMATED | SIGNATURE OF PERSON II | N CHARGE OF CREMATORY |
| BURIAL AT SEA OR DESPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | N/A Sturfow | I AM | ~ | PLACE AND COUNTY OF D | SPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FAMILITY HED | Coth Twing can | line | PICE THE | St. Annual St. |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest | dent under provisions of the Heal espass and nuisance laws apply a | th and Safety Code, and understand that | SIGNATURE OF APPLICANT DATE SIGNED | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED I | DE AND IS THE | JUL 23 19 | SIGNATURE LOCALE | Canvas M.S. MAT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED 7 | | Shu The | | NUMBER OF CREMATED REMAINS ER, IF APPLICABLE |
| IF DISPOSITION IS - TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAN OF | COUNTY OF DEATH. | 0 | | |

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

PERMIT FOR DISPOSITION OF HUMAN REMAINS E (87)

| | U | SE BLACK INK-MAKE NO ALTER | RATIONS OR ERASURE | S | |
|---|--|--|---|--|--|
| NAME OF DECEDEN | Dawn Brown | | Female | July 19,1987 | July 19,1987 |
| San Die | EURES (10-2007) | PLACE OF DEATH—COUNTY IDENTIFY Sen Diego | ATE IF NOT IN CALIFORNIA) ORNIA LICENSE RUMBER | Karen Y. Brow 3622 Steele | A STATE OF THE STA |
| | Mortuary 2859 Adams Av | Alexander and the second secon | 1424 | San Diego, C | |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF THE F | OLLOWING TYPES OF | DISPOSITION | |
| XXX BURIAL (IN | CLUDES ENTOMBMENT) | 5. DISINTERMENT AND BURIA ENTOMBMENTI | L INCLUDES | B DISINTERMENT AND REMAINS (INCLUDE | D REINTERMENT OF CREMATED S INURNMENT! |
| | N AND BURIAL INCLUDES INURNMENTI | DISINTERMENT, CREMATION (INCLUDES INURNMENT) | N, AND BURIAL | | CREMATED REMAINS AND R THAN IN A CEMETERY |
| ☐ 4 SCIENTIFIC | | 7 DISINTERMENT, CREMATION OTHER THAN IN A CEMETE | | FOR CORO | NER'S USE ONLY |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | | | OUNTY San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO BE CREMATED | DATE CHEMATED | SIGNATURE OF PERSON | IN CHARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF DREMATED REMAINS | N/A Laure | me Cash | twenty final | A DESIGNATION OF THE PARTY OF T | DISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY FEC | EIVING REMAINS | Carlet | no lu | <u>ui</u> |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre this permit gives no right of unrest | dent under provisions of the Healt response and nuisance laws apply a | th and Safety Code, and understand that | SIGNATURE OF APPLICAN DATE SIGNED | NT . |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | EMOISTH 3.00 | JUL 23 1987 | SIGNATURA FLOWER | GISMUR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS LAST ON THE | 33/87 SIGNATURS P | ENSON UT CHARGE DE C | DISPOSITION LICENS | SE NUMBER OF CREMATED REMAINS SER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF BEATH | | | |

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

| John Noce | M- 0.26 | To lan |
|--|--|---------------|
| Vault/Liner Fu | ineral, date, time #1071, 7:30 | 1121 |
| hurch/Chapel, Graveside | Do Caly Clerk | 1 Morrus |
| Il Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge | will be appli |
| nd billed to undersigned. War time veteran | - Davi - oney | |
| 122 7 | Section 2 Division/840 | . 11 |
| Grave Row | Section Division/Blo | ck-// |
| rave space & Care Fund | | _55 |
| dditional spaces and care fund | | |
| pening/Closing & Setup | | 90 |
| urial Container | | |
| andling Fees | | |
| lower vases - Marker setting fee | | |
| | | |
| ecording and filing fee | | |
| ales taxes | | 410 |
| 1 11/1/1 | | 160 |
| 2 st 2 1464 | Total Due | 143 |
| 1 # 3 4464 Paid ri | Total Due | 773 |
| 7 # 3 4464 Paid ri | A RESIDENCE OF THE PROPERTY OF | |
| 100 | eceipt numberBalance due | |
| nereby certify I am the | Balance due of the above na of remains as above indicated. I certify | emed deced |
| nereby certify I am the | Balance due of the above na of remains as above indicated. I certify and I agree to hold Mt. Hope Cemetery | emed deced |
| nereby cartify I am the | Balance due of the above na of remains as above indicated. I certify and I agree to hold Mt. Hope Cemetery | emed deced |
| nereby cartify I am the | Balance due of the above na of remains as above indicated. I certify and I agree to hold Mt. Hope Cemetery | emed deced |
| nereby certify I am the | Balance due of the above na of remains as above indicated. I certify and I agree to hold Mt. Hope Cemetery and interment. | emed deced |
| nereby certify I am the | Balance due of the above na of remains as above indicated. I certify and I agree to hold Mt. Hope Cemetery and interment. | emed deced |

Work Order # ____ PY-883 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6822

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | | OC DEPICE HAR M | MAL THO METER | THORSE ON CHASCING | | - | |
|--|---|---------------------------------------|------------------------------|---|--------------------------|--------------|--|
| E OF DECEDEN | | | | SEX | DATE OF BIRTH | | DATION DEATH |
| THE RESERVE OF THE PARTY OF THE | Doe CC#2324-86 | | | Male | Uni | £. | 11-11-1986 |
| PLACE OF DEATH- | DITY OR TOWN | PLACE OF DEATH- | COUNTY HUM STA | TE IF NOT IN CALIFORNIA | NAME AND ADDR | | USE OR OTHER INFORMANT |
| E1 Ca | ajon | San Di | ego | | PUBLIC | ADMINI | STRATOR |
| NAME AND ADDRESS OF FUNERAL DIRECTOR ION PURSON A CALIFORNIA CREMATION & BUE | | | | F-1357 | 5201-A San Die | Ruffingo, CA | |
| | TYPE OF PERA | AIT, CHECK ONLY | ONE OF THE F | OLLOWING TYPES OF | DISPOSITION | | |
| E 1 BURIAL IIN | CLUDES ENTOMBMENT) | 5 DISINTERM ENTOMBM | ENT AND BURIAL | INCLUDES | | NT AND REIN | (TERMENT OF CREMATED RNMENT) |
| | AND BURIAL (INCLUDES INURNMENT) | | ENT, CREMATION INURNMENT) | , AND BURIAL | | | ATED REMAINS AND IN IN A CEMETERY |
| ☐ 4 SCIENTIFIC | AND DISPOSITION OTHER THAN IN A | 7. DISINTERM OTHER TH | ENT. CREMATION | , AND DISPOSITION | FOR CORONER'S USE ONLY | | S USE ONLY |
| La -4 SCIENTIFIC | USE | | | | ☐ 10 DISPOSITION PENDING | | |
| INTERMENT | Mount Hope Cemet NAME AND ADDRESS OF CREMATORY W | ery 3751 | Market | Street San | Diego, C | | Sales and the sa |
| BURIAL AT SEA OR DISPOSITION CITHER THAN IN A CLIMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | Botton | AIPTION SUFFICI | NT TO IDENTIFY FINAL | PLACE AND COUN | TY OF DISPO | SITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECO | EIVING REMAINS | 1 | Porte | ul Boad | Bett | on - Doublides |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named deco- and I hereby acknowledge that the this permit gives no right of unrest | dent under provisionspass and nuisano | e laws apply or | n and Safety Code, and understand that | DATE SIGNED | PPLICANT | ~ |
| LOCAL REGISTRAR | THIS PERMIT IS IDSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | L AMO IS THE | \$3-00 | JUL 2 3 1987 | SIGNATURE OF LO | IL.C. | MAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | 27/87 I | Seoy | HISON IN CHANGES OF C | DISPOSITION | | MBER OF CREMATED REMAIN FAPPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | | | |

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

| Ď | Date / O / |
|---|--|
| You are hereby authorized and instruc | sted, subject to your rules and regulations, to inter the remains |
| of Jevery | Thoses (No |
| ing list week | Funeral, date, time lipes 3gm. 7728 |
| Church Chapel, Graveside AUAU | & Mariston, Dumphrey Mortuary |
| All Funeral cars must arrive before 3:3 | 30 p.m. of regular work day or an extra charge will be applied |
| and billed to undersigned. War time v | eteran *** |
| 101 3/ Grave 3 Bow | Section Division/Stock 3 |
| Right side | |
| Grave space & Care Fund | |
| Additional spaces and care fund | 45 |
| Opening/Closing & Setup | |
| Burial Container | 40 |
| Handling Fees | |
| Flower vases - Marker setting fee | |
| Recording and filing fee | 35 |
| | 2.9 |
| Elastellilow | Total Due 29d.4 |
| FRATEWIST | Paid receipt number 3483/ 846-90 |
| FRA | Balance due |
| I hereby certify I am the | of the above named decedent |
| and this is your authority to make disp that I have the right to make this autho | position of remains as above indicated. I certify and represent prization and I agree to hold Mt. Hope Cemetery harmless from |
| any liability on account of said author | ization and interment. |
| I hereby authorize the interment in los hold under deed. | 1332 N. Calmace On |
| Signature of recorded holder of deed | - Jan Diego, CH 92116 |
| | State Q / ZB Coo |
| | Telephone |
| | Invoice # |
| Work Order # E 6823 | Acct.# |
| PY-592 (REV. 8-66) | 5000.11 |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

F 6823

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| White or property | | | Terv | DATE OF BIRTH | Later on agree | |
|--|--|--|--|--|--|--|
| NAME OF DECEDENT | | | SEX | TOTAL | DATE OF DEATH | |
| | Y TREMAIN MISER | | Male | June 27, 1904 | July 23, 1987 | |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH-COUNTY | | The state of the s | OUSE OR OTHER INFORMANT | |
| | Diego | San Die | go | Mildred L. Mi | | |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR OR PERSON | CTING AS SUCH | CALIFORNIA LICENSE NUMBER | 4332 North Ta | lmadge Drive | |
| Humphney Cl | nula Vista Mortuary- | hula Vista, CA | F-964 | San Diego, CA | 92116 | |
| | | MIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES OF | DISPOSITION | | |
| 1 BURIAL IN | CLUDES ENTOMBMENT) | 5. DISINTERMENT AND ENTOMBMENT) | BURIAL (INCLUDES | 8. DISINTERMENT AND RE- | | |
| KK 2 CREMATION | N AND BURIAL (INCLUDES INURNMENT) | B. DISINTERMENT, CREMINCLUDES INURNIME | | 9. DISINTERMENT OF CREATION OTHER TH | | |
| CEMETERY | Smith Company | 7. DISINTERMENT, CREM | 7. DISINTERMENT, CREMATION, AND DISPOSITION FOR CORONER'S USE ON | | | |
| 4 SCIENTIFIC | USE | | | 10. DISPOSITION PENDING | | |
| INTERMENT | Mt. Hope Cemetery | | REMAINS ARE TO BE INTERRE | 0.7500 | an Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY V Leneda, Inc 14065 Olde Highway | | DATE CHEMATED | SIGNATURE OF BERSON IN C | CHARGE OF CREMATORY | |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHORE | LINE. OR OTHER DESCRIPTION S | UFFICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DISP | OSITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | CEIVING REMAINS | | * | | |
| ACKNOWLEDGMENT This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, | | | Health and Safety Code, | SIGNATURE OF APPLICANT DATE SIGNED | ** | |
| APPLICANT | and I hereby acknowledge that the this permit gives no right of unres | MATERIAL CONTRACTOR OF THE PARTY OF THE PART | | DATE SIGNED | | |
| LCCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE | JUL 2 7 198 | SIGNATURE OF LOCAL REGIS | BORAGE M.D. | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | SPOSIS WIS SPECIFIED 7 | SE/87 SIGNACO | OF PERSON NICHARGE OFF | | UMBER OF CREMATED REMAINS IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADORESS OF RECOUNTAR OF | COUNTY OF DEATH | 100 100 | Managard and 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.



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY 284-3151

| In Payment of | Address 4332 N. J. | Date: | ollars (\$ | S. S | 10, |
|---------------|---|---|--|--|-----|
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lota Opening/ Closing Burtal Containers Handling Foe | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77183 — | Division Block | 3 |
| Pre-Need Lot | 155WED BY CALL WORLD | Piscording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID | 77183 — 63033 — 9072 — 60101 78390 — | 242 | 90 |

WHITE TO GUSTOMER CANARY CEMETERY PINK AUDITOR

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

| 8.1 | 0 | - | ~ | ~ | PA | ~ | |
|-----|---|-----|------|----|----|----|--|
| EQ. | u | 100 | Bes. | 96 | 8 | ъ. | |
| K.M | 0 | v | O | O | U | G. | |
| | | | | | | | |

| From Muser | Address: 433.2 | 11. January | chi San lee |
|--|--|---|---|
| In Payment of | Yave Cup | you gen | ollars (\$ 15.95) |
| *Lot Grave | 8 Row_ | C/Ty Section | Division 3 |
| Invoice No | NOT VALID FOR PURPOSE STATED UN "PAID" IN THIS SPACE. | OCT 3 7 80% Sales | 77184 |
| wo. 8-6623 | | 96 Gening Bural Containers | 100 77181 100 77182 100 |
| Pre-Need Lot At Need On Acct | 7 | Handling Fee Recording & Misc. Fees Pra-Need | 100 77185 100 77183 63033 9022 |
| Pre-need Trust Cash Check AC-212 (Rev. 10-87) | ISSUED BY SOUND | Soles Tax | 9022 50101 78390 \$ 15 72 |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-24-87

| and the second of the second | | | | |
|--|--|--|------------------------|-----------------|
| You are hereby authorized an | d instructed, su | inject to your rules a | nd agulations, to inte | er the remains |
| of A septe | 000 | · Sasi | May 7/2 | n 0. |
| in a Weeble Vaun/Lines | | uperal, date, time | | 1 79m |
| Church, Chapel, Graveside | MULEUR | | ungheey | reror tubity. |
| All Funeral cars must arrive | efore 3:30 p.m | of regular work da | y or an extra charge v | will be applied |
| and billed to undersigned. W | ar time veterar | <u>p </u> | | |
| A20 | The state of the s | 2 1 | 2000 - 200 | . 10 |
| Long Linke | Row | Section | Division (Bloc | *-/- |
| Grave space & Care Fund . | | | | _60 |
| Additional spaces and care f | und | | | |
| Opening/Closing & Setup . | | | | 320 |
| Burial Container | *********** | | | 230. |
| Handling Fees | | | | 320 |
| Flower vases - Marker setting | g fee | | | |
| Recording and filing fee | | | | 350 |
| Sales taxes | | | | 19.8 |
| | | Tota | Due | 1084.8 |
| | Paid | receipt number 3 | 4852 | 1089.80 |
| | | र्व | 985 9 Balance due | 6 |
| | 0 | | | |
| I hereby certify I am the and this is your authority to r | nake dienceitin | n of remains as abo | of the above na | med decedent |
| that I have the right to make t | his authorization | on and lagree toyhold | Mr. Hope Cemetery | harmless from |
| any liability on account of sa | io authorization | and intermedia | 2// | |
| I hereby authorize the interm | nent in lot I | 1/1/10 | m K. E | auch |
| hold under deed. | | 223 | 9 CITEUS | fue. |
| Signature of recorded holder of deed | | Sant | Diago C | A. 9204/ |
| Dood 1142 | 8 | State | A. | Ilip Code |
| The state of the s | | Talaphore | | 7-573 |
| 1 | | Invoice # _ | | |
| Work Order # E 682 | 4 | 100000000000000000000000000000000000000 | | |
| PY-593 (REV. 8-85) | | Acct.# — | | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

E6824

| GENARO V. BANDA | | | Male | 09-20-191 | 1 July 23, 1987 |
|---|---|--|---|---------------------|---|
| PLACE OF DEATH—CITY OR FOWN Chule Vists NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSONNEL) | | | Diego | Matilde 2239 Cit | rus Avenue |
| Humphiley Cl | hula Vista Mortuary-C | hula Vista, CA | F-964 | San Dieg | o, CA 92154 |
| | TYPE OF PER | MIT, CHECK ONLY ONE OF T | HE FOLLOWING TYPES OF | DISPOSITION | |
| 1 DURIAL (IN | CLUDES ENTOMBMENT) | B DISINTERMENT AND 8 | URIAL IINCLUDES | B DISINTERMEN | NT AND REINTERMENT OF CREMATED |
| _ | N AND BURIAL UNCLUDES INURNMENT) | 6 DISINTERMENT, CREM. | | 9 DISINTERMEN | NT OF CHEMATED REMAINS AND OTHER THAN IN A CEMETERY |
| GEMETERY 4 SCIENTIFIC | | 7. DISINTERMENT, CREMATION, AND DISPOSITION | | FOR C | CORONER'S USE ONLY |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | 3751 Market St | | D | San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORS A | WHERE TEMAJORS OF TRUSTON | TED DATE CREMATED | SIGNATURE OF PE | RSON IN CHARGE OF CREMATORY |
| BLRIAL AT SEA OR DISPOSITION OTHER WAN IN A CEMETERY CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHORE | Bollon of | CM COMPANIE | PLACE AND COUNT | Y OF DISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | , | 74.6 | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the perential remains of the above named deceand I hereby acknowledge that to this permit gives no right of unrest | dent under provisions of the I espass and nuisance laws app | Health and Safety Code, ally and understand that | SIGNATURE OF AP | PLICANT |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COO AUTHORITY FOR THE DISPOSITION SPECIFIED # | DY AND IS THE | JUL 2 4 1987 | Nordil. | L Campal M.D. |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | THE SIGNATURE | OF PERSON IN CHARGE OF | | LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | | | |
| CORP O III DET | MIED DV THE GEOGRAPH CHARACT | OF THE OCCUPANCE OF THE OCCUPANCE OF | | | |

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

WHITE TO CLISTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY 264-3151

| From: 102. Sanda | Address 2239 ats | Date: Se | pollars (| Leen 10248 | A CO |
|------------------|--|---|--|-------------------|-----------|
| Lot 3883 Grave | Row S | ection | | Division Block | 10 |
| Acct. No | NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Cpening/ Closing Buriel Containers Handling Fee Recording & | 67007 77194 100 77184 100 77184 100 77181 100 77182 100 77183 | 320 330 330 | V 1 1 |
| Pre-Need Lot | Issued and Word | Misc Fees Pre-Need Trust Sales Tax TOTAL PAID | 77183 63033 9022 60101 78390 | 1024 | 200 |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From Meditale Park | Address: | Date: | 1-2 | 4 | 1987 |
|--|--|--|--|-------------------|------|
| InPayment of | 11/2 | ITY AUDITORP | ollars (\$ | 60.0 | 10, |
| | | UL 28 1987 | | | |
| Lot 1520 Grave. | Row S | ection | 1 | Division Block | 10 |
| Pre-need Lot At Need On Acct Pre-need Trust Cash Check | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID'IN THIS SPACE | CREDIT 20% Sales Core 80% Sales of Lots Opening Closing Burlai Containers Handling Fee Recording & Misc. Fees Fre-Need Trust Sales Tax | 57007 77184 — 100 77184 — 100 77182 — 100 77182 — 100 77183 — 100 7718 — | 6 | |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-27-87

| You are hereby authorized and instructed, sub | ject to your rules and r | egulations, to inte | r the remains |
|--|---|--|----------------|
| of 0 10- 0 + | | | |
| in a Double Crypt Fu | neral, date, time | | |
| Church, Chapel, Graveside | ; | | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or | an extra charge w | ill be applied |
| and billed to undersigned. War time veteran | | | |
| 100 | - | | 0 |
| Lot 517_ Grave Row | Section | Division/Bleel | -0 |
| Grave space & Care Fund The | eed | | -0 |
| Additional spaces and care fund | - | | |
| Opening/Closing & Setup | | | |
| N | | | 179.80 |
| Burial Container | | | 330.0 |
| Handling Fees | // | | -30 |
| Flower vases - Marker setting tee | // | ******* | 35 |
| Recording and filing fee | | | |
| Sales taxes | | | 17.00 |
| by . | Total Du | 10 | |
| Flaid re | eceipt number | | |
| | | Balance due | |
| | | | |
| I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization in | of remains as above in and lagree to hold Mt | of the above nar ndicated. I certify a . Hope Cemetery h | and represent |
| I hereby authorize the interment in lot I hold under deed. | Signature | | - |
| | Address | | |
| Signature of recorded holder of deed | State | | Zip Code |
| | Telephone | | |
| | Invoice # | | |
| Work Order # E 6825 | Acct. # | | |
| PV-603 (REV 8-85) | ACCL. II | | |

HAT HORE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-27-87

| You are hereby authorized and instructed, sut | oject to your rules and regulati | |
|--|----------------------------------|---------------------------|
| 2 11 | ineral, date, time Sat | 1P.M 8-1-87 |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an ext | The state of the state of |
| and billed to undersigned. War time veteran | | |
| Lot 5/7 Grave Row | Section 5 Div | rision/Plank 8 |
| Grave space & Care Fund | need | |
| Additional spaces and care fund | | |
| Opening/Closing & Setup | 320 = | 640.00 |
| Burial Container | | 330.00 |
| Handling Fees | | 220.00 |
| Flower vases - Marker setting fee Sat. | | 380.00 |
| Recording and filing fee | 35 = | 76.00 |
| Sales taxes | | 19.80 |
| Son Oliver Harrison | Total Due | 1759.80 |
| on Oliver 15 to all 18 | 34855 | 1404,80 |
| is to be put on Paid of Top of Expt. or of | Aderson 00 | lance due 3557 00 |
| if I cape non | errison | 355.06 |
| I hereby certify I am the | Clever Mother of the | above named decedent |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization | and lagree to hold Mt. Hope | |
| | f. 001 | lean Helican |
| I hereby authorize the interment in lot I hold under deed, | Signature 4 | to de la constant |
| When | Address P. Par | 00117 |
| Signature of recorded holder of dead | Simi 112 10 | Zip Code |
| O MELL | Telephone Telephone | d ha |
| harris 5 | 75 | 919X |
| A P E cose | Invoice # | 202 |
| Work Order # DO &D | Acct # 0 0 | 2020 |

CITY OF SAN DIEGO AUDITOR & COMPTROLLER REPORT NO. C65-102 PAID INVOICE REPORT BY DEPARTMENT AS OF 09/16/87

DATE: 09/16/87 TIME: 213718 PAGE: 8

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

| INV NO | INV | ACCT | CUSTOMER NA | AME | ORG | ACCT | J/0 | PAYM DATE OPER | PD PAYM BY REF NO BN/EQ FACILI | AMOUNT PAID | AMOUNT BILLED | UNPAID BALANCE |
|-----------|----------|--------|-------------|------------|-----|----------------|-------|----------------------|--------------------------------------|---------------------------|---------------|-------------------|
| 059698 | 08/21/87 | 023038 | LULA HARRIS | 50N 072 | | 77181 77183 | 00007 | | CA | 340.00 306.48 33.52 | 355,00 | PAID IN FULL |

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

340.00

E-6826

CITY OF SAN DIEGO AUDITOR & COMPTROLLER REPORT NO. C65-102 PAID INVOICE REPORT BY DEPARTMENT

DATE: 09/08/87 TIME: 220150

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

| INV NO | DATE | ACCT | CUSTOMER NAME FUND DEPT ORG | ACCT | JO DER BY REF NO PACILI | AMOUNT PAID | AMOUNT BILLED | UNPAID BALANCE |
|-----------|----------|--------|--------------------------------|----------------|----------------------------|------------------------|---------------|-------------------|
| 059698 | 08/21/87 | 023038 | LULA HARRISON | 77181 77183 | 000072 000072 000072 | 15.00 13.52 1.48 | 355.00 | PARTIAL PAYMENT |

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

15.00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| | | Date: | 7-2 | 7 | 180 |
|--|---|--------------------------------|---------------------------|------------|-----|
| From: LUC ADEAN | Address: 3719 JEAK. | St. S.D. | CA | 92113 | |
| ONE THOUSAND FOUR HO | NARED AND FOUR DOLLARS | AND \$/100 | ollars (\$ | 1404.8 | 0, |
| In Part Payment of INTE | EMENT OF SON OLIVE | 2 HAR | PISON | U WEL | UDE |
| DOUBLE CRYPT AND. | SECOND OPENING Y & | LOSING | + FIL | UNG FO | E |
| *Lot 517 Grave | RowS | ection 5 | 100 | Division S | 2 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care | 87007 77184 — | | |
| Acct. No | | -BOW Sales SA | 77186 | 380 | |
| w.o. E 6826 | | Opening/ Closing Burst | 77181 — 100 | 330 | |
| BALANCE DUE _ 355.00 | | Containers Handling Fee | 77182 — 100 77183 — | 320 | - |
| | STATE OF THE REAL PROPERTY. | Recording & Misc. Fees | 77183 — | 35 | - |
| Pre-Need Lot □ At Need □ On Acct □ Pre-need Trust □ Cash □ Check □ | At the said of the | Pre-Need Trust Sales Tax | 9022 60101 | 355 | 20 |
| Pre-need Trust U Cash AC-212 (Rev. 11-86) | ISSUED BY Wardy Jo Frague | TOTAL PAID | 78390 — | 1404 | 80 |

GENE E. WHATLEY AGENCY

P.O. BOX 178 Cemetery Broker BONITA, CALIFORNIA 92002

Telephone:264-7995

TRANSFER INFO FORM

| dated Ma | ertificate number 11396 from Mount Hope Memorial rch 31, 1987 to: | Pa |
|------------|---|----|
| NEW OWNER | | |
| | NAME: Son Oliver Harrison | |
| | ADDRESS: 3719 Teak Street | |
| | CITY: San Diego STATE: CA ZIP: 92113 | |
| FROM ASSIG | NOR D | |
| | NAME: Some & reportle legency | |
| | by Gene E. Whatley, Attorney in Fact | |
| | ADDRESS: P.O. Box 178 | |
| | CITY: Bonita STATE: CA ZIP: 92002 | |

RECORDING REQUESTED BY AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO STREET Title Order No. Escrow No. SPACE ABOVE THIS LINE FOR RECORDER'S USE. DOCUMENTARY TRANSFER TAX \$_ computed on full value of property conveyed, or QUITCLAIM DEED 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 (print or type name of grantoris)) the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do___ release and forever quitclaim to Son Oliver Harrison the following described real property in the City of County of State of California: San Diego Lot 517, Section 5, Division 8 in Mount Hope Cemetery Assessor's parcel No. Executed on July 29 1987, at _ Chula Vista, California Whatley Agency by/ 651 Third Avenue, Suite C Chula Vista, CA 92010 STATE OF CALIFORNIA San Diego COUNTY OF _ On this 29thday of July On this 29thday of July in the year 1987 before methe undersigned, a Notary Public in and for said State, personally appeared - Gene E. Whatley , personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name_ subscribed to the within instrument, and acknowledged to me that OFFICIAL - he = executed it. SHARON A ELSHEIKH NOTARY PUBLIC - CALIFORNIA SAN DIEGO COUNTY WITNESS my hand and official seal My Comm. Expires Aug. 30, 1988 Notary Public in and for said State (This area for official notarial seal)

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

STATEMENTS TO _

MAIL TAX

This standard form is intended for the typical situations encountered in the field indicated. However, before you sign, read if it is in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Compute a swaper of you doubt the form a literal for your purpose and use.

ADDRESS

ZIP

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7/27/87

| 0.011 | 2Pm laha. | T. |
|---|---|-----------------|
| in a Bell Level | Funeral, date, time of m. //ps | - leus |
| Church, Chapel, Graveside Chapu | 1982. Hazadale | Mortuary |
| All/Funeral cars must arrive before 3:30 | 0 p.m. of regular work day or an extra charge v | vill be applied |
| and billed to undersigned. War time ver | teran No. | |
| lot 92 Grave 10 Row | - 2 | 11 |
| Lot 92 Grave 10 Row | Section Division/Blos | k // |
| Grave space & Care Fund | | 250° |
| Additional spaces and care fund | non | |
| | AND CONTRACTOR OF THE PARTY OF | 3200 |
| Opening/Closing & Setup | 4.7 | 1000 |
| Burial Container | M. Alwer | 100 |
| Handling Fees | ***************************** | 147 |
| Flower vases - Marker setting fee | | 705 |
| Recording and filing fee | | 310 |
| Sales taxes | | 6 |
| 1. Paidon whom. | Total Due | 83200 |
| mentoeine | Paid receipt number 34857 | 1000 |
| 00 | Balance due | 7560 |
| | Dalance uue | |
| I hereby certify I am the | of the above na | med deceder |
| | sition of remains as above indicated. I certify | and represen |
| and this is your authority to make dispo | | |
| and this is your authority to make dispo that I have the right to make this authori any liability on account of said authoriz | ation and interment. | |
| that I have the right to make this authori any liability on account of said authoriz | eation and interment. | |
| that I have the right to make this authorized in liability on account of said authorized the interment in lot I | eation and interment. | |
| that I have the right to make this authorizeny liability on account of said authorize the interment in lot I hold under deed. | eation and interment. | |
| that I have the right to make this authorizeny liability on account of said authorize the interment in lot I hold under deed. | Signature | Zip Cod |
| that I have the right to make this authorizany liability on account of said authorizanthereby authorize the interment in lot I hold under deed. | Signature Address State | |
| that I have the right to make this authorizany liability on account of said authorizanthereby authorize the interment in lot I hold under deed. | Signature Address | |
| that I have the right to make this author i | Signature Address State | |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/27/87

| You are hereby authorized and instruc | ted, subject to your rules and regulations, to inter the remains |
|---|--|
| of Bennie L. | Wheaton |
| ina Bell Lener | Funeral, date, time QP.M. /1/28 - Tues |
| Church, Chapel, Graveside Chap | ul 4 &.S. : Ategodale Mortusty. |
| | 30 p.m. of regular work day or an extra charge will be applied |
| and billed to undersigned. War time v | eteran No |
| | |
| Lot 92 Grave 10 Row | Section Division/Block |
| Grave space & Care Fund | 250° |
| Additional spaces and care fund | non |
| Opening/Closing & Setup | : 320°° |
| Buriel Container Container | telini 100° |
| | 1450 |
| | |
| | 2/00 |
| | ۵۷ - د |
| belandon or more. | 8.47.00 |
| belate wo or his | Total Due |
| yme pec | Paid receipt number 34037 100 |
| 00 | Balance due |
| I hereby certify I am the and this is your authority to make disp that I have the right to make this author any liability on account of said authori | of the above named decedent position of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from ization and interment. |
| | v Alburoll letteral |
| I hereby authorize the interment in lot hold under deed. | Signatura |
| | AND GROVELLED |
| Signature of recorded holder of Seed | Value 262-7206 Exp Code |
| | Telephone |
| | Invoice # |
| Work Order # E 6827 | Acet # |

PY-693 (REV. 8-86)

Return to mt Hope

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 68277

USE BLACK INK-MAKE NO ALTERATIONS OR FRASURES.

| NAME OF DECEDEN | 1 | | SEX | DATE OF BIRTH | DATE OF DEATH | | |
|---|--|--|--|--------------------------|--|--|--|
| | | LOUISE WHEATON | Female | Nov. 25, 1918 | July 20, 1987 | | |
| PLACE OF DEATH- | # CONTRACTOR OF THE PROPERTY O | PLACE OF DEATH—COUNTY ION | STATE IF NOT IN CALIFORNIAI | NAME AND ADDRESS OF S | POUSE OR OTHER INFORMANT | | |
| | Diego | The same of the sa | San Diego Harcella Lor | | | | |
| di-min decid conta | | Federal Blvd. | DEGRAIA LICENSE NUMBER | 21/2 Groveland Street | | | |
| Anderson-R | agsdale Mort.: San Di | ego, Callfornia | 1329 | San Diego, C | alifornia 92114 | | |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | | | |
| IX 15 BURIAL IIN | CLUDES ENTOMBMENTI | 5 DISINTERMENT AND BUI | PIAL UNCLUDES | B DISINTERMENT AND R | TEINTERMENT OF CHEMATED INDENMENT) | | |
| | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTEHMENT, CREMAT (INCLUDES INURNMENT) | TION, AND BURIAL | 9 DISINTERMENT OF CR | EMATED REMAINS AND THAN IN A CEMETERY | | |
| LJ 3 CREMATION | N AND DISPOSITION OTHER THAN IN A | 7 DISINTERMENT, CREMAT | TION, AND DISPOSITION | FOR CORONE | ER'S USE ONLY | | |
| 4 SCIENTIFIC | USE | OTHER THAN IN A CEMI | | ☐ 10 DISPOSITION PENDING | | | |
| TERMENT | Mt. Hope Cemetery: NAME AND ADDRESS OF CREMATORY W | San Diego, Callfo | er King Jr. Wa | У | San Diego | | |
| CREMATION | N/A | 1 Mm Seal | 4 | SIGNATURE OF PERSON IN | CHANGE OF CHEMICUST | | |
| BURIAL AT SEA DR GITTON OTHER N A CEMETERY DE MATED REMAINS | N/A | eta all Paris | TO IDENTIFY FINAL | PLACE AND COUNTY OF DIS | POSITION | | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | Na State of | | |
| | This is to certify that I am the per | | THE RESERVE THE PROPERTY OF TH | SIGNATURE OF APPLICANT | | | |
| ACKNOWLEDGMENT OF | remains of the above named dece and I hereby acknowledge that tre | | | FAR SIGNED | | | |
| APPLICANT | this permit gives no right of unrest | | Company of the Compan | DATE SIGNED | | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COS AUTHORITY FOR THE DISPOSITION SPECIFICAL | AND STHE | JUL 2 4 1987 | SIGNATURE OF LOCA RE | STRAN ISSUING PERMIT | | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON 7/2 | | yew Stolke | | NUMBER OF CREMATED REMAINS I. IF APPLICABLE | | |
| IF DISPOSITION IS - TO OCCUR IN ANOTHER COUNTY | | 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 EMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

| | OFFICIAL RECEIPT WHITE TO CUSTOMER CEMETERY PINK AUDITOR From House Payment of Payment | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address: Lan Diego Lument & Bennie L | Date: | Nº /27 | 34857 |
|---|--|--|---|--|------------------|
| • | Lot 92 Grave_ Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lota Opening/ Closing Burial Containers Handling Fed Recording & Misc. Fees Pre-Need Trust Sales Tax. TOTAL PAID | 07007 77184 100 77184 100 77181 100 77182 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77184 100 7718 100 700 700 700 700 700 700 700 700 700 | 100 00 100 00 |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Credittak

Date 7/28/87

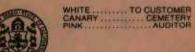
| of Theeman and to | Sealur Johnson |
|---|--|
| n a Fu | neral, date, time |
| Church, Chapel, Graveside | ; Mortuan |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran . | |
| 111 - | 2, 1/ |
| ot 67 Grave 6 Row | Section Division/Block |
| | 360 |
| irave space & Care Fund | and Laring |
| dditional spaces and care fund | for / gu to 8/1/88 |
| pening/Closing & Setup | |
| urial Container | I at the tend |
| andling Fees | 7 CX+++++ |
| lower vases - Marker setting fee | ar one cena |
| | |
| ecording and filing fee |) |
| ales taxes | 260 |
| | Total Due |
| Paid re | sceipt number |
| | Balance due |
| | |
| hereby certify I am the | of remains as above indicated. I certify and represer |
| hat I have the right to make this authorization | and lagree to hold Mt. Hope Cemetery harmless from |
| ny liability on account of said authorization i | and interment. |
| hereby authorize the interment in lot I | THE PERSON NAMED IN COLUMN |
| old under deed. | 252 English Butt |
| gnature of recorded holder of deed | Mary Dec no 1A 97118 |
| Grande or recorded frames of these | State 220 Ca |
| | Telephone |
| ALERS AND ADDRESS OF THE PARTY | |
| F 0000 | Invoice # |
| | |
| Nork Order # E 5828 | Acct. # |

250.00 9-4-87 20.00 34995 230.00 10-7-87 20.00 35/26 2/0.00 11-5-87 35253 10.00 200.00 3536¢ 12-4-87 20.00 180,00 1-6-88 35502 20.00 160.00

6

. .

| NAME | John | nson, Thurman / Beatrice | | | ACCT. NO. | E-6828 |
|----------|---------|--|---------|------|-----------|----------------|
| ADDRES | 5 2 | 52 Euclid Avenue #B, San Diego, Ca 92114 RAT | ING | | LIMIT | |
| DATE | E | IT EMS | DEBIT | V | CREDIT | BALANCE |
| 3 28 | 87 | Lot 64, Gr 6, Sec 2, Div 11 | 250 (| 00 | 90 00 | 160 00 |
| 2-8 | 88 | Caupas 10\$17 Receipt \$ 35674 | | | 2000 | 14000 |
| 3-3 | 88 | equen # 1312 delevat # 35801 | | | 3000 | 12000 |
| 4-4 | 88 | Caupen 15, Lewist 35959 | | | 2000 | 10000 |
| 5-5 | 88 | lauge 16\$17, Lecust 36106 | | | 20.00 | 8000 |
| 10-le | 88 | Couple 18 2 19 Lucust 3/0245 | | | 20 00 | 6000 |
| 7-6 | 88 | Vaign 20, Segrept 3637/ | | | 1000 | 5000 |
| 8-5 | 58 | Cousen 31+22 Keerest 36509 | | | 2000 | 3000 |
| 9-7 | 28 | Course 23, Electet 36648, | 4 | | 30 d | 1000 |
| 105 | 88 | Leveret 36760 - Jan Mayor | mil | | 1000 | 0 |
| | | | | | | |
| | | | | | | |
| | | | 1111 | 11 | 1111 | |
| | | | | 11 | | |
| - | | | | 11 | | |
| | | | | | | |
| | | | | | | |
| TERM | | | | | | |
| | | | | 11 | | |
| - | | | | | | |
| AIGNERFO | ORM NO. | 25-204 Johnson, Thurman & Beatrice 64 | - 6 - 2 | - 13 | | PRINTED IN USA |



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

| | 264-3151 | 9 | -4 57 |
|--|--|---|----------------------|
| From: Achie | 14- Address: 277 507 | Date: | 12/02 |
| Thank do | Mais - | Dolly | ars (\$ 20 00) |
| In Payment of | igno 192 - | Uscole | Jalo |
| Lot 64 Grave | 6 Row So | ection 2 | Division // Block |
| Invoice No | NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 6 20% Sales Care 7 50% Sales | 7007 |
| Acct. No. 1= -6828 | No. of the Assessment | of Lots 7: Opening/ | 7184 100 7181 |
| BALANCE DUE 230.00 | THE RESERVE OF THE PARTY OF | | 100 7182 100 |
| | 2000 | Recording & Free F | 7183 100 7183 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | N/16/ | True! Sales Tex 46 | 9030 9022 0101 |
| AC-212 (Perv. 11-86) (5/8 | issued or de l'ace | TOTAL PAID | \$ 00 - |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| From: Marmon Johnson Son Dollara In part Payment of Grad | Address: 277 501/ St. | / | G. 92102 10.00 |
|--|---|--|-------------------|
| Lot 64 Grave | S Row Se | ection 2 | Division // |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE: | CREDIT 20% Sales Care 77184 - 50% Sales 100 of Lots 77184 - 00 Closing 77181 - 50 Containers 77182 - 100 Containers 77182 - 100 Handling Fee 77183 - Pre-Need 63033 Trust 9022 - Sales Tax 60101 | 10 00 |
| AC-212 (Ray, 11-86) | ISSUED BY Bruce Morrison | TOTAL PAID \$ | 10 00 |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| From Junear John | Addre | 2776 | Otto At 6 | Jo- Dollers (\$ _ | 7 .1087 20.00 |
|---|----------------|------------------------|--|--|------------------|
| Lot Grave | my - | Row | Section | 7 | Division // |
| Invoice No | For any or any | URPOSE STATED UNLESS S | | 67007 77184 100 77184 100 77181 100 77182 100 77183 | 20 - |
| Pre-Need Lot At Need On Acci Pre-need Trust Cash Check | ISSUED BY | Ledy (| Misc. Fees Pre-Need Trust Seles Tax TOTAL PAID | 77183 — 63033 — 9022 — 60101 78390 — | 20 - |

| Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK |
|--|
| ACCOUNT No. E-6828 Credit Sale |
| Thurman & ?Beatrice Johnson |
| 277 50th Street, Apt. B |
| San Diego, Ca 92102 Month and Day Due Indicated Below |
| APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR |
| 10 |
| Amount due when paid on or before, due date above. |
| Amount due if paid more than days \$ 1.00 |
| S |
| NAME Thurman + psales for human |
| CITY Dan Dug STATE CA ZIP 9210 & |

| Bend or bring brie coupon with each remittance COUPON 5 |
|---|
| ACCOUNT No. K-6828 Credit Sale |
| Thurman & Beatrice Johnson 277 50th Street, Apt B |
| San Diego, Ca 92102 |
| Month and Day Due Indicated Below |
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| ADDRESS 277-50th Staft & |
| CITY Sau Die STATE ZIP 98/02 |

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. K-6828 Credit Sale

Thurman & Beatrice Johnson 277 50th Street, Apt B San Diego, Ca 92162

Month and Day Due Indicated Below

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

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

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CITY Say Diag STATE Ca ZIP 9202

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DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6828 Credit Sale

Thurman & Beatrice Johnson

277 50th Street, Apt. B

San Diego, Ca 92102

Month and Day Due Indicated Below

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

diavs

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

\$ 10.00

Amount due if paid more than

after due date above

\$ 11.00 ____

AMOUNT Received \$ 10 a luceur

ADDRESS 277-504 St apt B

CITY Lan Dieg STATE Ca ZIP 92/02

CITY Lan Dieg STATE Ca ZIP 92/02

Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6828 Credit Sale Thurman & Beatrice Johnson 277 50th Street, Apt B San Diego, Ca 92102 Month and Day Due Indicated Below FEB MAR APR MAY JUN HIL AUG SER OCT NOV DEC JAN Amount due when paid on, or before. : 10.00 due date above. Amount due if paid more than days after due date above. s11.00 Amount Received S 10.00 NAME Thurman out Bealute

CITY Sen Dies STATE CA 21992/02

| and or bring one coupon with each remittance COUPON 9 |
|--|
| ACCOUNT No. E-6828 Credit Sale |
| Thurman & Beatrice Johnson 277 50th Street, Apt B San Diego, Ca -92102 92414 |
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| CITY LOW Dilly STATE CO ZIG 2/14 |
| CITY See Nie STATE Ca ZIM 2/14 check (/) If this is new address |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

35502

| From Legarine Johnson Levezt Jago | Cars 252 Euro | Date: | 120.00 |
|--|--|--|-------------|
| Lot 64 Grave | 6 - ROW S | det of | Division // |
| Pre-Need Lot D At Need On Acct Pre-need Trust Cash Check | NOTVALIDEOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | GREDIT 67007 20% Sales Care 77184 aph Sales 100 of Lote 77184 Opening 77181 Burial 100 Continuers 77185 Recording 6 100 Miss, Fass 77183 Pre-Need 63033 Trust 9022 Sales Tax 80101 TOTAL PAID \$ | 20 - |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| 国交通2月 | 264-3151 | | | | | | |
|------------------------------|---|-------------------------------|-----------------------|-------------------|------|--|--|
| | 000 8 | , Date: | 1/10 | 2 | 9 00 | | |
| From: | Address | done | THE E | 200 | - | | |
| - terry aller | 200 1000 | W | Dollars (\$ | 000 | 0) | | |
| In Payment of | pm 10811 CM | set co | 7 | | - | | |
| Lot 64 Grave | 6 Row_s | ection | 2 | Division Block | 1 | | |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Cars | 87007 77184 — | | | | |
| Acct. No. | and a | 80% Sales | 77184 | 90 | 00 | | |
| WO. E-6526 | CITY NUMBEROR | Opening/ Closing Burial | 77181 | 100 | | | |
| BALANCE DUE 190 00 | 10 1900 | Containers | 77182 100 77185 | 17 30 1/4 | | | |
| | ter. | Recording & Mec. Fees | 100 77183 — | | | | |
| Pre-Need Lot At Need On Acct | 1 1 | Pre-Need Trust | 63033 9022 — | | | | |
| Pre-need Trust Cash Check | ISSUED BY TESTER RULE | TOTAL PAID | 80101 76390 — | 00 | 200 | | |
| AC-212 (Rev. 10-87) | 1000ED BY | TO INCENIO | - | 90 | 4 | | |

Send or bring one coupen with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6828 Credit Sale Thurman & Beatrice Johnson 277 50th Street, Apt. San Diego, Ca 92102 Month and Day Due Indicated Below OCT NOV DEC JAN TEB MAR APR MAY JUN JUL AUG SEP Amount due when paid on, or before. due date above Amount due if paid more than days after due date above NAME Thursday & Beating & LO. OC ADDRESS 252 Excled aux # 0 CITY Sen News STATE Ch 219 92114

| DO NOT MAIL ENTIRE BOOK |
|--|
| ACCOUNT No. E-6828 Credit Sale |
| Thurman & Beatrice Johnson |
| 277 50th Street, Apt B |
| San Diego, Ca 92102 |
| Month and Day Due Indicated Below |
| 30 |
| Amount due when paid on, or before. |
| due date above. |
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| NAME Thursday + Besture phusan |
| ADDRESS 252 Euclid Out ##8 |
| CITY San Dugy STATECA ZIP92114 |



WHITE TO CUSTOMER CANARY CEMETERY

PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Nº 35801

| PINK AUDITOR | 264-3151 | | |
|--|---|--|------------------------------|
| The state of the s | 1 2777 37 | Date: | -3 |
| From Flores For Labor | Address | _ Doll | ars (\$ 30,00) |
| In Payment of | ugne 12 \$ 13 | Wideto | A.F. |
| Lot 69 Grave | Row S | ection 2 | Division Black |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 0 20% Sales Core 7 | 7007. |
| Acct. No. | CITY AUDITOR | Opening/ | 100 7184 100 7181 |
| BALANCE DUE 120 00 | MAR 0 8 1988 | Burial Containers 7 Handling Fee 7 | 100 7182 100 7185 |
| Pre-Need Lot At Need On Acct O | (()) | Pro-Need 6 Trust Sains Tax 0 | 7183 3033 9022 0101 |
| AC-212 (Rev. 10-67) | ISSUED BY MACH bud | TOTAL PAID | \$ 20 |

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| | | | | | | | \$ | _ | | - | - |

NAME Thermond Beating Johns
ADDRESS 252 Early Con # B
CITY Son Original STATE Ca ZIP 92/14
Debeck (V) if this is new address

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

2 35959

| Destrice C. let | 264-3151 100 50 | Date: | 4- | 4 . 18 |
|-------------------------|---|--------|--|-------------|
| in Payment of Age | Por 15 Original | 10/07 | Pollars (\$ | 20,00 |
| Lot 69 Grave | G Row s | ection | 2 | Division // |
| Pre-need Lot Cash Check | NOTVALIDFOR PURPOSESTATED UNLESS STAMPED PAID IN THIS SPACE CITY AUDITOR APR 8 1988 | CREDIT | 100 77184 — 100 77181 — 100 77182 — 100 77185 — | 20 - |

| DO NOT M | The second second second | | mittane | COL | JPON | 15 | |
|------------------------------|--------------------------|------------|---------|--|--------|--------|-----|
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| Thur 277 | nan j | Stre | eri | ce . | Johns | non | |
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| CITY | Se | | 20. | igl. | | STAT | _ | | | 92 | 114 |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: Harling And | 24 Address: \$77 50 | Date:D | 12-4 19.87 1 8 9210 ollars (\$ 20 00) |
|--|---|---|---|
| Lot 64 Grave | 6 Row S | ection 2 | Division // |
| 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. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtal Containers Handling Fee Recording & Mac. Fees Pre-Nend Trust Sales Tax TOTAL PAID | 67007 77184 100 100 100 100 100 100 100 10 |

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| | | 50 | | | | | | | | | |
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| | | 0 | check | W |) if th | nis is | new | add | ress | - | |

ACCOUNT No. E-6828 Credit Sale

Thurman & Beatrice Johnson 277 50th Street, Apt B San Diego, Ca 92102

Month and Day Due Indicated Below

| 10 | AUG | SEP | OCT | NOV | DEC | JAN | FEB. | MAR | APR | MAY | JUN |
|----|----------|------|---------|--------|------|-----|------|-----|-----|-----|-----|
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Amount due if paid more than.....

after due date above.

ADDRESS 277-50 check (V) if this is new address



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY 264-3151

| | | | Date: | 0 | 3 .19.00 |
|------------------------------|---|-----------------------|---|-----------------------|--------------|
| From Lace plane | Address | 2000 | realed (| the | #0 0- |
| - colletter - 1 | 00/100 | | 71 | Dollars (\$ | 80,49 |
| In Payment of | ugen | 16 4/ | 1 CLO | MI | DOT |
| | J | | | - | The state of |
| Lot 64 Grave | 6 | How | Section | d | Division / |
| Invoice No | NOT VALID FOR PUR "PAID" IN THIS SPACE | POSE STATED UNLESS ST | TAMPED CREDIT | 67007 77184 — | |
| Acct No | | CITY AUBITO | R 80% Sales of Lots | 77184 — | 20 00 |
| w.o. E-6828 | 13/20 | | Opening/ Closing Burisi | 77181 — 100 | |
| BALANCE DUE 80.00 | 1334 | MAY 11 19 | 88 Containers | 77192 - | |
| | 1500 | | Handling Fee Recording A Misc. Fees | 77185 100 77183 | |
| Pre-Need Lot At Need On Acct | / | | Pre-Need Trust | 63033 9022 - | |
| Pre-need Trust Cash Check C | 1 | cha 111 | Sales Tax | 60101 78390 — | 20 00 |
| AC-912 (Rev. 10-87) | ISSUED BY | | TOTAL PAID | - | 0000 |

| DO | NUT | OUNT No. 2-6828 CE | | | | | | | | - | • |
|-----------------|------------------|--------------------|---------|-------|-------------|--------|--------------|-------|-------|-----|--------------------|
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| 2 | 77 | 50 | th. | _ | ree | | | | - | | |
| 8 | an | D± | | _ | Ca ly Di | e In | 210 dicat | ed B | elow | | |
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| CITY | 1 | all | 10 | ile | 10 | STAT | E C | 1 | ZIF | 92 | 114 |
| | | | heci | KIM | TIT t | his is | nev | v add | iress | - | THE REAL PROPERTY. |

Send or bring one coupen with each remittance COUPON 16

| Send or DO | NOT I | 100 | The second of | | | ittance | C | OUP | ON | 1 | 7 |
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| - | an | | | | | _ | | _ | | | |
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| CITY | 10 | W | 10- | ug |) HI 11 | STAT | EPA | | ZIP | 92 | 14 |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| 264-3131 | | 1 1 | 08 | |
|-----------|---------------|------|---------|-------|
| 6 | Date: _ | 0-10 | 19/0 | - |
| 252 Touch | deline | Ut B | BULLUNG | o ca |
| | ALL PROPERTY. | | 2000 | (2)14 |

| From: John John | Address: OO () | COUT WHILE | DITTELL V |
|---|--|---|-------------|
| SURITHAMANA | DE 00/100 | Dollars (\$ | 2000 19 |
| In / // Payment of | east sales coupe | NO 18519 | |
| Lot 64 Grave | () Row s | ection 3 | Division // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | OREDIT 67007 20% Sales Care 77154 - | 2000 |
| Acct. No | CITY AUDITOR | 80% Sales 100 of Lots 77184 - Opening/ 100 Closing 72181 - | 3000 |
| w.o. F- (0000) | | Burial 100 Containers 77182 - | |
| BALANCE DUE - WWW. | JUN 13 1988 | Handling Fee 77785 - Recording A 100 Misc Fees 77183 - | |
| Pre-Need Lot At Need On Acct | | Pre-Need 83033 Trust 9022 | |
| Pre-need Trust Cash Check Ac-212 (Rev. 10-87) | ISSUED BY LAND BUILD | Sales Tax 50101 78390 — TOTAL PAID \$ | 20 00 |

| Send or bring DO NOT | | | | Ittance | C | OUP | ON | 1 | 8 |
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| Thur | | 200 | Bes | | | 3 | abe | - | 6 |
| 277 | 50t | | re | de la | | e/Red | A | | 70 |
| San | Die | -000-00 | Ca | 9 | 210 | 12 | - | | |
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| ADDRESS | 252 | 2 | eel | ed | au | e, | | | |
| CITY | □ che | AL IV | 770 | STAT | EC. | add | ZIP | 9.2 | 144 |

| Send or bring one coupon with each remittance COUPON 19 |
|---|
| DO NOT MAIL ENTIRE BOOK |
| ACCOUNT No. E-6828 Credit Sale |
| Thurmen & Beatrice Johnson |
| |
| 277 July Street, Apt B |
| San Diego, Ca 92102 |
| Month and Day Due Indicated Below |
| JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN |
| |
| 10 |
| Amount due when paid on, or before due date above |
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| Amount due if paid more than days starter due date above. |
| \$ 10.00 |
| |
| NAME Thurses & Beaties Johnson |
| NAME Murgica + Bealust Johnson |
| ADDRESS 252 Euclid Que #16 |
| CITY San Dies STATE'S ZIP 92114 |
| check (y/ll if this is new address |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPF CEMETERY

- 2044 51

| | >- | 6 | | 22 |
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| 1 | + | | | |
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| 200 | 77184 - 100 77181 - 100 | | 10 | 00 |
| | 77182 100 77185 100 77183 | | | |
| | 63033 9002 - 60101 78390 - | 16 | | |
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36371

| From Statutes Als | Address & | 52 Euge | Pate: Ove | # 2 | 3.50 | 9 |
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| Ton rallary | 10/100 - | 7 170 | 7 0 | ollars (\$ | 10-00 |)) |
| Payment of | upon & | a m | del 1 | 1 | | |
| Lot 69 Grave | 6 | _ RowS | ection | 2 | Division / | / |
| Acct No E - C- C | NOT VALID FOR PURPOSE S "PAID" IN THIS SPACE CIT | Y AUDITOR | CRECIT 20% Sales Care 80% Sales of Lots Opening/ Ciceing | 67007 77184 — 100 77184 — 100 77181 — | 10 | 00 |
| BALANCE DUE 50.00 | JUI | _ 1 1 1988 | Burst Containers Handling Fee Recording & Migc. Fees Pre-Need | 77182 — 100 77185 — 100 77183 — 63033 | | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check C | K L | lea Mer | Sales Tax TOTAL PAID | 9002 — 60101 78390 — | 10 | 00 |

Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. 277 50th Street, Apt. B San Diego, Ca Month and Day Due Indicated Below AUG SEP OCT NOV DEC JAN FEB MAR AFR MAY JUN JUL Amount one when paid on or before: due date above. Amount due if paid more than after due date above. NAME Beating & Thursday Johns ADDRESS 252 Englis Que #18 CITY San Aug STATE CA ZIP 92.114



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

Nº 36509

| | 1911/ 247: 17 | Date: | 1 | 13/10/ | 19 |
|--|---|---|--|-------------------|----|
| From: 11 A A A A A A A A A A A A A A A A A A | Address; | 0 | ollars (\$ | 201 | 0 |
| In Payment of | Midst 50 | 1 1 | 200 | | / |
| Lot Grave | Bow | Section | 2 | Division Block | 1 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | | 67007 77184 — | nn | |
| Acct No | CITY AUBITOR | 80% Sales of Lots Opening/ Closing | 77184 — 100 77181 — | 00 | |
| BALANCE DUE | AUG 09 1988 | Burial Containers Handling Fee Recording & | 100 77182 — 100 27185 — | | |
| Pre-Need Lot ☐ At Need ☐ On Acc | | Misc. Fees Pre-Need Trust Sales Tax | 77183 — 63033 9022 — 60101 78390 — | | |
| AC-212 (Rev. 10-87) | ISSUED BY | TOTAL PAID | 3_ | 201 | |

| ACI | 77 | T No. | n i | -68 6 B | 28 ea re | eri | ce | Jo | hu | son | |
|-----------------|-------------------|-------------------|---------------|------------|----------------|---------|------|-------|------|----------|-----|
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| CITY | 1 | A 41 | 1 | 100 | 4 | STAT | F/ | A | 210 | 92 | 111 |
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| ACC | COUNT | No. | | K- | 682 | # | CX | ed: | it | Sal | 10 |
| X | hur | TEA 201 | n 6 | i | Les | er | 100 | 31 | ohr | 1001 | 3 |
| 2 | 77 | 50 | Eh. | SE | res | E. | Ap | Ex. | H | | 1 |
| S | an | Di | ego | | Ca | 9 | 210 | 2 | | | |
| | - | | | | y Du | | | | | | - 87 |
| OCT | NOV | DEC | IAN | FEB | MAR | APR | MAY | JUN. | IIIL | AUG | SEP |
| | | | | - | | | | 10 | | 15 | |
| due da | nt due ité abo | ve. If paid r | more th | | 174.200 | y2 | 5 | 10 | .00 | , | 4 |
| | fue dat | | | | | | \$ | | | | |
| NAM | ETI | hur | 272 | All | tount | Lecense | 0 5 | 2 | len | 0 | _ |
| ADD | RESS. | 25 | 1 9 | 211 | 1 | 00 | 00- | 41 | 3 | | |
| CITY | La | | | | | | | | | 921 | 10 |
| - | APRICE. | 100 | heck | VV |) if th | nis is | new | add | ress | 1000 | 200 |

Send or bring one coupon with each remittance COUPON 22

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| | | Date: 9- | 7 .19 88 |
|--|--|--|-------------------|
| tocate James | MADDIESS 252 | udes (in | # B D . |
| nPayment of | 1070- 23 72 | 4 Collars (\$ | Tot- |
| ot 64 Grave_ | Aows | ection 2 | Division // Block |
| nvoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | CREDIT 57007 20% Sales Care 77184 – 80% Sales 100 | 20 00 |
| NO. 2-6848 | OTTY AUDITO | of Lots 77184 - | |
| BALANCE DUE 10.00 | 011 | Hundling Fee 77185 — Recording & 100 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | 66 161 | Main: Feet 77183 - Pre-Need 63033 Trust 9022 - Sales Tax 60101 78390 - | 4 |
| NG-212 (Rev. 10-87) 07/19 | ISSUED, SY ANGELA (MELO) | TOTAL PAID \$ | 20 00 |

| DO | NOT | MAIL | ENTIR | E BO | OK | ittance | - | OUP | - | 2 | 3 |
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| | nt due ste abo | | no bisq | , or bet | fore, | | > 5 | 10. | .00 | | |
| | nt due fue da | | more ti | ian_ | 60 | ys | \$ | 1 | .00 | | 1 |
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| DO N | | | | | | ittance | CC | OUP | ON | 2 | 4 |
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| 1000 | ma | den (m | n i | 900 | 10000 | | MERIO. | | THE PARTY | 190 | * (3) |
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| Amount o | lue | etien p | ed on | or bel | Orn. | | | 10 | ne | , | - |
| due date | elikuy | | | | | | \$ | Se se | 901 | | - |
| Amount d | | | | un_ | day | | > . | 2 | .00 | 1 | 33 |
| Willia God | Storm | Same | | | | - | 192 | | | | - |
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| NAME | - | _ | | _ | | | 100 | - 12- | | _ | - |
| ADDRE | SS | | | | | | _ | | | | |
| CITY | | 100 | 41-12 | | | STAT | _ | - | ZIP | | |
| | | LIS | heck | 1 K | H II | 115 15 | Lien | add | ress | | |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

36766

| 包包含是 | 264-3151 | K | - 18 |
|------------------------------|--|---|----------------------|
| | | Date: | 3 19 |
| From: Sinterie who | MAddress 252 Cull | eal Our p | HB, SD |
| The rakes- | | Dollar | s 15 20-00 0 |
| In Payment of | ring January | N Un | edit det |
| Payment of | 7 | 1 | |
| Lot 64 Grave | 6 Row_S | ection 2 | Division // Block |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT 670 20% Sales Care 771 | 07 10 - |
| Acct. No. | | of Lois 771 | 300 |
| w.o. 8-6126 | CITY AUDITOR | Closing 771 | 0D 83 00 |
| BALANCE DUE | CIT AUDITOR | Containers 271 | 00 |
| | OCT 7 1988 | Handling Fee 771 Recording 8 1 Misc. Fees 771 | 00 |
| Pre-Need Lot At Need On Acct | 001 | Pre-Need 630 Trust 90 | 93 |
| Pre-need Trust Cash Check | N 1-112 (1 h) | Sales Tex 801 763 | 01 |
| AC-212 (Rev 10-01) 0798 | ISSUED, BY MANGE MAN | TOTAL PAID | 10 - |

MT. HOPE CEMETERY INTERMENT ORDER Credit Sale City of San Diego

Date 7-27-87

| PLACE IN THE PLACE | Corine Peausan |
|--|---|
| Vault/Liner | neral, data, time |
| Church, Chapel, Graveside | , Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. o | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran _ | |
| Lot 91 Grave 9\$10 Row | 2 11 |
| Lot Grave Row | Section Division/Brock |
| Grave space & Care Fund | 20 250) 500 |
| 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 5 00. |
| Paid ren | ceipt number |
| | Balance due |
| | |
| | |
| and this is your authority to make disposition of that I have the right to make this authorization | of remains as above indicated. I certify and represent and lagree to hold Mt. Hope Cemetery harmless from |
| and this is your authority to make disposition of that I have the right to make this authorization a any liability on account of said authorization a I hereby authorize the interment in lot I | of remains as above indicated. I certify and represent and lagree to hold Mt. Hope Cemetery harmless from |
| and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization a I hereby authorize the interment in lot I hold under deed. | of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment. |
| and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization a I hereby authorize the interment in lot I hold under deed. | of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from indicatent. Signature Address |
| and this is your authority to make disposition of that I have the right to make this authorization a any liability on account of said authorization a I hereby authorize the interment in lot I hold under deed. | of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment. Signature Address |
| I hereby certify I am the | Signature Address State Zip Code |

16-587 35767 36.00 21.00

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

P Date 7/28/87

| | Tay 1 |
|---|---|
| in a Fu | neral, date, time 7/29 West Year |
| Vault/Liner Church, Chapel, Graveside | Miskley- Witelemorrosy. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran . | 8)100/1.4 |
| 122 7 | 2 11 |
| Lot 122 Grave Row | Section Division/Block |
| 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 | |
| | |
| 1 23 | Total Due 145 |
| Paid re | eceipt number |
| 1. 241 | Balance due |
| 100 | |
| I hereby certify I am the | of remains as above indicated. I certify and represent |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a | and I agree to hold Mt. Hope Cemetery harmless from |
| that I have the right to make this authorization | and I agree to hold Mt. Hope Cemetery harmless from |
| that I have the right to make this authorization any liability on account of said authorization a I hereby authorize the interment in lot I hold under deed. | and I agree to hold Mt. Hope Cemetery harmless from and interment. |
| that I have the right to make this authorization any liability on account of said authorization a | and I agree to hold Mt. Hope Cemetery harmless from and interment. |
| that I have the right to make this authorization any liability on account of said authorization a I hereby authorize the interment in lot I hold under deed. | and lagree to hold Mt. Hope Cemetery harmless from and interment. Signature Address |

PERMIT FOR DISPOSITION OF HUMAN REMAINS F 6830

| | 1 | SE BLACK INK-M | AKE NO ALTER | ATTONS OR ERASURE | 5 | | |
|---|--|---|-----------------------------------|--|--|---|--|
| NAME OF DECEDEN | Ť . | | - | SEX | DATE OF BIRTH | DATE OF DEATH | |
| DOROTHY DA | Y | | | | SEP 10, 1905 | JUL 25, 1987 | |
| PLACE OF DEATH | CITY OR TOWN | PLACE OF DEATH- | COUNTY IOR STA | TE IF NOT IN CALIFORNIAL | NAME AND ADDRESS OF | SPOUSE OR OTHER INFORMANT | |
| SAN DIEGO | | | SAN DIEGO | | PUBLIC ADMINIST | RATOR | |
| MERKLEY-MITCHELL MORTUARY, 3655 FIFT SAH DIEGO, CA 92103 | | AVERUE. | CALIFO | F-119 | CALCARIA CONSIDERATION DE POLITICA CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DEL CONTRA DE LA CONTRA | | |
| 12 | TYPE OF PERA | AIT, CHECK ONLY C | ONE OF THE FO | DLLOWING TYPES OF | DISPOSITION | | |
| XX L'BURIAL (IN | ICLUDES ENTOMBMENT) | 5 DISINTERMI ENTOMBME | ENT AND BURIAL | (INCLUDES | 8 DISINTERMENT AND REMAINS (INCLUDES | REINTERMENT OF CREMATED INURNMENT) | |
| 100 | N AND BURIAL (INCLUDES INURINMENT) | ☐ 6 DISINTERMI | ENT, CREMATION INURNMENT) | AND BURIAL | DISPOSITION OTHER | REMATED REMAINS AND THAN IN A CEMETERY | |
| LJ 3 CREMATIO | N AND DISPOSITION OTHER THAN IN A | FT - reservence | TAIT COURSE TON | | con conon | | |
| A SCIENTIFIC USE | | 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | FOR CORONER'S USE ONLY 10 DISPOSITION PENDING | | | |
| ERMENT | NAME AND ADDRESS OF CEMETERY W MOUNT HOPE CEMETERY, 37 | | | | 0 00 | SAN DIEGO | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO | O RE CREMATED | DATE CREMATED | SIGNATURE OF PERSON IN | CHARGE OF CREMATORY | |
| BURIAL AT BEA OR PATION OTHER VI A CEMETERY OF CREMATED HEMAINS | ADDRESS, NEAREST POINT ON SHOREL | INE. OR OTHER DESCR | RIPTION SUFFICIE | NT TO IDENTIFY FINAL | PLACE AND COUNTY OF DE | SPOSITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECI | EIVING REMAINS | KA / | | Bline | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that tre this permit gives no right of unrestr | dent under provision spass and nuisance | ns of the Health laws apply an | and Safety Code, d understand that | SIGNATURE OF APPLICANT DATE SIGNED | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CAUFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECTICES | AND WITHE | \$3.00 | JUL 2 8 1987 | SIGNATURE OF LOGNARES | and M.D. Co | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | \$0/82 | Seo | yeu State | DISPOSE | NUMBER OF CREMATED REMAINS | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDIVATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | | | | | |

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

MT. HOPE CEMETERY

INTERMENT'ORDER

City of San Diego

Date 7-28-97

| of Minnie Alorene | neral, date, t | ima 7 k | was. | 2130 | 7-30-1 |
|---|---|--------------|-------------|-------------|-----------|
| Church, Chapel, Graveside Graves | | | 232 V | | |
| All Funeral cars must arrive before 3:30 p.m. | | 14 | | | 10 m |
| and billed to undersigned. War time veteran | 1/- | rk day or a | n extra cna | rge will be | e applied |
| and billed to undersigned, war time veteran | 140 | 0 | | | ~ |
| ot Grave Row | Section | 8 | _ Division/ | Brock | 1_ |
| Moselle. | | | | - | |
| Grave space & Care Fund | | | | | |
| Additional spaces and care fund | • | | | | 02 |
| Opening/Closing & Setup | | | | | 20 = |
| Burial Container Bell Lene | H | | | 12 | 00.00 |
| landling Fees | | | | 19 | 15-00 |
| lower vases - Marker setting fee | | | | | |
| ecording and filing fee | | | | 3 | 5.00 |
| Sales taxes | | | | | 6.00 |
| | | Total Due | | 60 | 6.00 |
| Paid re | ceipt numbe | 348 | 61 | _ 60 | 6.00 |
| | | | Balance | due _ | 6 |
| | | | | | |
| hereby certify I am the and this is your authority to make disposition of | of remains a | e above in | of the abov | e named | decedent |
| that I have the right to make this authorization any liability on account of said authorization a | and lagree t | o hold Mt. I | Hope Ceme | tery harm | less from |
| my habitity on account of said authorization a | na memer | 11 0 | 1 50 | 1 | |
| hereby authorize the interment in lot I | Signatur | Juc | | in | |
| nold under deed. | 77 | 9 9 | en | 1 () n | ine) |
| Signature of recorded holder of deed | Address | Ha | Jak. | CA | 949 |
| | Stein | KIN) | 4.2 | 1-73 | 7 9 |
| | Telegrate | | , | | 0.0 |
| | Invoic | · # | | | |
| E 6991 | Invoic | | | | 20 |
| Nork Order # L UOOL | Acct. | | | | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS E 6831

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | 300 | | A Company of the Section | | I mare or own | | Dan or of the |
|--|--|----------------------------------|-------------------------------------|--|---------------------------|----------------------------|---|
| NAME OF DECEDEN | Minnie Florence | Ecton | | Female | April 11 | The Control of the Control | July 27, 1987 |
| | n Diego | Si Si | an Diego | A STATE IF NOT IN CALIFORNIA | | | OUSE OR OTHER INFORMANT |
| | S OF FUNERAL DIRECTOR ION FER 3953 W/Bonham Brothers San | Diego, | | 670 | | | |
| 4 4 | TYPE OF PERM | AIT, CHECK OF | NLY ONE OF T | HE FOLLOWING TYPES O | F DISPOSITION | | |
| XX I BURIAL IIN | CLUDES ENTOMBMENT) | | TERMENT AND B | URIAL (INCLUDES | | ENT AND RE | INTERMENT OF CREMATED |
| ☐ 2 CREMATION | N AND BURIAL (INCLUDES INURNMENT) | 6 DISIN | TERMENT, CREM UDES INURNMEN | ATION, AND BURIAL T) | | | MATED REMAINS AND HAN IN A CEMETERY |
| CEMETERY | N AND DISPOSITION OTHER THAN IN A | | TERMENT, CREM R THAN IN A CE | ATION, AND DISPOSITION | - ama 0.0000 - 1.00000 | | R'S USE ONLY |
| 4 SCIENTIFIC | | | ON COCMATES | | D 10 DISPOSITI | ON PENDING | (TV |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | 751 Marke | et Street | , San Diego, C | A | Sai | n Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS | ARE TO BE CREM | ATED DATE CREMATED | SIGNATURE OF | PERSON IN (| HARGE OF CREMATORY |
| DISPOSITION OTHER ON A CEMETERY MATER BEMAINS | ADDRESS, NEAREST POINT ON SHOREL | INE, OR OTHER | DESCRIPTION SE | IFFICIENT TO IDENTIFY FINA | E FLACE AND COU | INTY OF DISF | OSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECI | EIVING REMAINS | 1.3 | | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre | dent under pro- espass and nu | ovisions of the l isance laws op | Sealth and Safety Code, ply and understand that | SIGNATURE OF DATE SIGNED | APPLICANT | |
| LOCAL | This permit gives no right of unrest | to the second second | MOUNTAIN FEE PA | | SIGN QUIE OF | 11 1 19 | TRAH ISSUING FRMIT |
| REGISTRAR | OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED II | HE AND IS THE | \$3.00 | JUL 2 9 198 | Nonal | K. H. Van | mad, M.D. AV |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | 105-11 6 / | VIER PARE | - Se | OF PERSON IN CHARGE OF | E STOSTION | | IVMBER OF CREMATED REMAINS IF APPLICABLE |
| IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DE | АТН | 0 | | 17 | |
| | - DLA | | | | | | |

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



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| (15) · · · · · · · · · · · · · · · · · · · | 264-3191 | - | | 7 | SV |
|--|---|--------------------------------------|------------------|------------|------|
| a state | the state of | Date: | oc | 0 1 | 901 |
| From Colox | Address: 77 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ay W | 1110 | They | 114 |
| I will ten | dred sex 44 | Mas D | ollars (\$ | 606.00 | 0 |
| In Payment of | Linkie Delow. | Mer | -CNO | 1 | _ 35 |
| The state of the s | | | | | 137 |
| - 11 | 12 171 | 9 | P. P. | Division / | 1 |
| Lot Grave | How So | ection | | Block | |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care | 57007 77184 — | | |
| Acct. No. | THE REPORT OF THE PARTY OF THE | 90% Sales of Lots | 77184 | 700 | |
| w.o. E-683/ | | Opening/ Closing | 77181 — | 200 | |
| -A | NAME OF TAXABLE PARTY. | Oontainers | 77182 — 100 | 100 | No. |
| BALANCE DUE | | Handling Fee | 77183 — | 140 | |
| | San Jan Barra | Recording & Miss Fees Pre-Need | 77183 — 60033 | 30 | 200 |
| Pre-Need Lot | 11/11/ | Trust Sales Tax | 9022 | - | _ |
| Pre-need Trust Cash Check | Vadia V 11 by | de l' | 78390 — | 10 | |
| AC-212 (Rev. 11-86) | ISBUED BY | TOTAL PAID | | 606 | |

MT. HORE FEMETERY INTERMENT ORDER

City of San Diego

R Date 7/28/87

| | Care 1 |
|--|---|
| You are heredy authorized anti instructed sub | ical to your rules and regulations, to inter the remain: |
| of James E (I | cerce 11 |
| (10.001 . | neral, date, time Fri - 7/3// // Am |
| Church, Chapel, Graveside Chapel | 95. Rassale Mortuary |
| | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | |
| | |
| Lot 20 Grave 10 Row | Section 2 Division/8 12 |
| Grave space & Care Fund | 495 |
| Additional spaces and care fund | none |
| Opening/Closing & Setup | d 320 ° |
| Burial Container Comute Lune | 10000 |
| Handling Fees | 145 00 |
| Flower vases - Marker setting fee | |
| Recording and filing fee | 35.0 |
| Sales taxes | 6 - |
| Ka | Total Due |
| Paid re | ceipt number 3 4 8 6 1 300.00 |
| 0 | Balance due 8 01 · o |
| V_ | |
| I hereby certify I am the | of the above named deceden |
| that I have the right to make this authorization : | of remains as above indicated. I certify and represent and I agree to hold,Mt. Hope Cemetery harmless from |
| any liability on account of said authorization a | nd interment. |
| I hereby authorize the interment in lot I | X/Javerly Presed. |
| hold under deed. | x 3134 Obean View Bhy |
| Signature of recorded holder of deed | X Can Duente 92113 Cal |
| | Supra 23.2-25.84. Zip Cod |
| | Telephone |
| | 1059201 |
| Work Order # E 6832 | Invoice # 02.3041 |
| Work Order # | Acct. # CCS 07 / |

NOTE-STRAIGHT

| : 80/2 | San Diego, | California 1 | ule 28 | 1987 |
|--|---|--|--|---|
| Mt. Hope Cemetery or Sa | | | d, the undersigned make | r(s) promise(s) to pay to |
| at 3751 Martin Luther Kin | e Way San Di | PRO CA 921 | 102 | or order |
| the sum of Eight Hund | was one | 200 | | DOLLARS." |
| with interest from | yable on deman | 987 | on the unpa | id principal at the rate of |
| Should interest not be paid when due, interest when due, the whole sum of principhologic of this note. Interest after maturity will United States. Each maker will be jointly and hereof before, at or after maturity, and waives person who signs this note agrees that record action be instituted on this note, the understanding the state of the s | pal and accrued interest il accrue at the rate indic il severally liable and con s presentment, demand a prise may be had against | shall become immit ated above. Princip sents to renewals. nd protest and the r his/her separate pr | ediately due, without no al and interest are payat replacements and exten- ight to assert any statute operty for any philipation | tice, at the option of the sie in lawful money of the sions of time for payment to flimitations. A married contained herein, if any |
| MAKE ALL PAYMENTS AT MT | . HOPE CEMETE | | 474403; Mailir | ng Address |

10000 per month starly 9/6/87 By 10th of each mo. or interest and 10° late fee -Jams up.

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6832

| - | | USE BLACK INK-MAKE INC | ALIERATIONS ON LICHTON | Co | List to Commission Com | | |
|--|---|--|--|--|--|--|--|
| NAME OF DECEDEN | T. | | SEX | DATE OF BIRTH | DATE OF DEATH | | |
| | JAMES I | DWARD PIERCE | Male | June 6. 1908 | July 27, 1987 | | |
| PLACE OF DEATH- | | | IOR STATE IF NOT IN CALIFORNIA | NAME AND ADDRESS | OF SPOUSE OR OTHER INFORMANT | | |
| Nat | ional City | San Dieg | | Waverly | Pierce - Son | | |
| MAME AND ADDRE | SS OF FUNERAL DIRECTOR ION PLAS | 50 Federal Blvd. | CALIFORNIA LICENSE NUMBER | | anview Blvd. | | |
| Anderson-R | agsdale Mort.: San | | 1329 | San Dieg | o, Callfornia 9211 | | |
| | TYPE OF | PERMIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES O | F DISPOSITION | | | |
| | | | | | | | |
| JM 1 BURIAL IIN | CLUDES ENTOMBMENTI | 5. DISINTERMENT ANI ENTOMBMENT) |) BURIAL IINCLUDES | B DISINTERMENT AL | ND REINTERMENT OF CREMATED DES INURINMENTI | | |
| = | N AND BURIAL (INCLUDES INURNMI | INCLUDES INURNA | | | F CREMATED REMAINS AND IER THAN IN A CEMETERY | | |
| CEMETERS | | 7. DISINTERMENT, CR | EMATION, AND DISPOSITION | FOR COR | ONER'S USE ONLY | | |
| A SCIENTIFIC | USE | UINER THAN IN A | OTHER THAN IN A CEMETERY | | ☐ 10. DISPOSITION PENDING | | |
| | NAME AND ADDRESS OF CEMETE | RY WHERE REMAINS OR CREMATE | D REMAINS ARE TO BE INTERR | ED | COUNTY | | |
| INTERMENT | Mt. Hope Cemetery: | | The same of the same of the same of | Diego, Calif. | San Diego | | |
| The Control of the Co | NAME AND ADDRESS OF CREMATO | DRY WHERE REMAINS ARE TO BE CRE | MATE DATE CREMATED | SIGNATURE OF PERSON | N IN CHARGE OF CREMATORY | | |
| CREMATION | N/A | 04 | -O P.C. | > | | | |
| BURIAL AT SEA | ADDRESS, NEAREST POINT ON SE | ORY WHERE REMAINS ARE TO BE CRESCRED. HORELINE, OR OTHER DESCREDE. Y RECEIVING REMAINS | SOFFICE WE TO THENTIEV FINA | L PLACE AND COUNTY OF | DISPOSITION | | |
| OSITION OTHER | | mer | NAV | | | | |
| MATED HEMAINS | N/A | 7/0 | | | | | |
| SCIENTIFIC | | Y RECEIVING REMAINS | | | | | |
| USE | N/A | | | Toronto an agenta | | | |
| Ulawasan Magaaloo | This is to certify that I am th | e person having the right to co | rson having the right to control the disposition of the ident under provisions of the Health and Safety Code, espass and nuisance laws apply and understand that | | SIGNATURE OF APPLICANT | | |
| ACKNOWLEDGMENT OF | | | | | DATE SIGNED | | |
| APPLICANT | | inrestricted access to property n | | The state of the s | | | |
| LOCAL | THIS PERMIT IS ISSUED IN ACCORDANG | WITH PROVISIONS AMOUNT OF FE | PAID DATE PERMIT, SSUED | SIGNAPUHE OF LOCAL | RECORDINAR ISSUING PERMIT | | |
| RESISTRAR | OF THE CALIFORNIA HEALTH AND SAFE AUTHORITY FOR THE DISPOSITION SPEC | | D JUL 29 191 | > Donall it | Garras M. S. MM | | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED | 2/3/ SIGNATU | EN PERSON POLITICAL PROPERTY OF | DISPOSITION LICE DISP | NSE NUMBER OF CREMATED REMAINS OSER, IF APPLICABLE | | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRA | R OF COUNTY OF DEATH | 0 | | | | |

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-29-87

| You are hereby authorized and instructed, subje | / | nains |
|---|---|-----------------|
| u | an =1212 700 | 99/ |
| Trault/Duer 907 | eral, date, time 1/2/Fu 28.11 | 1 |
| Church, Chapel, Graveside Harres | ede Lewis Mon | tuary. |
| All Funeral cars must arrive before 3:30 p.m. of | regular work day or an extra charge will be ap | plied |
| and billed to undersigned. War time veteran | | |
| inget - | |) |
| Lot Grave Row | Section Division/Block | |
| Grave space & Care Fund | Sul _ | |
| Additional spaces and care fund | | |
| Opening/Closing & Setup | 326 | .00 |
| | 100 | .00 |
| | 149 | 5.00 |
| Flower vases - Marker setting fee | | |
| | 35 | - ac |
| Recording and filing feet 3.1.1987 | | 00 |
| Sales taxes MT. HOPE CEMETERY | 600 | oc |
| CITY of SAN DIEGO, CALIF. | Total Due 11 Col | 00 |
| 7/ 0 - An - O | eipt number | 5 |
| Jelf Seller Cos | Act Balance due | |
| I hereby certify I am the 43 ONED he | ew of the above named dec | |
| and this is your authority to make disposition of that I have the right to make this authorization a | remains as above indicated. I certify and repr nd I agree to hold Mt. Hope Cemetery harmles: | esent s from |
| any liability on account of said authorization an | d interment | |
| I hereby authorize the interment in lot I | Dud 6 tellow | |
| hold under deed. | 3782 MilAN ST | |
| Signature of recorded holder of deed | SAW DIEUD CO 9 | 210 |
| | 223-1685 desp | Zip Code |
| | Telephone 222-8407 20 | 2 |
| | Invoice # | |
| E 6833 | 390000000000000000000000000000000000000 | |
| Work Order # La UUUU | Acct. # | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6833

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | | DE BENCK INK-MAKE IND W | ETERATIONS ON ERABORE | 3 | | |
|--|--|---|-----------------------------|--|--|--|
| NAME OF DECEDEN | MAE BTBEL TITLOW | | female | Sept 27, 1894 | July 29, 1987 | |
| | | PLACE OF DEATH—COUNTY ION San Diego | STATE IF NOT IN CALIFORNIA) | Ned A. Titlow - nephew | | |
| WANTE WAR WELLES OF LONGUAGE DIRECTOR WAS EAST TO A THE CONTROL OF THE PARTY OF THE | | | | 3782 Milan St San Diego, C | | |
| | TYPE OF PER | MIT, CHECK ONLY ONE OF TH | E FOLLOWING TYPES OF | DISPOSITION | | |
| TE & BURIAL WA | CLUDES ENTOWBMENTI | 5 OKSWITERMENT AND BU ENTOMBMENT) | URIAL WASLUDES | 8. DISWITERMENT AND PREMAINS HINCLUDES | NEWTERMENT OF CREMATED INURNMENT! | |
| 2 CREMATIO | N AND BURIAL (INCLUDES INVRNMENT) | 6. DISINTERMENT, CREMA | TION, AND BURIAL | 9 DISINTERMENT OF CR | EMATED REMAINS AND THAN IN A CEMETERY | |
| ☐ 3 CREMATIO CEMETERY ☐ 4 SCIENTIFIC | | 7. DISINTERMENT, CREMA OTHER THAN IN A CEN | METERY | FOR CORON | ER'S USE ONLY | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | MAINS ARE TO BE INTERRE | The same of the sa | INTY San Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | VHEN REMAINS ARE TO BE CREMA | TED DATE CREMATED | SIGNATURE OF PERSON IN | CHARGE OF CREMATORY | |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY EMATED REMAINS | ADDRESS, NEAREST POINT UN STOP | LE GOTHER DESCRIPTION SUF | FICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DIS | POSITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | 3 | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the pe remains of the above named dece and I hereby acknowledge that to | dent under provisions of the H | ealth and Safety Code, | SIGNATURE OF APPLICANT DATE SIGNED | | |
| . LOCAL | this permit gives no right of unrest | | | SIGNATURA OF LOW PAGE | PAR ISSUING PERMIT | |
| REGISTRAR | OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED | THIS FERMIT \$3.00 | JUL 3 0 1987 | > Nonall a. | Gameras, M.D. M | |
| OF PERISON IN CHARGE OF DISPOSITION | DESCRIPTION WAS MADE ON | SIGNATURE | eogusta | LICENSE DISPOSE | NUMBER OF CREMATED REMAINS R. IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | | |

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-30-87

| of Mildred M | oore | | | |
|---|----------------------|--------------------------------|------------------|---|
| in a Double Crypt | Funeral, date, | time Man | 8-3-87 | 11 AM |
| Church Chapel Graveside Que | ch Leaves | delago | dale | Mortuary. |
| All Funeral cars must arrive before 3: | 30 p.m. of regular v | vork day or an | extra charge | will be applied |
| and billed to undersigned. War time v | veteran | | | |
| Lot 36 Grave 6 Rov | vSectio | 1 | Division/846 | 12 |
| Grave space & Care Fund | - | | | 495,00 |
| Additional spaces and care fund | | | | |
| | | | 7 | 320,00 |
| Opening/Closing & Setup | KARIA. | ID | 1 | 330.00 |
| Handling Fees | 1 7, 7 3 | | | 320,0 |
| Flower vases - Marker setting fee | JUL 31 | 1987 | 1 | |
| Recording and filling fee | MT. HOPE CI | METERV | 1 | 35,00 |
| Sales taxes | CITY of SAN DE | | | 19.80 |
| | 1 | Total Due | | 1519.80 |
| | Paid receipt numb | er 348 | 70 | 1579,80 |
| | | | Balance due | -0- |
| On. | al to | | | |
| I hereby certify I am the and this is your authority to make dis that I have the right to make this authority any liability on account of said authority | orization and lagree | as above indi to hold Mt. H | cated. I certify | amed decedent and represent harmless from |
| I hereby authorize the interment in lo hold under deed. | ot I Signal | llyce | Dave | dsox 8x. |
| Signature of recorded holder of deed | _ Aridon | Jan Di | igo, | 9211 |
| | Totopi | 76-99 | 167 | Zip Code |
| | Invo | ice# | | |
| Work Order # E 6834 | Acc | t.# | | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6834

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | T | | | SEX | DATE OF BIRTH | | DATE OF DEATH | |
|---|--|--|---------------------------------|---|-----------------|------------|----------------------------------|-------------|
| | MILDRED JEW | FLUMBOORE | | Female | Mar. 28. | 1905 | July 29 | 1987 |
| PLACE OF DEATH- | | NAME OF TAXABLE PARTY OF TAXABLE PARTY. | OUNTY ION STA | TE IF NOT IN CALIFORNIA) | | RESS OF SP | OUSE OR OTHER | NFORMANT |
| Sa | n Diego | San | Diego | | Alice | Davids | on - Daugh | ter |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR FOR PERSON AC | Federal Blv | GALIFO | RNIA LICENSE NUMBER | 6237 0 | | | |
| Anderson-R | agsdale Mort.: San D | lego, Callfo | rnia | 1329 | San Di | ego, C | allfornia | 92111 |
| | TYPE OF PERA | AIT, CHECK ONLY O | NE OF THE FO | DLLOWING TYPES OF | DISPOSITION | | | |
| DO 1 BURIAL (IN | CLUDES ENTOMBMENT) | ☐ 6 DISINTERME ENTOMBME | | INCLUDES | | ENT AND RE | INTERMENT OF CRE | EMATED |
| ☐ 2 CREMATION | N AND BURIAL INCLUDES INURNMENTI | G DISINTERME | | AND BURIAL | | | MATED REMAINS A | |
| CEMETERY | | 7 DISINTERME | NT, CREMATION N IN A CEMETER | AND DISPOSITION | FOR | CORONE | R'S USE ONLY | |
| 4 SCIENTIFIC | USE | Series series | THE PERSONNELLE | | ☐ 10 DISPOSITIO | IN PENDING | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | Luther K | Same of the same of the same | San Dieg | COUN | San DI | 800 |
| CREMATION | NAME AND ADDRESS OF REMATORY W | The Property of the Party of th | | | > .0 | | HARGE OF CREMA | TORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMITERY EMATTED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | WE OR OTHER DESCRI | Sione I | Batton a | PLACE ALLOUIN | TY OF DISP | OSITION | 1 |
| CIENTIFIC | NAME AND ADDRESS OF FACILITY RECE | EIVING REMAINS | | | 81. | a 1555 | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre | dent under provision espass and nuisance | s of the Healt laws apply ar | and Safety Code, and understand that | SIGNATURE OF A | PPLICANT | 10.74 | |
| | this permit gives no right of unresh | ricted access to prope | erty not owner | by me. | | | | |
| LOCAL RESISTRAR | THIS PLRIMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | C AND OF THE | OF FEE PAID | AUG***3" 551987 | SIGNATURE OF L | 12.00 | man issuing peni | MM |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | 3/87 SI | MATERIAL | RESON IN CHARGE | SITION | | UMBER OF CREMAT IF APPLICABLE | TED REMAINS |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 9 | y vice | | | | |

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

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| | AT A STATE OF THE PARTY OF THE | Date: 7 | -31- | - 1 | 87 |
|--------------------------------|--|---------------------------|------------------|------------|-----|
| From: ALYCE DAVIDSON | Address: 62.74 OSLER | ST SID | CA | 92111 | |
| Two thousand to | rity dollars and | 70/100 0 | ollars (\$ | 2030. | 10 |
| in Full Payment of Ann | terment for Mildred | Moore | 36- | 6-1-1. | 2 , |
| and grave 36-7-1 | -12 and flower. | vase | nd . | double ci | ypt |
| Lot 36 Grave 6 | 5 + 7 Row s | ection / | 7 - | Division / | 2 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT 20% Sales Care | 67007 77184 — | 198 | 00 |
| Acct. No. | Prior in Tites de maio | 80% Sales of Lots | 100 77184 — | 792 | 00 |
| wo.6834 £ 6836 | THE RESERVE OF THE RESERVE OF | Opening/ Closing | 77181 — | 320 | 00 |
| W.O.6321 | State of the Control | Burial Containers | 77182 - | 335 | 50 |
| BALANCE DUE | A STATE OF THE PARTY OF THE PAR | Handling Fee | 77183 - | 330 | 60 |
| | | Recording & Misc. Fees | 77183 - | 35 | 00 |
| Pre-Need Lot At Need D On Acct | Law all the second | Pre-Nend Trust | 63033 | _0 | |
| Pre-need Trust Cash Check | 10 % | Sales Tex | 60101 78390 — | 20 | 10 |
| AC-212 (Rinv. 11-86) #/6-56 | ISSUED BY Wife Tengue | TOTAL PAID | * | 2030 | 70 |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-3/-87

| of wholese On | will . | 1 |
|--|--|-----------------------|
| ina NONE Fu | neral, date, time 8/4 | Tues |
| Church, Chapel, Graveside | Mailen | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra ch | narge Will pe applied |
| and billed to undersigned. War time veteran | _ wag | , Off |
| Lot 150 Grave 9 Row | Section 2 Division | 11 |
| Bottom level - | (1 1 1 1 | n/Block // |
| Grave space & Care Fund | No. | |
| Additional spaces and care fund | | 55. |
| Opening/Closing & Setup | some of come | S. 90. |
| Burial Container NONE - Flor | there - clot Hauble | |
| Handling Fees | The second secon | |
| Flower vases - Marker setting fee | ************************** | |
| Recording and filing fee | *************************************** | |
| Sales taxes | ************************ | |
| 21 H1 0390 | Total Due | 145.0 |
| Paid re | ceipt number | |
| · 1 | Balanc | e due |
| More | 40.0 | |
| Thereby certify I am the and this is your authority to make disposition | of remains as above indicated. I | |
| that I have the right to make this authorization any liability on account of said authorization a | and lagree to hold Mt. Hope Cen and interment. | etery harmless from |
| | | |
| I hereby authorize the interment in lot I hold under deed. | Signature | |
| | Address | |
| Signatura of recorded holder of deed | State | Zip Code |
| | Telephone | |
| | net) | 195 |
| E 6835 | Invoice # | |
| | | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6835

| | USE BLACK I | NK-MAKE NO | ALTERAT | IONS OR ERASUR | ES | | | |
|---|--|---|--|---|--|--|--|--|
| | | | | 11.77 mm | Hay 9, | 1915 | July 28, | 1987 |
| n Diego S Sem ue Diego ge Ca leson a | CTING AS SUCH | San Die | go | | S.D. C Admini | ounty stract | Public Ad | |
| TYPE OF PER | MIT, CHECK | ONLY ONE OF | THE FOL | LOWING TYPES C | | 089, | alifornia | 9212 |
| CLUDES ENTOMBMENTI | | | BURTAL T | NCLUDES | B DISINTERM | ENT AND REI | NTERMENT OF CHEM | ATED |
| N AND BURIAL (INCLUDES INURNMENT) | ☐ € DIS | INTERMENT, CRE | MATION. | AND BURIAL | B DISINTERMI DISPOSITIO | ENT OF CHEN | MATED REMAINS AND AN IN A CEMETERY | |
| | D 7. DIS | INTERMENT, CRE | MATION, | AND DISPOSITION | _ 5000 | | 'S USE ONLY | 1 |
| Mount Hope Cemete | агу, 37 | 51 Hark | et S | treet, Sa | n Diego, | CA | San Diego | |
| NAME AND ADDRESS OF CREMATORY V | JULUS | Flat | The | DATE CREMATED | SIGNATURE OF I | PERSON IN C | HARGE OF CREMATOR | 14. |
| ADDRESS, NEAREST POINT ON SHORE | LINE, OR OTHE | audle, | LIERIGIEN | | | | DSITION | |
| NAME AND ADDRESS OF FACILITY REC | CEIVING REMAI | NS | | | | | EDIL | |
| remains of the above named deco and I hereby acknowledge that to | edent under prespass and r | provisions of the juisance laws a | Health pply and owned l | and Safety Code, understand that by me. | DATE SIGNED | PPLICANT | | |
| OF THE CALIFORNIA HEALTH AND SAFETY CO | DE AND IS THE | AMOUNT OF FEE | PAID | AUS 0 3 198 | - Renal | 18.2 | was M.D. | Les |
| DISPASSING WAS MADE ON | ATER DATE | - Signation | E OF PERS | Stell | POSITION | | | REMAINS |
| INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF I | EATH | 0 | | | P. So | | |
| | TOTAL TOMAS I CITY OR TOWN IN DIEGO SESSEMEDIA GEOGR GALEBON A HOTT, 4266 Mt. AI TYPE OF PER CLUDES ENTOMBMENTI N AND BURIAL (INCLUDES INURNMENT) N AND DISPOSITION OTHER THAN IN A USE NAME AND ADDRESS OF CEMETERY V MOUNT HOPE CREMATORY V NAME AND ADDRESS OF CREMATORY V NA ADDRESS, NEAREST POINT ON SHORE NA NAME AND ADDRESS OF FACILITY REC ON THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED DISPOSITION WAS MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED DISPOSITION WAS MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED DISPOSITION WAS MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED DISPOSITION WAS MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED DISPOSITION WAS MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED DISPOSITION WAS MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED DISPOSITION WAS MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED DISPOSITION WAS MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED DISPOSITION WAS MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED DISPOSITION WAS MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED DISPOSITION WAS MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE COMPANY MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE COMPANY MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE COMPANY MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE COMPANY MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE COMPANY MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE COMPANY MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY THE COMPANY MADE ON THE CALIFORNIA HEALTH AND SAFETY CO AUTHORIT | TOTAL TOMAS I CITY OR TOWN R DIEGO S SERINEDI DEGO OF CATERSON ACTING AS SUCH HORT, 4266 Ht. Abernati TYPE OF PERMIT, CHECK CLUDES ENTOMBMENTI N AND BURIAL (INCLUDES INURNMENT) N AND DISPOSITION OTHER THAN IN A USE NAME AND ADDRESS OF CEMETERY WHERE REMAIN HOURT HOPE CEMETERY WHERE REMAIN NA ADDRESS, NEAREST POINT ON SHORELINE, OR OTHE NA NAME AND ADDRESS OF FACILITY RECEIVING REMAIN NA NAME AND ADDRESS OF FACILITY RECEIVING REMAIN NA This is to certify that I am the person having remains of the above named decedent under and I hereby ocknowledge that tresposs and in this permit gives no right of unrestricted access the permit gives no right of unrestricted access of the California Health and Safety Code and is the authority for the Disposition specified in this permit I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FATER DATE! INDICATE ADDRESS OF REGISTRAN OF COUNTY OF I | TOTAL TOMAS 1 CITY OR TOWN DIEGO STERNED CHOOSE CATERRON ACTING AS SUCHE HOTE, 4266 Mt. ADETUATRY AVE TYPE OF PERMIT, CHECK ONLY ONE OF CLUDES ENTOMBMENTI N AND BURIAL (INCLUDES INURNMENT) N AND DISPOSITION OTHER THAN IN A USE NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED MOUNT HODE CAMETERY WHERE REMAINS ARE TO BE DREAD ADDRESS. NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION IN A NAME AND ADDRESS OF FACILITY RECEIVING REMAINS A This is to certify that I om the person having the right to corremains of the above named decedent under provisions of the and I hereby ocknowledge that trespass and nuisance laws of this permit gives no right of unrestricted access to property not this Permit sissued in accordance with Provisions of the AUTHORITY FOR THE OSSIPPION SHOP IN SPREMIT I CERTIFY THAT THE SPECIFIED OF THE PROVISIONS OF THE AUTHORITY FOR THE OSSIPPION SHOP IN SPREMIT I CERTIFY THAT THE SPECIFIED OF THE PROVISIONS OF THE AUTHORITY FOR THE OSSIPPION SECRETED THE PROVISIONS OF THE AUTHORITY FOR THE OSSIPPION SECRETED THE PROVISIONS OF THE AUTHORITY FOR THE OSSIPPION SECRETED THE PROVISIONS OF THE AUTHORITY FOR THE OSSIPPION WAS MADE ON GETTER DATE! INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH | TYPE OF PERMIT, CHECK ONLY ONE OF THE FOL CLUDES ENTOMBMENTI N AND BURIAL (INCLUDES INURNMENT) N AND DISPOSITION OTHER THAN IN A USE TYPE OF CEMETERY WHERE REMAINS OR CREMATED REMAINS NAME AND ADDRESS OF CREMATORY WHERE REMAINS OR CREMATED REMAINS NAME AND ADDRESS OF CREMATORY WHERE REMAINS OR CREMATED REMAINS NAME AND ADDRESS OF CREMATORY WHERE REMAINS OR CREMATED REMAINS NAME AND ADDRESS OF CREMATORY WHERE REMAINS OR CREMATED REMAINS NAME AND ADDRESS OF CREMATORY WHERE REMAINS OR CREMATED REMAINS NAME AND ADDRESS OF FACILITY RECEIVING REMAINS This is to certify that I am the person having the right to control the cremains of the above named decedent under provisions of the Health and I hereby ocknowledge that trespass and nuisance laws apply and this permit gives no right of unrestricted access to property not owned to the CALLEDRINA HEALTH AND SAPETY CODE AND IS THE AUTHORITY FOR THE DESPOSITION SPECIFIED AT INSPERMIT I CERTIFY THAT THE SPECIFIED I COUNTY OF DEATH I CERTIFY THAT THE SPECIFIED I CERTIFY THAT THE SPECIFIED I COUNTY OF DEATH I CERTIFY THAT THE SPECIFIED I COUNTY OF DEATH | TOTAL TOTAL STATE IN TOTAL STATE IN THE PERSON ACTING AS SUCHO SAND DIEGO SECUNDARY OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF CLUDES ENTOMBMENT) NAND BURIAL (INCLUDES INURNMENT) NAND DISPOSITION OTHER THAN IN A USE NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY NAME AND ADDRESS OF CREMATORY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED TO THE PROPERTY OF THE PERMIT SHOULD S | TOTAL TOMAS PLACE OF DEATH—COUNTY ION STATE IF NOT IN CALFORNIAN NAME AND ADD | TOTAL TOMBS! PLAGE OF DEATH—COUNTY ION STATE IF NOT IN CALFORNIA MAY 9, 1915 NAME AND ADDRESS OF SET DIEGO STRUMENT OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION OTHER THAN IN A CEMETERY NAME AND BURIAL (INCLUDES INJERNMENT) NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED LOCAL TOMBS OF CREMATORY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED ADTE OF PERSON IN COUNTY OF DEATH This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby ocknowledge that tresposs and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me. This permit gives no right of unrestricted access to property not owned by me. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALFORNIA HEALTH AND SAFETY CODE AND IS PERMIT SUSTEIN ALLOW AND MISPOSITION JET DESCRIPTION OF DEATH ADDUCTIVE ADDRESS OF PEGISTRAR OF COUNTY OF DEATH JET DESCRIPTION IN COUNTY OF DEATH JET DESCRIPTION OF PERSON IN COUNTY OF DEATH | TOTAL TOTAL SECTION ACTION AS SECTION ACTION AS SUCREMENT AND SURFACE OF DEATH—COUNTY FOR STATE IN NOT IN CALIFORNIA IN AME AND ADDRESS OF SPOUSE OR OTHER INFO SECTION ACTION AS SUCREMENT AND SURFAL INCLUDES NURMER THAN IN A CEMETERY. IN AND BURIAL (INCLUDES INJURNMENT) IN AND BURIAL (INCLUDES INJURNMENT) IN AND DISPOSITION OTHER THAN IN A INCLUDES HUMBMENT, CREMATION, AND BURIAL INCLUDES INJURNMENT OF CREMATION, AND DISPOSITION OTHER THAN IN A IN AND DISPOSITION OTHER THAN IN A INCLUDES HUMBMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY. IN AND DISPOSITION OTHER THAN IN A INCLUDES HUMBMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY. 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PY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE EMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR Y THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

prened of the

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-31-87

| of ALYCE & HI | — Funeral, date, time — | | 4 1 1 1 1 1 |
|---|----------------------------------|---|-----------------|
| Vauls/Liner | runcial, 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 tim | e veteran | | |
| Lot 36 Grave 7 A | owSection | Division/94 | . 12 |
| | | | |
| Grave space & Care Fund | i double cry | RT | |
| Additional spaces and care fund . | | | 495,0 |
| Opening/Closing & Setup | | | |
| Burial Container | ************** | 7 | |
| landling Fees | PAID | 1 | 10,60 |
| lower vases - Marker setting fee | 1 1 1 - | | _5.00 |
| Recording and filing fee | JUL 3 1 1987 | | |
| Sales taxes | MT. HOPE CEMETERY | | -30 |
| | CITY of SAN DIEGO, CALL | | 510.90 |
| | Paid receipt number 34 | CONTRACTOR OF THE PARTY OF THE | 510.90 |
| | | Balance due | -0- |
| | | balance due | |
| hereby certify I am theand this is your authority to make d | ionesition of semalar as above | of the above n | med decedem |
| that I have the right to make this au | thorization and lagree to hold N | At. Hope Cemetery | harmless from |
| any liability on account of said auth | norization and interment. | - 9 01. | 5 |
| hereby authorize the interment in | lot 1 HATC | E SHUIL | 22010 |
| nold under deed. | Signature 27 | 14 OSLER | Street |
| Signature of efforded helder of dwed | S Addison | D1860,0 | A 92111 |
| | State | | Zip Code |
| 1. F-1834 | for . Johnson | | |
| el 2 6001 J | levers Invoice #_ | | |
| E 6836 | 4 | | |
| Work Order # BOOOO | Acct. # | AD VIEW IS IN | |

Dut on Side

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/3/87

| You are hereby authorized and instructed, subj | ect to your rules and regulations, to inter the remains |
|--|--|
| of Elizabeth | leaver 11 |
| ina T.S. Voult . Fur | neral, date, time P.M. 8/6/Thur |
| Vault/Liner | OC 1011 11/1-1 |
| | TI DO TO |
| All Funeral cars must arrive before 3:30 p.m. o | of regular work day of an extra charge will be applied |
| and billed to undersigned. War time veteran _ | |
| Lot 427 Grave Row | - 8 |
| Lot 70 / Grave Row | Section Division/Block |
| Grave space & Care Fund | hed ~ |
| | 778-8 -7 |
| Additional spaces and care fund | 2700 |
| Opening/Closing & Setup | 5/00 |
| Burial Container | 1/1/2 |
| | 1700 |
| Flower vases - Marker setting fee | |
| Recording and filing fee | 3500 |
| Sales taxes | 16.50 |
| cate) a to | Total Due 7/0 ≦ |
| Tslas of which | ASSESSED VALUE OF THE PROPERTY |
| Rein at Paid re | ceipt number |
| Estate offiction Paid res | Balance due |
| I hereby certify I am the | of the above named decedent |
| and this is your authority to make disposition of that I have the right to make this authorization | of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from |
| any liability on account of said authorization a | nd interment. |
| I hereby authorize the interment in lot I hold under deed. | Signature |
| | Address |
| Signature of recorded holder of dead | State En Code |
| Signature of recorded holder of dand aldrew | |
| of cott- | Tologhuna |
| _ | Invoice # |
| Work Order # E 6837 | - W-20040 |
| PY-503 (REV. 8-85) | Acct. # |

PERMIT FOR DISPOSITION OF HUMAN REMAINS E 6837

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| - | | | | - | |
|---|--|---|--|---------------------|---|
| NAME OF DECEDEN | Elizabeth Emilie H | attle Weaver | Female | Nov. 27, 190 | Aug. 1, 1987 |
| PLACE OF DEATH- | lesa | PLACE OF DEATH-COUNTY ION San Diego | STATE IF NOT IN CALIFORNIAS | Ward Pscher | OF SPOUSE OR OTHER INFORMANT |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR ION PERSONS | " Imperial Ave. CA | 670 | Orville, CA | |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | |
| XI. BURIAL DIN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND BUI | RIAL UNCLUDES | | NO REINTERMENT OF CREMATED DES INURNMENT) |
| ☐ 2 *CREMATIO | N AND BURIAL IINCLUDES INUBNMENT) | 6 DISINTERMENT, CREMAT | | | F CREMATED REMAINS AND HER THAN IN A CEMETERY |
| ☐ 3 CREMATIO CEMETERY ☐ 4 SCIENTIFIC | | D 7 DISINTERMENT, CREMAT OTHER THAN IN A CEM | | FOR COR | ONER'S USE ONLY |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | HERE REMAINS OR CREMATED REP | | D. | COUNTY San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO BE CREMAT | 0 | 20 | N IN CHARGE OF CREMATORY |
| BURIAL AT DEA DR POSITION OTHER WIN A CEMETERY FREMATED REMAINS | ADDRESS, NEAR SONINT ON SHOREL | | Port land | PLACE AND COUNTY OF | F DISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS - | | | N. F. St. |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre this permit gives no right of unrest | dent under provisions of the He espass and nuisance laws apply | alth and Safety Code, and understand that | SIGNATURE OF APPLIC | ANT |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HIALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFICAL | SE AND IS THE | AUG 0 4 1987 | SIGNATURE OF LOCAL | REGISTRAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | US OF THAT THE SPECIFIED 8 | SIGNATURE DI | PERSON IN CHARGE DE C | | NSE NUMBER OF CREMATED REMAINS OSER, IF APPLICABLE |
| # DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REDISTRAN OF | COUNTY OF DEATH | | 170 | |

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

E6837 Well Faye Tunt Dynt att Hary nickerson Los angel 90054

For george



Star from C. V. Cuyet

INTERMENT ORDER

City of San Diego

8/3/87

| | Date | // |
|--|--|-------------------------------|
| You are hereby authorized and instructed, sub | ren + W | lations, to inter the remains |
| - 6 1,70 1.40 | | 10 AM 8-7-87 |
| Church, Chapel, Graveside Maulind | PRODUCT TO THE PROPERTY OF THE | + 30 |
| | 11/0 | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | | extra charge will be applied |
| and billed to undersigned. War time veteran | - | |
| Lot 14 Grave 3 Row ~ | Section | Division/Block |
| Grave space & Care Fund | | |
| Additional spaces and care fund | 53 N | 21/12 |
| Opening/Closing & Setup | | ******* |
| Burial Container | u grain | |
| Handling Fees | E 1156 | |
| Flower vases - Marker setting fee | | |
| Recording and filing fee | | |
| Sales taxes | eland | |
| · Cumung & | Total Due | -0 |
| Paid re | eceipt number | |
| OTO · C | mett | Balance due |
| T11. | | Dulation God |
| I hereby certify I am theand this is your authority to make disposition | of some local and the local local | f the above named decedent |
| that I have the right to make this authorization any liability on account of said authorization | and lagree to hold Mt. Ho | |
| | | |
| I hereby authorize the interment in lot I hold under deed. | Signature | |
| | Address | |
| Signature of recorded holder of dead | State | Zip Cod |
| | Telephone | |
| | Invoice # | |
| Work Order # E 6838 | Acct. # | |
| | The state of the s | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6838

| | U | SE BLACK INK-MAKE NO | ALTERATIONS OR ERASURE | ES | aug 1- 1981 |
|---|---|--|--|---|--|
| HARRY SE | XTON BERGGREN | RETURNING THE | SEX Hale | June 13, 1899 | DATE DEATH 13, 1899 |
| San Diego | CITY OF TOWN | PLACE OF DEATH-COUNTY | IOB STATE IF NOT IN CALIFORNIAL | NAME AND ADDRESS OF SE | POUSE ON OTHER INFORMANT |
| | S OF FUNERAL DIRECTOR ION PLASON AS | TING AS SUCHI | CALIFORNIA LICENSE NUMBER 1083 | San Diego, Ca. | The state of the s |
| | TYPE OF PERM | AIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES OF | DISPOSITION | |
| *□ 1 BURIAL DN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND ENTOMBMENT) | BURIAL UNCLUDES | a disinterment and REPREMAINS INCLUDES IF | URNMENT OF CREMATED |
| 2 CREMATION | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CRE | MATION, AND BURIAL | DISINTERMENT OF CRE DISPOSITION OTHER TO | MATED REMAINS AND HAN IN A CEMETERY |
| 3 CHEMATION CEMETERY 4 SCIENTIFIC | N AND DISPOSITION OTHER THAN III A | | MATION, AND DISPOSITION | FOR CORONE | R'S USE ONLY |
| VTERMENT | NAME AND ADDRESS OF CEMETERY W | | | | San Diego |
| CREMATION | NAME AND ADDRESS OF CREMA CRY W | on Ca. | 0.001 | 10 | CHARGE OF CREMATORY |
| BURIAL AT SEA OR OSITION OTHER IN A CEMETERY EMATEO REMAINS | ADDRESS, NEAREST POINT ON SHOREL | THE OR OTHER | SUFFICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DISI | osinov |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY HED | EIVING REMAINS | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tro this permit gives no right of unrest | dent under provisions of the espass and nuisance laws o | e Health and Safety Code, apply and understand that | SIGNATURE OF APPLICANT DATE SIGNED | |
| LOCAL *REGISTRAR | THE CALIFORNIA HEALTH AND SATING COMMITTEE CALIFORNIA HEALTH AND SATING COMMITTEE CONTINUES FOR THE CALIFORNIA SECURIOR | PROVISIONS AMOUNT OF FEE | CONSTRUCTION OF THE CONTRACT O | SIGNAT ABOUT LINE LEG | PAR ISSUING BERNIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIAL STATES | SEGULTU SEGULTU | en with | | JUMBER OF CREMATED REMAINS IF APPLICABLE |
| IF DISPOSITION IS TO DOCUM IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | | | |

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

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6838

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF THE OWNER, WHEN | | | DESCRIPTION OF THE PARTY OF THE | PACIENTATION ON CHISTONIA | | |
|--|--|---------------------------------------|---|---|--|---|
| NAME OF DECEDENT | | | | SEX | DATE OF BIRTH | DATE OF DEATH |
| | WILLIAM | A. | STARR | Male | April 3, 192 | 8 Aug. 29, 1969 |
| PLACE OF DEATH- | | | | ION STATE IF NOT IN CALIFORNIA | | POUSE OF OTHER INFORMANT |
| Los | Angeles | | Los Angeles | | | erggren, wife |
| * | SS OF FUNERAL DIRECTO | | CTING AS SUCH! | LANGUANIA DEENSE NUMBER 1083 | 4724 Winona San Diego, C | |
| 1 | | TYPE OF PER | MIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES O | F DISPOSITION | |
| ☐ I BURIAL UN | CLUDES ENTOMBMENTI | | 5 DISINTERMENT AND ENTOMBMENT! | BURIAL INCLUDES | DISINTERMENT AND REMAINS (INCLUDES) | |
| 100 | N AND BURIAL INCLUDE | | ☐ 6 DISINTERMENT, CRE | MATION, AND BURIAL ENT) | D 9 DISINTERMENT OF CREDISPOSITION OTHER T | MATED REMAINS AND HAN IN A CEMETERY |
| CEMETERY | | ER THAN IN A | D J DISINTERMENT, CRE | MATION, AND DISPOSITION | The state of the s | R'S USE ONLY |
| 4 SCIENTIFIC | USE | | ARAGONIA AMERIKAN PAR | | ☐ 10. DISPOSITION PENDING | |
| INTERMENT | NAME AND ADDRESS. | | WHERE REMAINS OR CREMATEL | REMAINS ARE TO BE INTERR | A 3 A 3 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 | San Diego |
| CREMATION | NAME AND ADDRESS O | F EREMATORY V | WHERE REMAINS ARE TO BE CRE | MATED DATE CHEMATED | SIGNATURE DE PERSON IN | CHARGE OF CHEMATORY |
| BURBAL AT SEA DR POSITION OTHER IN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST PO | Cen P. | T. P. Vault | Wet to B | PLACE AND COUNTY OF DIS | POSITION |
| SCIENTIFIC USE | NAME AND ADDRESS I | OF FACILITY REC | EIVING REMAINS | | | |
| ACKNOWLEDGMENT OF | remains of the abo | ve named dece | rson having the right to condent under provisions of the | Health and Safety Code, | SIGNATURE OF APPLICANT DATE SIGNED | |
| APPLICANT | THE RESERVE OF THE PARTY OF THE | CONTRACTOR OF THE PERSON NAMED IN CO. | espass and nuisance laws a tricted access to property no | THE REAL PROPERTY OF THE PARTY | DATE SIGNED | |
| + LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN OF THE CALIFORNIA HEALT AUTHORITY FOR THE DISPO | H AND SAFETY CO | DE AND STHE 3 00 | AUG 5 1987 | SIGNATURO LOCALIS | Comes, M.D. ml |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE S DISPOSITION WAS MAI | | TEH DATE: SIGNATO | LOSSEN BY WARGE OF | | NUMBER OF CREMATED REMAINS IF APPLICABLE |
| IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY | INDICATE ADDRESS OF | AFGISTRAR OF | COLINTY OF DEATH | 0 | | |

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

INTERMENT ORDER
City of San Diego

8/4/87

| of | Joanne | Castaned | ~ | |
|--|--|--|--------------------------|------------------|
| ina | Vault/Liner | Funeral, date, time | | A Bullet Years |
| A STATE OF THE PARTY OF THE PAR | apel, Graveside | | | Mortuary |
| | | 3:30 p.m. of regular work | | - (A) (A) |
| and billed to | undersigned. War tim | e veteran /c | Replace E | 674800 |
| 5350 | Grave ~ | Now Section | Division/Ble | nck 10 |
| 5351 | | | Division by | 201 |
| Grave space | & Care Fund Caw | be used for | Double Crypt | 2085 |
| Additional s | paces and care fund | -NONE - | | |
| | osing & Setup |) mg | anang | |
| | ainer | (2) | anangel this time | |
| Handling Fe | | (al | | /80 |
| | s - Marker setting fee | | | |
| | NAME OF THE OWNER | | | |
| Recording a | ind filling fee | | | |
| Sales taxes | from E-1 | 248-3347 | 34 | 100- |
| | Stour F- | 110,00 | tal Due | 1985 |
| | | Paid receipt number _ | OFOI | 63 |
| | | | Balance du | 0 1902 |
| | tify I am the | | at the share | named decedent |
| and this is y | our authority to make | disposition of remains as al | bove indicated. I certif | ly and represent |
| any liability | on account of said aut | thorization and I agree to he horization and interment. | old Mt. Hope Cemeter | y narmiess from |
| | | -1 | 11/4 | 4 |
| hereby aut | thorize the interment is deed. | o lot I | as con | |
| | 772011 | Address | | |
| | ded holder of sleed | A. Sinte | | Zip Cod |
| 2 0 | E 1.74 | &- Canall | | |
| epla | ne E 674 | | | |
| - | The second | Invoice # | | |
| | "E 6839 | Acct. # _ | | |
| Nork Order | | | | |

\$ 1902,00 9-10-57 3502/ 83,00 1819.00 10-7-87 35123 83.00 11-10-87 17'36.00 352 76 8 3.00 1653.00 83.00 35414 18-10-87 1570.00 1-13-88 35563 7487,00

TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY AUDITOR | MOUNT HOPE CEMETERY 284-3151 | 0/4 | 1/07 | |
|--|---|--|---|----|
| From Solvert Cast | and Work | Date: 9/ | , 10 | 9 |
| The three & | who the la - | Dollar | * 15 2 3 E | |
| In Payment of Payment of Grave | Payment - | ection | Division / | 0 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CHEDIT 577 20% Sales Care 771 80% Sales 1 of Lots 777 | 007 194 190 194 194 190 190 | 00 |
| BALANCE DUE 1902 On Acct | * | Containers 771 Handling Fee 771 Recording & 771 Pre-Need 630 | 183 183 183 | |
| Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐ AC-212 (Reve-11-86) | ISSUED BY ESTIMATE | Trust 90 Sales Tax 601 783 TOTAL PAID | 101 | 3 |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| | 264-3151 | | an | | 50 |
|---|---|--|---------------------------------------|------------|----|
| From Castones | LL Address: 13425 7 | 2 bue | Doet. | 973 | 07 |
| lighty three - | | | Dollars (\$ _ | 83,00 | |
| In Payment of | you # 1, clear | and | 37.5 | El ar | |
| Lot 5349 50, 5/ Grave | Row S | ection | | Division / | 2 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales | 57007 77184 | 83 | - |
| NO. E-6839 | | of Lots Opening/ Closing Buries | 77184 — 100 77181 — 100 | | |
| BALANCE DUE 4/8/7.00 | | Containers Hangling Fee Recording & | 77182 — 100 77183 — | | |
| Pre-Need Lot At Need On Acct O | 1,11 | Misc Fees Pre-Need Trust Sales Tax | 77183 — 63033 — 9022 — 60101 | | |
| Pre-need Trust Cash Check AC-212 (Rev. 11-86) | ISSUED BY FIRE, WORK | TOTAL PAID | 78390 | 83 | - |

| 2000 | | | | | ittance | CC | UP | ON | | 1 |
|-------------------|----------------------------------|--|---|---|---|--|--|---|---|---|
| OUN | T No. | E | -6 | 839 |) | Cr | ed | it | Lo | t |
| 420 |) 7 | 2 <i>A</i> | Wa | 98 | E E 337 | 3 | | | | |
| FEB | - | _ | - | - | A COLUMN TWO IS NOT THE OWNER. | MANAGEMENT AND ADDRESS OF | SECONO PROPERTY. | THE OWNER OF TAXABLE PARTY. | THE RESIDENCE | DEC |
| | | | | | | | 10 | | | |
| | | and on | or be | ore. | | > s | 83 | .00 |) | |
| nt due lue dat | if paid i | nore ti | an | de | lys | 5 | 1 | .00 | | |
| | | | | | | 5 | 84 | .00 | | |
| | NOT COUN and 420 ya] | NOT MAIL COUNT No. anne 420 7 y allu Mon FEB MAR | NOT MAIL ENTIR COUNT No. E anne Cas 420 72 A yallup, Month an FEB MAR APR | NOT MAIL ENTIRE BOO COUNT No. E-6 anne Casta 420 72 Ave yallup, Wa Month and Di FEB MAR APR MAY | NOT MAIL ENTIRE BOOK COUNT No. E-6839 anne Castane of 420 72 Avenue yallup, Wa 93 Month and Day Do FEB MAR APR MAY JUN It due when paid on, or before. It due if gaid more than | NOT MAIL ENTIRE BOOK COUNT No. E-6839 anne Castaneda 420 72 Avenue E yallup, Wa 9837 Month and Day Due in FEB MAR APR MAY JUN JUL It due when paid on, or before. It due if gaid more than days | NOT MAIL ENTIRE BOOK COUNT No. E-6839 Cr anne Castaneda 420 72 Avenue East yallup, Wa 98373 Month and Day Due Indicate FEB MAR APR MAY JUN JUL AUG Indue when paid on, or before. It due when paid on, or before. It due when paid on, or before. It due above. | NOT MAIL ENTIRE BOOK COUNT No. E-6839 Cred anne Castaneda 420 72 Avenue East yallup, Wa 98373 Month and Day Due Indicated B FEB MAR APR MAY JUN JUL AUG SEP 10 11 due when paid on, of before. 12 to due when paid on, of before. 13 to due if paid more than days 14 due if paid more than days 15 to due date above. | COUNT No. E-6839 Credit anne Castaneda 420 72 Avenue East yallup, Wa 98373 Month and Day Due Indicated Below FEB MAR APR MAY JUN JUL AUG SEP OCT 10 It due when paid on, or before. It due when paid on, or before. It due above. \$83.00 | NOT MAIL ENTIRE BOOK COUNT No. E-6839 Credit Lo anne Castaneda 420 72 Avenue East yallup, Wa 98373 Month and Day Due Indicated Below FEB MAR APR MAY JUN JUL AUG SEP OCT NOV and due when paid on, or before. \$83.00 |

NAME & GARAGE CANDAME RECEIVED \$

ADDRESS 13420 722004 . E
CITY PRYSULUP STATE WA . ZIP 98373

CITY PRYSULUP STATE WA . ZIP 98373

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151 Dollars 45 Division Grave Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 77184 Invoice No. 20% Sales Care 80% Sales of Lots Acct. No. Opening/ Closing 77181 Burnat Containers Handling Fee 77183 Recording & Misc. Fees 77183 Pre-Need 63033 On Acct Pre-Need Lot Trust 9022 Sales Tax 80101 Pre-need Trust ISSUED BY TOTAL PAID AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance COUPON

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6839 Credit Lot

Joanne Castaneda 13420 72 Avenue East Puyallup, Wa 98373

| Month and Day Due Indicated Below | | | | | | | | | | | |
|-----------------------------------|-------------------|----------|---------|--------|---------|---------|------|-------|------|-----|-----|
| FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN |
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| Amou after o | nt due tue dat | n paid r | nore th | an. | du | ys) | > 5 | | 1.0 | 00 | |
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| brand | 12 | hon | ./ | An | ogánt t | tegelve | u \$ | 8 | 3.0 | 0 | |
| ADD | RESS | 8.00 | 1000 | - 1 | | - | | e - 6 | F- | | |
| CITY | Pu | eya | le | 12 | | STAT | EA | DA | ZIP | 983 | 73 |
| | | TIC | heck | TV |) if ti | nis is | new | add | ress | | |

From: JOANNE, CASTA

BALANCE DUE _1653, 00

Cash



Acct. No....

Pre-Need Lot
Pre-need Trust

AC-212 (Rev. 11-86)

WHITE TO CUSTOMER CANARY CEMETERY PINK AUGITOR

Payment of __

Check

PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| OH. | 264-3151 | | | | |
|------|--|-----------------------------|----------------|-------------------|--------|
| | | Date: _//- | 10 | Here. | .19.87 |
| WE | 21 Address: 13420 72nd 5 | TI E PU | MALLUF | WA. 9 | 837/ |
| M | ne - | | ollars (\$ | 83.0 | 0 1 |
| a | edil Lot Seles Coupon | #3 | | | - 2 |
| | | | | | |
| /8 | Row S | ection | W. | Division Block | 10 |
| | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | CREDIT 20% Sales Care | 67007 | TEST | |
| | | 00% Sales of Lots | 77184 | 8 | 300 |
| | The state of the state of | Opening/ Closing | 77181 | | - |
| | THE RESERVE THE PARTY NAMED IN | Containers | 100 77182 — | - | - |
| | | Handling Fee Recording & | 77183 - | | |
| | | Misc. Fees Pre-Need | 77183 | | - |
| ct 🗆 | | Trust Sains Tax | 9022 | | |
| , " | ISSUED BY Bruce Morrison | TOTAL PAID | 78390 | 92 | 00 |
| | 1000 to 11 | COTACTAIN | | 0 3 | 100 |

| and or bring one coup | | nittance CC | UPON | 3 |
|--|-------------------|-------------|--------------|---------|
| DO NOT MAIL E | NTIRE BOOK | | | J |
| ACCOUNT No. | E-6835 | Cr | edit | Lot |
| Joanne C | astaneo | ia | | |
| 13420 72 | | | | |
| Puyallup | | | | |
| Monti | h and Day D | ue Indicat | ed Below | |
| MAR APR MAY | JUN JUL AUG | SEP OUT | NOV DEC | JAN FEB |
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| Amount due when pa | eid on or before. | | 10 | |
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| | | 1000 | E CONTRACTOR | |
| | | \$ | | |
| - 2 2 | 2 | | | |
| NAME Jeliene | Amount | Received S | - | |
| NAMEJEURAL | anne | | , | _ |
| ADDRESS 134 | 30 12 | are | £ - | - |
| CITY Payer | ley | STATE W | O- ZIP | 98373 |
| / / d | neck (V) if t | his is new | address | |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

35563

| Conne Challe | Ra. 13420 . | Date: 1- | 13 1960 |
|--|---|---|-------------|
| In Payment of Las | por #5 Well | J dof | 15 Bigo J |
| Lpt 5379-5/ Grave | Row Se | ction | Division /O |
| Acct. No. | NOTVALID-FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT 67007 20% Sales Cara 77184 80% Sales 100 of Lota 77184 Opening/ 100 Closing 77181 | 8300 |
| BALANCE DUE 1487.00 | JAN 2 2 1988 | Bunal 100 Containers 77182 100 Handling Fee 77185 Recording & 100 Misc Fees 77183 77183 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-219 (Nev. 10-87) | ISSUED BY Shoka Wer | Pra-Nood 53033 7008 9022 Sales Tex 80101 78390 TOTAL PAID \$ | |

| DO NO | | | | E BO | | | Cr | ed | it | Lo | |
|---------------------|----------|---------|-----|------|-----------|----|----|----|------|-----|-----|
| Joan 1342 Puy | 20 al | 7 1u | 2 4 | Wa | nue 98 | 37 | 3 | | elow | | |
| MAY II | IN | | AUG | | _ | - | | | | MAR | APR |
| | | | | | 100 | | | | | | |

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

days

\$ 1.00

NAME A GUAR CONTRACTION S 83.00
ADDRESS 13440-7225 and E.

CITY Puyally STATE WA. ZIP 9857



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

| In Payment of | on #6 Crester | Oollars (\$ | |
|---|--------------------------|---|-------------------|
| Lot 5357 Grave | RowSection | on | Division Block |
| Acct. No. W.O. E - 6837 BALANCE DUE Pre-Need Lat | CITY AUDITOR FEB 10 1988 | REDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Copening/ 100 Closing 77181 — Burlel 100 Containers 77182 — Recording 4 100 Handling Fee 77185 — Recording 4 100 Misc. Fines 77183 — Poe-Need 63033 Frust 9022 — Sales Tax 60101 COTAL PAID \$ | 8300 |

| tend or bring one coupon with each remit DO NOT MAIL ENTIRE BOOK | tance CI | OUP | ON | | 6 |
|---|-------------|-----|-----|----|-----|
| ACCOUNT No. E-6839 | Cre | dit | L | ot | |
| Joanne Castaned 13420 72 Avenue Puyallup, Wa 9 | Eas 8373 | | | | |
| JUN JUL AUG SEP OCT NOV E | | | | | MAY |
| Amount due when paid on, or befate: due date above. | ▶ s | 8 | 3.0 | 10 | |
| Amount due if paid more thandays after due date above. | > 5 | | 1.0 | 10 | |
| NAME Jo Gune Carles | cerved \$ | | | | |

CITY Puyalluf STATE WA ZIP 98373

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

35855



AC-212 (Rev. 10-87)

WHITE TO CUSTOMER CANARY CEMETERY AUDITOR

| From Joanne Cas | Tred Address 13420 7 | 2 nd au | Second les |
|------------------------------|--|---|------------|
| nPayment of | rugn #1 Orestel | Dollars (| (\$ (2.50) |
| B319,5330, bt 335,5330, | RowSe | ection | Division / |
| nvoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT 67007 20% Sales Core 77184 | |
| Cott. No. | CITY AUBITOR | 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 | 8300 |
| vo = 660/ | | Closing 77*81 Burial 100 Containers 77182 | |
| BALANCE DUE 7404.00 | MAR 16 1988 | Handling Fee 77185 | |
| Pre-Need Lot At Need On Acct | - V | Recording & 100 Misc. Files 77183 Pre-Need 63033 | |
| Pre-need Trust Clash Check | B. \ / / / / / | Trust 9022 Sales Tax 60101 76390 | |
| 3956 | 1850ED BY DAPERO MERCE | TOTAL PAID \$ | 8300 |

| | bring | | The late | | | ittance | C | DUP | ON | | 7 |
|----------------|--------------------|---------|----------|----------|---------|---------|---------------|-------|-------|-----|-----|
| - | NOT | -000 | | E BO | UK | | | | | | - |
| AC | COUN | 1.190. | 1 | -6 | 839 | | Cx | ed | it | Lo | |
| Jo | ann | | Gas | ta | ned | | | | | | |
| | 420 | | | - | | | | | | | |
| | yal | | | | | | | | | | |
| | | | _ | | ny Di | | | ed B | elow | | |
| JUL. | AUG | | | | | | | | | MAY | JUN |
| | 1 1 | 133 | | 100 | 1 | 10 | -3 | | | | |
| 1000 | | | A-4-0 | - PERSON | | | | 10 | - | | - |
| Amou due di | est due ate abo | when I | Daid or | corbe | tore. | | > s | 22 | nn | | |
| | | | | | | - | | 95 | .00 | | |
| Amou | int due due da | if paid | moret | han | _ di | ys | > s | | 00 | | |
| Ance | 200 20 | all the | **** | | | | | | | | |
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| | - | 0000 | | a N | nount i | Incallu | | 8 | 3 | 00 | |
| NAM | E St | Here | re | Cas | de | 200 | er | 4 | | | |
| ADD | ness | 134 | 20- | 72 | 120 | as | e- & | - | | | |
| CITY | 20 | ella | el | wo | | STAT | E U | A. | ZIF | 98 | 323 |
| SHILL | fo | 力 | chec | DIV |) if t | his is | nev | v add | iress | | |
| | U | | | | | | | | | | |



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY 264-3151

| From: Princ Constan | Adadoress: 13120 | 22 not | Tuc | # E | 27 |
|-------------------------------------|---|--|---|-------------------|----|
| In Payment of | , 20/100- | D. | ollars (\$ | 83,0 | 0, |
| "Lot 53/9-5/ Grave_ | Row Se | ection | | Division Blook | 0 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales | 67007 77184 — 100 | 23 | 00 |
| W.O. E -6839 BALANCE DUE 1381.00 | CITY AUDITOR | of Lots Opening/ Closing Burist Containers | 77184 — 100 77181 — 100 77182 — | | |
| Pre-Need Lot At Need On Acct | APR 14 1988 | Handling Fee Recording & Misc, Fees Pre-Need | 77186 — 100 77183 — 63033 | | |
| Pre-need Trust C Cash C Check C | ISSUED BY Branchis | Salos Tax TOTAL PAID | 9022 — 50101 78390 — | 83 | 00 |

| Send or bring one coupon with each remitte DO NOT MAIL ENTIRE BOOK | ance COUPON 8 |
|---|--|
| ACCOUNT No. E-6839 | Credit Lot |
| Joanne Castaned | |
| Puyallup, Wa 98 | |
| Month and Day Due | CORNEL DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS |
| AUG SEP OCT NOV DEC JAN F | EB MAR APR MAY JUN JUL |
| | 10 |
| Amount due when paid on, or before, due date above. | s_83.00 |
| Amount due if paid more thandays after due date above. | s_1.00 |
| | 5 |
| NAME DELLAS PARAGENT ROC | eyed \$ |
| ADDRESS/3424 7249 are | E. |
| CITY Dayally ST | ATEUA - ZIP98373 |
| □ check (/) if this | is new address |



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

| From Joanne Casterner | 10 _ Address: 13490 78 HD (1 | Date: 13-1 | 9 1987 Just Un II |
|--|--|---|--|
| The party - Thu dru | lar propino | DOX #4 Polla | rs (\$ 8300 18 |
| Lot 5349, 5350, 535/ Grave | RowSe | ction | Division Division |
| invoice No Acct. No W.O. <i>E- 0839</i> | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | 20% Sailes Care 77 IRN's Sailes of Lots 77 Opening/ Closing 77 Burial Containers 77 | 1907 1984 100 1984 100 100 1181 100 1182 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | ISSUED BY AMA Blank | Handling Fee 77 Recording & Misc. Fees 77 Pre-Need 63 Trust 9 Sales Tax 60 | 100 1185 100 1185 10022 10021 1001 1090 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

Joanne Castaneda

13420 72 Avenue East Puyallup, Wa 98373

Month and Day Due Indicated Below

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

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

\$ 83.00

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

Received 5

ADDRESS 13420-72" and 4.

(check () If this is new address



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| | 204-3131 | 5-1 | 1 88 |
|--|---|---|------------|
| From Chenne Catter | Candoress 13420 | 12 Tue | Cost luga |
| O light - to | 100 1 1/100 - | Dollars (| \$ 73-000, |
| Payment of OTT | | | Division / |
| Lot Grave | RowSe | ction | Block |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE CITY AUDITOR | CREDIT 67007 20% Sales Care 77/84 30% Sales 100 of Lots 77/84 Opening/ 100 Closing 77/81 Burial 100 | 63 00 |
| BALANCE DUE | MAY 12 1988 | Containers 77182 100 Handling Fee 77185 Recording 5 100 Misc. Fees 77183 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Nev. 10-87) | ISSUED BY BUILD TO THE | Pre-Need 63033 Trust 9022 Sales Tax 60101 78390 TOTAL PAID \$ | 83 00 |

| DO DO | THE REAL PROPERTY. | MAIL | Mar. 111 | | | ittanci | CC | OUP | ON | | 9 |
|----------------|--------------------|------------------|---------------|--------|---------|---------|--------|-----|--------------|-----|-------|
| AC | COUN | T No. | - | -6 | 839 | | Cx | ed: | it | Lo | t |
| 13 | 420 | 7 | 2 4 | Wa | nue | 37 | 3 | | olow | | |
| SEP | OCT | NOV | | | | | | | | | AUG |
| | | 13 | | | | | | 10 | | | |
| Amou due di | nt due ité abo | when ; | said die | or bet | lore. | | > 5 | 83. | .00 | | |
| | | if paid to above | | nan | de | ys) | > 5 | 1. | .00 | | - |
| NAM | i Ser | dru | 6 | 1 | - Land | Regerve | 5 ed 8 | 18 | 3,0 | 0 | |
| ADD | HESS | 134 | 20- | 72 | ne | aul | E | -1- | | a.P | 2 . 7 |
| city | In | ya | - Name of the | IV |) if ti | STAT | new | add | ZIF iress | 90 | 5/3 |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| From Course Coston | 16 Address 62/20 7 | Date: Dol | 5-13 1986 E Suffel (1) |
|---|---|---------------------------------------|---------------------------------------|
| Lot 349-535/ Grave_ | | ection | Division / O |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE CITY AUDITOR | 20% Sales Care 90% Sales | 67007 77184 100 77184 |
| wo. E-6839 | JUN 15 1988 | Burial | 77181 100 77182 100 77182 |
| Pre-Need Lot O At Need O On Acct | | Recording & Misc. Fees Pre-Need | 77186 190 77183 63033 |
| Pre-need Trust Cash Check AC-212 (Rev. 10-87) | ISSUED BY STYLLA Word | Sales Tax TOTAL PAID | 9022 50101 78390 \$ 83 00 |

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6839 Credit Lot

Joanne Castaneda 13420 72 Avenue East Puvallup, Wa 98373

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

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

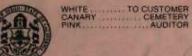
\$ 83.00

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

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NAME Have Calaseda \$ 32

CITY Pay ellery STATE (UR. ZIF



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

| rom: Jolenna 115ton | Address: 13/30 72 | Date: | llars (\$ - | Pergali | 28 |
|--|--|---|--|-------------|----|
| Payment of | igen 11 Crestet. | det | | Division // | |
| of 349 - 5/ Grave_ | Row S | ection | 11/1 | Block | 2 |
| No. E-6839 | NOT VALIDFOR PURPOSES TATED UNLESS STAMPED "PAID" IN THIS SPACE. CITY AUDITOR | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlat | 67007 77184 — 100 77184 — 100 77181 — 100 | 830 | 0 |
| Pre-Need Lot At Need On Acct One-need Trust Cash Check | JUL 13 1988 | Containers rlandling Fee Recording & Misc. Fees Pro-Need Trust Sales Tax | 77182 100 77185 100 77183 63033 9022 60101 78390 | 83 | |
| C-212 (Rev. 10,87) | ISSUED BY | CTOTAL PAID | | 000 | 10 |

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| NOV DEC | Mont | h ar | MAR. | APR | MAY | JUN | JUL | AUB | SEP | oc |
| Amount que | | aid on | or bet | ore, | | 4 | 10 | | _ | - |
| due date abov Amount due i after due date | t paid n | | an | da | ys) | 5 | 23 | .00 | | |
| | | | | a lat 1 | Receive | 5 | _ | | | |
| NAME | - | | Am | ount | | 90 3 | _ | | _ | - |
| ADDRESS | | | | - | | | _ | _ | _ | - |



WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

36543

| | 264-3151 | 8 | -10 | |
|--|---|--|----------------------------|-----|
| From: | Address: /34/20 | 12 Date: 144 | EA AT | - |
| In Out North Payment of | Contin gother | Do | ollars (\$ <u></u> | 3 |
| | Flow | Section | Division Block | |
| 535/ | | The state of the s | 11 | |
| Invoice No. | NOTVALID FOR PURPOSE STATED UNLESS STAMPE PAID IN THIS SPACE | 20% Sales Care 80% Sales | 67007 77184 100 83 - | |
| Acct No | CITY AUDITOR | Opening/ | 77184 | |
| w.o | | Closing Burial Containers | 77181 100 77182 | |
| BALANCE DUE 487 90 | AUG 12 1988 | Handling Fee | 100 77186 | _ |
| | | Alecarding & Miles Files Pre-Need | 77183 63033 | THE |
| Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐ | | Trust Sales Tax | 63033 9022 60101 | - |
| 11 1 | ISSUED BY | TOTAL PAID | 78390 - 63 | - |
| AG-212 (Rev. 10-87) | | | | |

| DO | NOT I | MAIL | ENTIR | E 800 | K | - | | | | 1 | 2 | |
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| 13 | 42 | 0 7 | Car 2 p, | Wa | nu | 983 | 73 | | elow | | | |
| DEC | JAN | | MAR | | | | | | | | NOV | |
| | it due te abo | | naid on | or befo | ore. | | > 5 | - 8 | 3.0 | 0 | | |
| | | f paid r e abov | norsth | an | tta | ys) | > 5 | | 1.0 | 00 | | |
| | | | | | | | \$ | | | * | _ | |

Amount Received S

NAME

ADDRESS

CITY

STATE ZIF

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

36666

| | | 4 | 9 |
|--|--|---|---|
| From: MAINE (US) | 5 Address: 13420 | Date: 121 | with Exployer |
| nPayment of Office | user 13 Cientes | Dolle | urs (\$ 83.00) |
| 015349-5/ Grave | RowSe | ection | Division /O |
| Acct. No. 2 - 6839 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE CITY AUBITOR SEP. 14 1988 | 20% Sales Care 75 80% Sales of Lots 75 Opening/ Closing 75 Bunal | 7007 7184 100 7184 100 7181 100 7182 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | SEP 14 1900 | Recording & Misc. Fees 75 Pre-Nieed 65 Trust 6 Sales Tax 66 | 1986 |

| and or bring o | ne cou | pon w | ith eac | it remi | Itance | CC | OUP | ON | 1 | 2 |
|---------------------------------|--------------------|---------|---------|---------|---------|-----|------|------|-----|-----|
| DO NOT N | | | | | | | | | | 3 |
| ACCOUNT | No. | E | -61 | 839 | | Cx | ed: | it | Loi | |
| Joann | | | | | | | | | | |
| 13420 | | | | | | at | | | | |
| Puyal | | | | | | | | | | |
| | | - | | | e Inc | | ed B | elow | | |
| | | | | | | | | | NOV | DEC |
| | | = | | | | | | | | |
| | THE REAL PROPERTY. | | 100 | 215 | | | 10 | | - | - |
| Amount due v due date abov | | aid.on | or bel | ure, | | > s | 83. | on | | |
| | | | | | | - | | | | |
| Amount due if after due date | paid n | nore ti | ian | da | AR P | 5 | 1. | .00 | | |
| Maria Maria Maria | - | | | | - | | | | | |
| | | | | | | S | - | - | - | _ |
| | | | Arr | inunt F | leceive | d R | | | | |
| NAME | | | | | | | | | | |
| ADDRESS | | | | 10 | 100 | | | | | |
| CITY | | | | | STAT | E | | ZIP | | |
| - | 00 | heck | (1) |) if ti | nis is | new | add | ress | | |



Invoice No. Acct. No.

BALANCE DUE

Pre-Need Lot

Prè-need Trust

AC-212 (Rev. 10-67)

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

NOTA

ISSUE

Payment of

At Need

Cash

On Acct

Check

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

36754

| Address: 13/20 2 20/100 2 14, Midt | Date: | ollars (\$ _ | 3 3.6 | 1968 |
|--|---|---|----------------|------|
| | Section | | Division Blook | 0 |
| ALID FOR PURPOSE STATED UNLESS STAMPED IN THIS SPACE. | 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 | 23 | 00 |
| CITY AUBITOR | Handling Fee Recording & Misc. Fees Pro-Need Trust | 77185 — 100 77183 — 63033 9022 — | | |
| ON DIA OCT 7 198 | TOTAL PAID | 60101 78390 — | 83 | 00 |

| lend or bring one coupen t | eith each remittance | COUPON 1/ |
|--|----------------------|---------------------|
| DO NOT MAIL ENTIR | | 14 |
| ACCOUNT No. | -6839 C: | redit Lot |
| Joanne Car | | |
| 13420 72 | Avenue | |
| Puvallun | Wenue E | 381 |
| Puyallup, | ME 3031 | 3 |
| Month ar | d Day Due Ind | |
| FEB MAR APR MAY | JUN JUL AUG | SEP OCT NOV DEC JAN |
| | | 10 |
| | N | |
| Amount due when paid or due date above. | , or betore. | \$ 83.00 |
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| Amount due if paid more t after due date above. | handays | 1.00 |
| aner oue date adove. | | |
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| UVI COLON | Amount Received | \$ |
| NAME | | |
| ADDRESS | | |
| CITY | STATE | |
| ☐ checi | c (/) if this is | new address |

Nº 36904

| From: Payment of | Address: 13420 72 not, (1) | 11-3, 19 88 11-3, 19 88 Hars (\$ 73/10) |
|--|--|--|
| Lot 5349 Grave | Row Section | Division / O |
| Acct. No | NOV 8 ales of Lots Opening/ Closing: Opening/ Closing: Opening | 87007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 |
| Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐ AC-212 (Rev. 10-87) | | 63033 9022 60101 78390 \$ |

| DO NOT | | ATTO COLUMN 2 IN | | | ittanci | C | DUP | ON | 1 | 5 |
|--------------|---------|------------------|-------|-------------|---------|----------|-------|------|-----|-----|
| ACCOUNT | | | | 139 | | CK | edi | 12 | Let | |
| Jeann | a 0 | as | CAI | ed | | | | | | |
| 13420 | 72 | A | Yes | ue | Es | DE | | | | |
| Puyal | lup | | N. | 98 | 373 | | | | | |
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| due date abo | | and on | 01.00 | TOTAL TOTAL | | 5 | 83. | 00 | | _ |
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| after due da | te abov | /6 | | | | | | uu | | |
| | | | | | | 5 | | | A | |
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| NAME | | | At | nount l | Heceny | d \$ | | | | |
| ADDRESS | | | | | | | | | | |
| CITY | | | | | STAT | E | | ZIF | | |
| S111 | | heck | 11 |) if t | | | v add | | | - |

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

| From Jeanne Castane From Jeanne Castane From Jeanne Castane Payment of Payment of Castane | da Address 13420 72 DADE Clara & Miso | Date: 62-8 E Purp Cu | 19.11 hole 9831 |
|--|--|--|-----------------|
| ot 5349 535 Grave | Row Se | ection | Division 10 |
| Acct. No. F-1839 W.D. BALANCE DUE 157.00 Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | | GREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Bunal 100 Containen 77182 Handling Fee 77185 Recording & 100 Miss: Fees 77183 Pre-Need 83033 Trust 0022 Sales Tax 60101 78390 | 1000 |
| AC-212 (Rev. 10-87) 4157 | ISSUED BY | TOTAL PAID 3 | X3 00 |

Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6839 Castaneda 13420 72 Avenue Fuyallup, Wa Month and Day Due Indicated Below APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR Amount due when paid on, or before due date above. Amount due if paid more than_ days after due date above.



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY 264-3151

| From Service Const | The Ada Address: | 13420 | Date: | 1-13 Nuc # 8 1 | 19 |
|----------------------------|---|----------------------|--|--|------|
| In Payment of | Cangon | 77 0 | ud Too | ollars (\$ | 2) |
| Lot 52 99 4537 Gra | ve | Flow | _ Section | Division Block | 0 |
| Acct. No. | NOT VALID FOR PURPOS PAID IN THIS SPACE | ESTATED UNLESS STAME | CREDIT 20% Sales Care 20% Sales 20% Sales 20 Lota 20 Lota 20 Closing 30 Bursal 20 Containers 4 Handling Fee Reporting & Misc. Fees | 67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 | Too. |
| Pre-Need Lot At Need On Ac | CONTRACTOR APPLICATION OF THE PROPERTY OF THE | Da lo | Pre-Need Trust Sales Tox TOTAL PAID | 63033 9022 60101 78390 \$ | 100 |

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| - | N TE SI | _ | Newbook | - | - | _ | | | | | |
| | | | | | - | E | | | | | |
| - | AL | Luj | | HR. | 98 | 37: | 3 | | | | |
| - | | and the latest l | - | | | ue In | | _ | THE REAL PROPERTY. | _ | |
| MAY | TUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | LEB | MAR | APR: |
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| | nt due | | paid on | , or be | form. | | 7 | ** | | | |
| ove or | ite abo | ve: | | | | | | 83. | .00 | | - |
| Amour after o | nt due lue dat | t paid te abo | more ti | ian_ | da | ys) | > 5 | 1. | .00 | | |
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| -040000 | RESS | | | | | | | | | | |
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| CITY | | D | checi | c (1/ |) if t | his in | _ | v ade | | | |



Invoice No.

BALANCE DUE

Pre-Need Lot At Need

■ Pre-need Trust □ Cash

AC-212 (Rev. 10-87)

From:

WHITE TO CUSTOMER CANARY CEMETERY AUDITOR

Payment of ___

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

| - | The Town | Date: | | 11 - | 9 |
|------|--|---|----------------------------|---|---------|
| 1/2 | A-Address: 15450 | Island (| 24-7 | - | 20 (6) |
| 163 | 0 29/100 - | | ollars (\$ | 0300 | 0 |
| 630 | win 16 CH | TI No | + | | |
| - | | | | X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | N. H. |
| - 10 | | | - | Division | 7 |
| e | Row | Section | - | _ Block | |
| | NOT VALID FOR PURPOSE STATED UNLESS STAMP | ED CREDIT 20% Sales Care | 57007 77184 — | | |
| | FAID IN THIS STRUCE. | 80% Sales of Lots | 100 | 650 | |
| - | | Opening/ Closing | 100 | CM | |
| _ | The state of the s | Burial | 100 | 14 | VDAM |
| | The state of the s | Containers | 100 | FFD | J. O. |
| | Principal and the second | Handling Fee Recording & Misc. Fees | 77185 — 100 | 16 | JA. |
| t D | The same of the sa | Misc. Fees Pre-Need | 77183 — 63033 9022 — | | 389 |
| | 12/11/11 | Trust Sales Tax | 9022 - 50101 | | |
| 7 | - BH 1 10 | A | 78390 — | 79 | 1 |
| | ISSUED BY | TOTAL PAID | 100 | (0) | 10 |

| Send or bring one coupon with each rent DO NOT MAIL ENTIRE BOOK ACCOUNT No. 2639 | Cre Ess | dir | 2001 | 1 | 8 |
|--|------------|-------|------|-----|-----|
| Month and Day Du | e Indica | ted B | elow | | |
| JUN JUL AUG SEP OCT NOV | DEC JAN | FEB | MAR | APR | MAY |
| | | 10 | | | |
| Amount due when paid on, or before, due date above. | • | 38 | 3.0 | 0 | |
| Amount due if paid more than day after due date above. | | - | 1.0 | 0 | |

Amount Received

STATE ZIP

ZIP

NAME ADDRESS

CITY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY 264-3151

| | The state of the s | Date: | . 19.5/ |
|----------------------------------|--|---------------------------------------|---|
| From 1 (1) 116 (A) | 1 Address 18420) | and stil | IF HE MY |
| Tente - the | 0 10/100 | Dolla | 18 13 · 00, |
| Payment of | laugar 19 Cr | colet do | # |
| | | A TONE ! | |
| ot 349 -535/ Grave | RowS | lection | Division Block |
| nvoice No. | NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | 20% Sales Care 77 | 007 9 00 |
| Acct. No. 2-6639 | CITY AUDITOR | of Lats 77 Opening/ Classing 77 | 190 184 180 181 100 |
| BALANCE DUE | MAR 1 0 1989 | Containers 77 Handling Fee 77 | 100 105 105 |
| Pre-Need Lot At Need O On Acct O | 1 1 | Misc. Fees 77 Pre-Need 63 Trust 9 | 183 — — — — — — — — — — — — — — — — — — — |
| Pre-need Trust U Cash U Check W | ISSUED BY MANAGE (1814) | TOTAL PAID | 1 63 00 |

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| AC | COUN | T No. | H | -61 | 839 | | Cz | něi | | Lot | |
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| The same of | 1 | Service S | Water Co. | NO DELL' | 100 | | | 10 | | | - |
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| Amou | int due | if paid | more t | han | da | ıys: | | 1 | on | | |
| after | due da | te abo | 16. | | | | | - | W.M. | | - |
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| | | | | Ar | mount i | Receive | nd \$ | | | | - |
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| CITY | 6 | | | | | STAT | E | | ZIP | | |
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CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151

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| Contraction of the second | | Date: | 4-6 | |
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| From Sell marche Waller | ce holls - | D | ollars (\$ 83 | .00 |
| In Payment of | you do U | cast | | |
| Lot 53494531 Grave_ | Row | Section | Divisio Block | 10 |
| Invoice No | NOTVALID FOR PURPOSE STATED UNLESS STAMPET PAID IN THIS SPACE | 80% Sales | 100 | 3 00 |
| Acct. No. 2-6139 | CITY AL | of Lats Opening/ Closing Burial | 77184 100 77181 | |
| BALANCE DUE 325, 0 | APD _ | Containers Handling Fee Recording & | 77182 100 77185 | |
| Pre-Need Lot At Need On Acct | 17 | 1989 Pre-Nand Trust | 77183 63033 9022 | |
| Pre-need Trust Cash Check C | IBSUED BY MALL SALL | Sales Tax TOTAL PAID | 50101 78390 5 | 300 |

| | r bring | | | | | ilttanc | · C | OUP | ON | 2 | n | |
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| | NOT | | | - | *** | | | | | 4 | v | |
| AC | COUN | T No. | E- | -68 | 39 | C | re | ale | Le | t | | |
| 20 | anı | 10 | Cas | 200 | De. | In . | 200 | | | | | |
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| after o | nt due due dat | te abo | M. | 1110 | - | | 3 | - | L. 0 | W. | - | |
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| CITY | | | | | | STAT | E | | ZIP | 100 | | |
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CITY OF SAN DIEGO, CALIFORNIA

| PRO | PEAT | Y DE | PARTN | ENT | 101111 |
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| OUN | THO | OPE | CEN | ET | ERY |
| | | 264-3 | 151 | | |

| From Conne Walton | La Address / 21/20 72 | and the H | 944 |
|--|---|--|-----------------------|
| In Payment of | upon 21 Cred | Dollars (\$ | 03/00) |
| Lot 5349-5/ Grave_ | RowS | ection | Division Division |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID' IN THIS SPACE | CREDIT 87007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 — Bunal 105 Containers 77182 — 100 Handling Fae 77185 — Recording 8 100 Misc Feets 77183 — Pre-Need 83033 | CITY WOMOR MAY 1 1989 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-87) | ISSUED BY THE AMERICAN | Pre-Need 83033 0022 53185 Tax 80101 78390 TOTAL PAID \$ | 8300 |

| | | | | | | ditance | · CC | DUP | ON | 2 | 1 |
|------|-------------------|------------------------|---------|------------|--------|---------|-------|-------|------|-----|-----|
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| 13 | 420 | 7.2 | A S | Vel | use | E | ant | | | | |
| Pu | ynl | Lu | | UR | 98 | 373 | 3 | | | | |
| | | Mon | th ar | id D | sy D | ue In | dical | ed B | elow | | |
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| - | 1 | NAME OF TAXABLE PARTY. | 100 | - CONTRACT | | | | HE CO | | - | |
| | nt due ate abo | | paid on | us be | tore. | П. | > s | 83, | .00 | | |
| Amou | nt due | if maid | more ti | nan: | di | evs I | | | D.H. | | |
| | due da | | | | | | - 5 | - | 90 | - | |
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| | | | | Ar | nount. | Receive | ed S | | | | |
| NAM | E | | | | | | | | | | |
| ADD | RESS | | | | | | | | | | |
| CITY | | | | | | STAT | | | ZIP | | |
| | | D | check | CLY |) if t | his is | nev | v add | ress | | |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| From: The Automation of the Control | Address 18 1/20 12 | Date: | 19/10 |
|---|--|--|---|
| In Payment of | Vac fan 32 | cust. | XT |
| Lot 53197557 Grave_ | RowS | ection | Division / |
| Acct. No BALANCE DUE 166 60 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | 20% Sales Care 77 80% Sales 77 Opening/ Closing 77 Burial Containers 77 | 1007 70% 00770R 1000 184 100 100 184 100 199 199 199 199 199 199 199 199 199 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Bov 10-87) | ISSUED BY | Recording & Misc. Fees 77 Pre-Need 63 Trust 6 Sales Tax 60 | 100 7183 3033 3032 20101 1330 \$ 76 |

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

ACCOUNT No. 2-6839 Credit Lot

Joseph Gastaneba 13420 72 Avenue Puyallup, Wa

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

Amount due if paid more than days after due date above

Amount Received

NAME ADDRESS

STATE ZIP CITY check (/) if this is new address

| ADDRESS | 13420 72nd Avenue, Apt E, Puyallup, Wa 98373 RAT | ING | LIMIT | |
|-----------|--|----------|--------|---------|
| DATE | ITEMS | DEBIT V | CREDIT | BALANCE |
| Aug. 4 87 | Lots 5349, 5350 & 5351, Division 10 | 2085 00 | 515 00 | 1570 00 |
| 2 88 | Caugan # 6 Cutel of | | 8300 | 148700 |
| 310 88 | arugen # 7, Receipt # 35855 | | 8300 | 140400 |
| 4-11 88 | Cocon #8, Leseist 36002 | | 8300 | 132100 |
| 5-11 88 | exigen & g Receipt 26145 | | 8300 | 1238 00 |
| 613.88 | egippon 10, General 36293 | | 8300 | 115500 |
| 7-11 8 | Caspen 11 (Reserpt 36399 | | 8300 | 107200 |
| 8-1038 | Coupon 12 Lecapt 36543 | | 8300 | 98900 |
| 94. 88 | Ulloupen 13 Recept 36666 | | 8300 | 906 OC |
| 10-3 88 | Course 14, Merciat 36754 | | 8300 | \$2300 |
| 11-3 88 | Causen 15, Besegot 36904 | | 8300 | 740 00 |
| 12-8 88 | COUDOR 16 Receipt 37073 | | 8300 | 65700 |
| 1-13 89 | Caupan 19. Receipt 37228 | | 8300 | 37,400 |
| 2-8 89 | Markon 18 Percent 37333 | | 8300 | 49100 |
| 3-8 89 | Churon 19 Decapt 39976 | | 8300 | 40800 |
| 4-6 89 | Parison 201 Peac of 37630 | | 8300 | 32500 |
| 5-10 89 | Ostron 21, Pend of 37800. | | 830 | 24200 |
| | (at 5350-10 used for Bucitto | soloneda | | |
| | 8-7664 | | | |
| | | | | |

ACCT. NO. NAME RATING ADDRESS DEBIT CREDIT MT. HOPE CEMETERY CITY OF SAN DIECO, CALIF.

PRINTED IN USA

AIGNER FORM NO. 25-204

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

12 38286

| | 264-3151 | No. 1 | 12 0 |
|--|---|--|--------------|
| From: Joanne Castano | da Address 13430 720 | Date: Willy | = ,19 } |
| Tone hung | A PA | 19/00 - Dollars (\$ | 159,00 |
| In Payment of | up 1 23,24 | Credit a | ot |
| Lot 5349 535/ Grave | Row S | ection | Division / O |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPEN | OCREDIT 67007 20% Sales Care 77184 - 60% Sales 100 | 159 00 |
| Acct. No. 1 - 10839 | 0.1 | 80% Sales 100 971 ots 77184 - 9 Opening/ 100 Closing 77181 - | |
| BALANCE DUE 7.00 | JUL 24 | Burial 100 Containers 77182 - 100 | |
| | | Handling Fee 77185 - Recording & 100 Misc. Fees 77183 - Pre-Need 63033 | |
| Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐ | au da. | Pre-Need 63033 Trust 9022 - Sales Tax 90101 78390 - | |
| AC-212 (Hev. 10-87) 4369 | ISSUED BY Shanna, Chain | TOTAL PAID \$ | 159 00 |

check (/) if this is new address

ADDRESS CITY Couty 4715

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/4/87

| | // | |
|--|---|--------------------------------|
| You are hereby authorized and instructed, subj | ject to your rules and regulations, to inte | er the remains |
| of H. D. Herrer | $\alpha - (FA)$ | 1-1 |
| ina NONE Fur | neral, date, time The 9,30 | 18/6 |
| Church, Chapel, Graveside | : mayer | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. o | of regular work day or an extra charge v | will be applied |
| and billed to undersigned. Wantime veteran _ | = Dwpolo | |
| 150 9 | 2 | 11 |
| Lot Row | Section Division/Bloo | ck |
| Grave space & Care Fund | | 50 |
| Additional spaces and care fund | - Gartile Board | |
| Opening/Closing & Setup | | 90 |
| Burial Container | | |
| Handling Fees | | |
| Flower vases - Marker setting fee | | |
| NAME OF THE PROPERTY AND ADDRESS. | | |
| The state of the s | *************************************** | |
| 14.0 1-1. | Total Due | 14500 |
| W Xax43 | ceipt number | |
| 0.5.58 Faid is | | |
| 54- | Balance due | - |
| I hereby certify I am the | of the above na | |
| and this is your authority to make disposition of that I have the right to make this authorization | of remains as above indicated. I certify and lagree to hold Mt. Hope Cemetery | and represent harmless from |
| any liability on account of said authorization a | and interment. | |
| I hereby authorize the interment in lot I | | |
| hold under deed. | Signature | |
| Signature of recorded holder of deed | Address | |
| | State | Zip Code |
| # 1034715 | Telephone | - |
| | 05949 | 9 |
| West Octor # E 6840 | Invoice # 000000 | 5 |
| Work Order # Lou UO 10 | Acct. # 000750 | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

| | U | SE BLACK INK-MAKE NO | ALIERATIONS OR ENASUR | KED | | |
|---|---|--|--|--|--|--|
| AME OF DECEDEN | Jesus Duran Herre | ra | SEX Male | April 13,1922 | July24, 1987 | |
| | San Diego S OF FUNERAL DIRECTOR OR PERSON ACCORDED AGENCY 2859 Adams AV | | The state of the s | NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Public Administrator 5201-A Ruffin Road San Diego, cA 92123 | | |
| mayer ii | | | | 11/ | | |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES (| OF DISPOSITION | | |
| BURIAL (IN | CLUDES ENTOMEMENT) | 5 DISINTERMENT AND ENTOMBMENT) | BURIAL IINCLUDES | 8 DISINTERMENT AND REMAINS INCLUDES | REINTERMENT OF CREMATED INURNMENT) | |
| | N AND BURIAL IINCLUDES INURNMENTI | 6 DISINTERMENT, CREATING LUDGES INURINME | MATION, AND BURIAL NTI | B DISINTERMENT OF CE DISPOSITION OTHER | THAN IN A CEMETERY | |
| CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE | | OTHER THAN IN A C | MATION, AND DISPOSITION EMETERY | FOR CORONER'S USE ONLY D 10. DISPOSITION PENDING | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W Mt. Hope Cemetery, 37 | | The same of the sa | POTE TOTAL | an Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE HERIAINS ARE TO BE THE | DATE CREMATED | SIGNATURE OF PERSON IN | CHARGE OF CREMATORY | |
| BURIAL AT SEA CH SPESITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | N/A VO her | NE OR OTHER DESCRIPTION S | Board B | Cafethardle | SPOSITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECE N/A | EIVING REMAINS | 6 cloth = | Heavy | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that the this permit gives no right of unrest | dent under provisions of the espass and nuisance laws a | Health and Safety Code, oply and understand that | SIGNATIVE OF APPECANT | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | E AND IS THE | AUG 0 6 19 | Konall & Co | MAN DE CON | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE DA | 6/87 SIGNATUR | F PERSON IN CHANGE | | NUMBER OF CREMATED REMAINS R. IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REOLETRAR OF | COUNTY OF DEATH | 7 | | | |

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8/5/88

| ins Souble Cryp | Funeral, date, time | 10 Am 8/7 |
|--|--|-------------------------------|
| Church, Chapel, Graveside | hopel & S. marly | -hatelell Mortuary. |
| All Funeral cars must arrive befor | e 3:30 p.m. of regular work day or an | extra charge will be applied |
| and billed to undersigned. War tir | me veteran | |
| Lot 1314 Grave | Row Section | Division/Block 10 |
| | Double Crypt | 5950 |
| Grave space & Care Fund | · /M · · · · · · · · · · · · · · · · · · | |
| Additional spaces and care fund | *************************************** | 32000 |
| Opening/Closing & Setup | De Cubbi - Retter | 350 60 |
| Burial Container | 2415 | 3200 |
| Handling Fees | AID | |
| Flower vases - Marker setting fee | AUG 7 1007 | 3(00 |
| Recording and filing fee | AUG 71987 | 10 80 |
| Sales taxes | HOPE CEMETERY | 1110 0 |
| dir | STANDLEDUICALIF. otal Due . | 1617.00 |
| and day of | Paid receipt number 34 702 | 1014.80 |
| mu | | Balance due |
| I hereby certify I am the | at | the above named decedent |
| and this is your authority to make | disposition of remains as above indic uthorization and I agree to hold Mt. Ho | ated. I certify and represent |
| any liability on account of said au | | pe Cametary Harmiess Hom |
| (back a sharp the formation | See Our | |
| I hereby authorize the interment i hold under deed. | nioti de la company | |
| Signature of recorded holder of dead | - Albani | |
| Seguritary of International Property of Security | - Altro | Zip Code |
| | Telephone | |
| | Annual Control | |
| Work Order # E 6841 | Invoice # | |
| Work Order # 0041 | Acct. # | |

| то | Geor | ge | a trade like |
|------------------|--|--------------|--|
| DATE | The second secon | TIME | 10:30 |
| WL | ILE YOU | | |
| 0 | ILE TOO | WENE | Harry |
| M KI | chard 1 | nitche | 3000 |
| of Mer | Kley - n | ritchell | mort. |
| | 5-217 | | |
| PHONE - | 5 641 1 | EX | т |
| | | | |
| TELEPHONE | | PLEASE CALL | |
| WAS IN TO S | | WILL CALL AG | The state of the s |
| | | | |
| MESSAGE K | it. Prop | erly- | 010-10 |
| | - 13. of | | |
| 0 1 | would | | |
| | opered | | |
| | y Into | | |
| Depth | n. Will b | ring the | ek Por |
| FORM BD-70 (Rev. | 8-86) RECEIVED B | doy | |
| | | E681 | 11 |

| - | |
|---|---|
| L | • |

| | Address & relationship to lot owner and/ |
|--|---|
| Signature of relative or legal | El CAjon, California |
| | 1766 VAlley Lake Place |
| said authorization and interment. | |
| hold Mount Hope Cemetery harmless from | m any and all liability on account of |
| that he or she has the legal right to | make such authorization and agrees to |
| governing said interment in Mount Hope | e Cemetery, and certifies and represents |
| Division 10 in accordance with an | nd subject to the rules and regulations |
| Frances M. Lowell in Lot Block | t Gr 1314 Fow Sec. |
| | uthorizes the interment of the remains of |
| The undersigned hereby requests and a | uthorizes the interment of the remains of |

Witness

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | | USE BLACK INK-MAKE NO | ALIERATIONS ON ERASO | RES. | | |
|--|--|--|--|--|---|--|
| NAME OF DECEDEN FRANCES MA | | MINE WILL | FEMALE | SEP 8, 1926 | AUG 4, 1987 | |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH—COUNTY SAN DIEGO | ION STATE IF NOT IN CALIFORNIA | NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT RUSSELL H. LOWELL, M.D., HUSBAND 1766 VALLEY LAKE PLACE EL CAJON, CA 92020 | | |
| MERKLEY-MI | SS OF FUNERAL DIRECTOR ION PERSON A TCHELL MORTUARY, 3655 FIFT CA 92103 | | F-119 | | | |
| | | MIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES | OF DISPOSITION | | |
| BURIAL (IN | CLUDES ENTOMBMENT) | DISINTERMENT AND ENTOMBMENT) | BURIAL UNCLUDES | B DISINTERMENT AND BEMAINS (INCLUDE | D REINTERMENT OF CHEMATED IS INCHAMMENT) | |
| | N AND BURIAL IINCLUDES INURNMENT) | 6 DISINTERMENT, CRI | | | CREMATED REMAINS AND IT THAN IN A CEMETERY | |
| ☐ 4 SCIENTIFIC | | 7 DISINTERMENT, CRI OTHER THAN IN A | EMATION, AND DISPOSITION CEMETERY | FOR CORO | NER'S USE ONLY | |
| NTERMENT | NAME AND ADDRESS OF CEMETERY V MOUNT HOPE CEMETERY, 3 SAN DIEGO. CA | | D REMAINS ARE TO BE INTER | RED G | - SAN DIEGO | |
| CREMATION | NAME AND ADDRESS OF CREMATERY | TEANING ARE TO BE CH | MATED DATE CREMATED | SIGNATURE OF PERSON | IN CHARGE OF CREMATORY | |
| BUHAL AT SEA OR OSSITION OTHER IN A CEMETERY OF ONE MATED REMAINS | ADDRESS, NEAREST POINT ON THE | Lealur Peil | SUFFICIENT TO GENTIFY FINA | NE PLACE AND COUNTY OF I | SISPOSITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REG | en Batto | m Double | Cupt | THE COLUMN THE REAL PROPERTY. | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named deco and I hereby acknowledge that to this permit gives no right of unres | edent under provisions of the resposs and nuisance laws of | e Health and Safety Code, apply and understand that | > | et . | |
| LOCAL REGISTRAR | THIS PERANT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE . CO. OO | AUG 0 6 19 | 87 Coralla | CONTROL M. B. | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | GERTIFY THAT THE SPECIFIED 8/ | 7/8/ SIGNATU | Secretally | | SE NUMBER OF CREMATED REMAINS SER, IF APPLICABLE II/A | |
| IF DISPOSITION IS - TO OCCUP IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | | | | |
| the state of the s | the state of the s | The second secon | A SHARE WAS A SHAR | CHICAGO CONTRACTOR CON | | |

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

COPY 2

IREV. 1-86) FORM VS-9



WHITE TO GUSTOMER CANARY CEMETERY PINK AUDITOR

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

| | | Date: | 8-7 | 1987 |
|--|--|---------------------------------------|------------------------|-------|
| From: Mere Kley- Mitche | 1 Address: 3655 5th A | ic SAN | 0 | |
| One thousand SIX | hundred nineteen ?? | - D | ollars (\$ 1619 | 80. |
| In Full Payment of The | ement of Frances | mae L | owell a | _ |
| - Double C | upt - Top open | /- | Division | 10 |
| Lot Grave | RowSe | ection | Block | 10 |
| Invoice No | NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care | 67007 77184 | 00 |
| Acct. No | | 80% Sales of Lots Opening/ | 77184 100 | 000 |
| WO E-6841 | STATE OF STREET | Closing Buriel Containers | 77181 100 77182 | 0 00 |
| BALANCE DUE | TOTAL PROPERTY. | Handling Fee | 77183 3 | 000 |
| | m | Recording & Misc. Fees Pre-Need | 100 77183 63033 | 100 |
| Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐ | (D) 10 mg | Trust Sales Tax | 9022 80101 78390 | 7 500 |
| AC-212 (Rev. 11-86) 5799 | ISSUED BY ZEDYWY VELLEN | TOTAL PAID | 1 16 | 9 80 |

MT. HOPE CEMETERY INTERMENT ORDER

MICHWENT OND

City of San Diego

Date 8-5-87

You are hereby authorized and instructed, subject to your rules and regulators, to inter the remains Funeral, date, time Mon. Am Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Grave space & Care Fund Additional space 105.00 Opening Closing & Setup 40,00 Burial Container 60.00 Handling Feet, HOPE CE 35,00 Recording and filing fee 2.40 Sales taxes 242,40 Paid receipt number Balance due I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I Signature hold under deed. Address Signature of recorded holder of deed Zies Corde Invoice # Work Order # Acct. # PY-880 (REV. 8-85)

E 6842

OFFICIAL RECEIPT

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY Nº 34893

| PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | | | | |
|------------------------------|--|----------------------------|------------------|-------------------|------------|
| | 1 20 | Date: | 2-5- | | O Z |
| From adelaide W. Wal | her Address: 8946 Creek | ford Dr. a | Teher | edo, CA 9 | |
| dwo hundred fourty | -two dollars and | 100 | ollars (\$ | 242.40 |) |
| In Aud Payment of Jan | terment for Geral | d Edmu | nd | son | @_ |
| Cremain | s) · | | | 25001100 25 | |
| Lot 2 Grave. | /Row | Section 7 | | Division Block | |
| Invoice No. | NOT VALIDEGE PURPOSE STATED | D CREDIT 20% Sales Care | 67007 77184 — | | - |
| Acct, No. | IPAIDI | 80% Sales of Lots | 100 77184 — | | = |
| w.o. E 6842 | | Opening/ Closing | 100 77181 — | 105 | 00 |
| ^_ | AUG 5 1987 | Burial Containers | 100 77182 — | 40 | 00 |
| BALANCE DUE | OWNETERY | Handling Fee | 77183 — | 60 | 00 |
| | MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF. | Recording & Misc. Fees | 100 77183 — | 35 | 00 |
| Pre-Need Lot At Need On Acct | Circination | Pre-Need Trust | 63033 9022 — | | 4 |
| Pre-need Trust Cash F. Check | | Sales Tax | 60101 78390 — | 2 | 0 |
| AC-212 (Rev. 11-86) | ISSUED BY Wy League | TOTAL PAID | \$ | 242 | 40 |

8946 Greekford Dr. Calle, Ca. 92040 aug. 3,1987

Mount Hope Gemetery 3751 Dr. Martin Luther King Jr. Way Sentlemens

ashes of my brother Gerald Edmundson be interred in the grave of our father Benjamin Edmundson.

for \$ 242.40 to cover the cost of this service.

I hank you for your kind

Sincerely yours, adelaide W. Waller

2-1-7-1

Office R

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

27027

| NAME OF DECEDEN | Gerald Klee Edmu | ndson | | Male Male | 11-6-1900 | 7-25-1987 |
|---|---|-------------------------------|---------------------------|--------------------------|------------------------------|---|
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH—COL | INTY IOR STA | TE IF NOT IN CALIFORNIA) | | SPOUSE OR OTHER INFORMANT |
| Lakes | | San Di | | | PRENEED TELO | |
| | ing "Det "Red" so "#to Phase society | 5 P. CA. | F 1 | 772 | 8946 Creekfo Lakeside, CA | |
| | TYPE OF PER/ | WIT, CHECK ONLY ONE | OF THE F | OLLOWING TYPES O | F DISPOSITION | |
| 1 BURIAL (IN | CLUDES ENTOMBMENT) | 5. DISINTERMENT ENTOMBMENT) | | INCLUDES | B. DISINTERMENT AND I | REINTERMENT OF CREMATED INURNMENT) |
| | N AND BURIAL (INCLUDES INURNMENT) | 6. DISINTERMENT | | L AND BURIAL | | REMATED REMAINS AND THAN IN A CEMETERY |
| 4. SCIENTIFIC | | 7. DISINTERIMENT OTHER THAN I | , CREMATION N A CEMETE | I, AND DISPOSITION | FOR CORON | ER'S USE ONLY |
| TERMENT | Mt Hope Cemetery | - 3751 Mar | ket St | . San Die | go. CA. | Sam Diego |
| CREMATION | CREMAR CREMATORY | AHANOMAN CA | CREMATED | 7/29/87 | SIGNATURE OF PERSON IN | CHARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETRRY OF CREMATED REMAINS | N/A | INE, OR OTHER DESCRIPT | ION SUFFICIE | NT TO IDENTIFY FINAL | PLACE AND COUNTY OF DIS | eodrion / |
| SCIENTIFIC | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | | . 0 |
| OWLEDGMENT OF APPLICANT | This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I beenly acknowledge that transparent and pulsaries laws are understand that | | . > Tetalien Whillip | | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE 07 0 | | DATE PERMIT ISSUED | SIGNATURE OF LOCAL REG | STRAR ISSUING PERMIT |
| | I CENTER THAT THE SPECIFIED | 6/87 SIGH | AND DE PE | RSON A GRANGE OF E | | NUMBER OF CREMATED REMAIN |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | NO CALL ADDRESS OF REGISTRAR OF | IN DATE | - | W XILLI | | |

COPY 1

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

(REV 1-86) FORM VS-9

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From adelarde W. Walk | er Address: 8946 Creekf | Date: | leher | ide Ca | 1987 |
|-------------------------------|--|---|---------------------------|-------------------|------|
| In Full Payment of west | - two dollars and 40/1 | Edmu | ollars (\$ | 242.40 | |
| Lot 2 Grave | remains) Rowse | ection 7 | | Division Block | _ |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales | 67007 77184 — 100 | | - |
| Acct. No | | of Lots Opening/ Closing | 77184 — 100 77181 — | 105 | 00 |
| W.O. 56372 | A STATE OF THE PARTY OF THE PAR | Burial Containers | 100 | 40 | 00 |
| BALANCE DUE | THE PERSON LAND | | 100 | 60 | 00 |
| | TO STATE OF SERVICE | Handling Fee Recording & Misc. Fees | 77183 — 100 77183 — | 35 | 00 |
| Pre-Need Lot At Need On Acct | Short San | Pre-Need Trust | 63033 | | |
| Pre-need Trust Gash G Check G | THE RESERVE TO SERVE | Sales Tax | 80101 78390 — | 2 | 40 |
| AC-212 (Box 11-86) | ISSUED BY W. J. Jeagell | TOTAL PAID | \$ | 242 | 40 |

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/5/87

| | , , |
|--|---|
| You are hereby authorized and instructed, subj | ject to your rules and regulations, to inter the remains |
| of Mary A.Co | deington 1 - |
| ina hener - Fu | neral date, time FAL 12-877 |
| Church, Chapel, Graveside | 185: Ragshele Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran . | |
| DOMESTIC CO. | '2 -11 |
| Lot Row | Section Division/Block |
| C | 2500 |
| Grave space & Care Fund | 243 - la 30 da - |
| Additional spaces and care fund | 22000 |
| Opening/Closing & Setup | 10000 |
| Burial Container | 11/100 |
| Handling Fees AUG 1.0.198 | 1 173 > |
| Flower vases - Marker MINTERPZ CEMET | ERV - |
| Recording and filing MATY of SAN DIEGO, C | ALIR. |
| Sales taxes | 6.00 |
| all the same | Total Due 856.0 |
| Paid re | ceipt number 34724 856.00 |
| | Balance due |
| Luba | . L |
| I hereby certify I am the and this is your authority to make disposition of | of the above named decedent of remains as above indicated. I certify and represent |
| that I have the right to make this authorization any liability on account of said authorization a | and I agree to hold Mt. Hope Cemetery harmless from and interment. |
| | 10.1. OP.O. T |
| I hereby authorize the interment in lot I hold under deed. | Signature of Collegeration |
| | X2905 PLATA BLYDF102 |
| Signature of recorded holder of deed | State State |
| | ¥ 267 - 2340 Talephone |
| | |
| E 6843 | Invoice # |
| Work Order # 60010 | Acct. # |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

| V 10 1 10 10 10 10 10 10 10 10 10 10 10 1 | | SE BLACK INK-MAKI | E NO ALTERA | HONS OR ERASURE | 5 | | | |
|--|--|--|--|--|-------------------|---|--|--|
| NAME OF DECEDEN | | | | SEX | DATE OF BIRTH | DATE OF DEATH | | |
| | MARY AGATHA CODR | INSTON Female | | | Dec. 24, 19 | 21 Aug. 4, 1987 | | |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH-COL | UNITY IOR STAT | E IE NOT IN CALIEDBNIA) | NAME AND ADDRESS | OF SPOUSE OR OTHER INFORMANT | | |
| Nat | Ional City | San | Diego | | Andrew F. Co | odrington - Husband | | |
| NAME AND ADDRES | S OF FUNERAL DIFECTOR ION PLANTS | TING AS SUCHE | The state of the s | HIA LICENSE NUMBER | 2705 Plaza | | | |
| Anderson-R | agsdale Mort.: San D | lego, Callfor | nia | 1329 | | ty, California 9205 | | |
| A I BURIAL IIN | R.B. tootin | DISINTERMENT | AND BURIAL | | | ND REINTERMENT OF CREMATED | | |
| | N AND BURIAL (INCLUDES INURNMENT) | 5. DISINTERMENT | CREMATION, | AND BURIAL | 9 DISINTERMENT OF | CREMATED REMAINS AND FR THAN IN A CEMETERY | | |
| 3 CREMATION CEMETERY 4 SCIENTIFIC | | 7 DISINTERMENT OTHER THAN | CREMATION | An an adventure of the same of | FOR COR | ONER'S USE ONLY | | |
| CREMATION EXWAL AT SEA OR DISPOSITION OF HER THAN A A CEMITERY | NAME AND ADDRESS OF CEMETERY W. NAME AND ADDRESS OF CREMATORY W. NAME AND ADDRESS OF CREMATORY W. AUGRESS, NEAREST POINT ON 140 | 751 Martin Lu | ther KI | ng Jr. Way; | San Diego, C | San Diego N IN CHARGE OF CHEMATORY DISPOSITION | | |
| CHEMATED REMAINS | N/A ~ | | | | | | | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECI | EIVING REMAINS | | | | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that tre | e person having the right to control the disposition of the decedent under provisions of the Health and Safety Code, at trespass and nuisonce laws apply and understand that prestricted access to properly not owned by me. | | <u> </u> | | | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFELY COD AUTHORITY FOR THE DISPOSITION SPECIFIED 8 | E AND IS THE | OF FEE PAID | AUG 7 1987 | SIGNATURE OF LOCA | PERSTRAR ISSUING PERMIT | | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | MER CATEL | Seau PE | W Stell | | NSE NUMBER OF CREMATED REMAINS OSER, IF APPLICABLE | | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | | | | |

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



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| ESTED . | 264-3151 | of . | 100 1911 | |
|---|--|--|--|----|
| From Crushew Cook | ento Address: Wilson | Date: | 10/01. | 19 |
| In Au Payment of 4 | ifty fey or wo 100 | Dollar To | ars (\$ 856 2 | |
| Lot 1/5 Grave | 7- Row Si | ection 2 | Division / | 1 |
| Invoice No. Acct. No. W.O. F 68 43 BALANCE DUE | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | CREDIT 20% Sales Care 90% Sales of Lots Opening/ Closing Burial Containers Handling Fise | 77007 77184 100 77184 100 77181 100 77182 100 77182 100 77183 | 00 |
| Pre-Need Lot | ISSUED BY WITH THE WAY | Pro-Need 6 | 100 77183 30333 9022 6101 8390 | 00 |

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| | 264-3151 | 1-1 | |
|---|--|---|-------------|
| From arbow Cobrigton | Address National Ci | ter 9/23/ | . 19.87 |
| Liften and 190/11 | wer Vesa - Maria a C | Dollars (\$ | 15.90 |
| ot | 2 RowS | ection 1 2 | Division // |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | ### GREDIT 20% Sales Care 77184 — 80% Sales 100 of Lota 77184 — 100 Closing 77181 — 100 Containers 77182 — 100 Handling Fee 77183 — | 1060 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check CAC-212 (Rev. 11-86) | ISSUED BY Bruce Morrison | Recording & 100 | 30 15 90 |

MT. HOPÉ CEMETERY INTÉRMENT ORDER

City of San Diego

Date 1987

| | | / / |
|---|--------------------------------------|--|
| You are hereby authorized and instr | ructed, subject to your rules and re | gulations, to inter the remains |
| of The Second | Ma | . 8 hoter - 11:30 |
| in a Vegitiner | Traveride Tra | - 11 - |
| Church, Chapel, Graveside MD 9 | ler | Mortuary. |
| All Funeral cars must arrive before | 1 - 7 217 | The state of the s |
| and billed to undersigned. War time | e veteran Yes. W. WI | |
| Lot 12 Grave 12 R | ow Section Mas | Division/Black |
| Kolin | 1 muly - 11-121 | (how |
| Grave space & Care Fund | | |
| Additional spaces and care fund | | |
| Opening/Closing & Setup | PAIDI | |
| Burial Container | | 100.00 |
| Handling Fees | AUG 6 1987 | 145.00 |
| Flower vases - Marker setting fee | | |
| Recording and filing fee | CETY of SAN DIEGO, CALIF. | 35.0€ |
| Sales taxes | | 6.00 |
| | Total Due | 606.00 |
| | Paid receipt number 3490 | 00 # 666.00 |
| | | Balance due |
| 0 | | |
| I hereby certify I am the and this is your authority to make d | | of the above named decedent. |
| that I have the right to make this aut any liability on account of said auth | horization and lagree to hold Mt. I | |
| | 0,1,8 | 211-00 |
| hereby authorize the interment in hold under deed. | lot I Signature | uning. |
| TOTO GITAGO GOOD. | 1190 H1 | ARDIN/DR |
| Signature of recorded holder of deed | CALIF. | 92020 |
| | 7444- | - 8590 |
| | , | |
| F | Invoice # | |
| Work Order # L 6844 | Acct. # | |
| PV 883 (88)/ 8 88) | | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

| | | USE BLACK INK-MAKE NO ALIE | IATIONS ON EKASUKE | 5 | | | |
|--|--|--|--------------------------|--|--|--|--|
| | ercy H. Eldridge | | SEX Male | Jan. 28, 1895 | Aug. 6, 1987 | | |
| PLACE OF DEATH—CITY OR TOWN El Cajon | | PLACE OF DEATH—COUNTY IDENSITY San Diego | ATE IF NOT IN CALIFORNIA | Russell H. Eldridge-Son | | | |
| THE STATE OF THE PARTY OF THE P | ss of Funeral Director for Person a t, I-805 & Imperial A | AND THE PROPERTY OF THE PROPER | F-845 | 1190 Hardin Dr El Cajon, Cali | TO THE OWNER OF THE OWNER OWNE | | |
| | TYPE OF PER | MIT, CHECK ONLY ONE OF THE F | OLLOWING TYPES OF | DISPOSITION | | | |
| BURIAL IIN | ICLUDES ENTOMBMENT) | 5. DISINTERMENT AND BURIA ENTOMBMENT) | L INCLUDES | B DISINTERMENT AND R | | | |
| | N AND BURIAL UNCLUDES INURNMENTI | G DISINTERMENT, CREMATION | N, AND BUBIAL | 9 DISINTERMENT OF CRE DISPOSITION OTHER T | | | |
| ☐ 3 CREMATIO CEMETERY | | 7 DISINTERMENT, CREMATION | N. AND DISPOSITION | _ | R'S USE ONLY | | |
| La y activities | | | | 10. DISPOSITION PENDING | | | |
| NTERMENT | Mount Hope, Cemetery | , 5751 Market Street | | TO 1995 | an Diego | | |
| CREMATION | NA ROLL HE | VHERE REMAINS ARE TO BE CREMATED | DATE CREMATED | SIGNATURE OF PERSON IN | CHARGE OF CREMATORY | | |
| BURIAL AT SEA OR OSITION OTHER OF CREMATED REMAINS | NA Washington Shore | LINE, OR OTHER DESCRIPTION SUFFICI | ENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DIS | POSITION | | |
| SCIENTIFIC USE | NAA AND ADDRESS OF FACILITY REG | CEIVING REMAINS | | | | | |
| ACKNOWLEDGMENT | | erson having the right to control the | | SIGNATURE OF APPLICANT | | | |
| OF APPLICANT | and I hereby acknowledge that to | espass and nuisance laws apply a tricted access to property not owne | nd understand that | DATE SIGNED | 1 | | |
| FLOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE | AUG 7 1987 | SIGNATURE OF LOCAL REP | STRAR ISSUING PERMIT | | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | NER CIATE | ERSON IN CHARGE OF D | | NUMBER OF CREMATED REMAINS LIF APPLICABLE | | |
| If DISPOSITION IS TO OCCUM IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF NA | 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 REMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE. OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| From: Fatricia C. Elds Six hundred and In full Payment of 2 | idge Address: PH. Eldrid | 1475 Mal | * | ollars (\$ | 606-05 | 19.87 |
|---|-----------------------------|----------------------|--|----------------------------|-------------------|-------|
| Lot 6/ Gran | 12 | Row | Section Mas | | Division Block | 5 |
| Invoice No. | NOT VALID FOR PURI | POSE STATED UNLESS S | THE RESERVE OF THE PARTY OF THE | 67007 77184 - | | |
| Acct. No. | | | 80% Sales of Lots | 100 17184 - | | |
| w.o. 8-6844 | THE PARTY | | Opening/ Closing Burial | 77181 - 100 | 320 | 00 |
| BALANCE DUE | THE REAL PROPERTY. | | Contiliners | 17182 - | 145 | 00 |
| District Sol | I SAME | | Handling Fee Recording & | 77183 - 100 | 35 | 00 |
| Pre-Need Lot At Need On Ac | et D | 2 | Misc. Fees Pre-Need Trust | 77183 - 63033 9022 - | _ | |
| Pre-need Trust D Cash D Check | - | 1 | Sales Tax | 80101 78390 - | 6 | 00 |
| AC-212 (Rev. 11-86) | ISSUED BY | we your | TOTAL PAID | 4 | 606 | 00 |

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-7-87

| of Roseman Pens | ^ |
|--|--|
| 1 | |
| in a Fu | neral, date, time |
| Church, Chapel, Graveside | , Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | |
| 64 - 344 - | Section 2 Division/Mask |
| Lot _O_L Grave How | Section Division/Seck 1 |
| Grave space & Care Fund | 250.00 each 500. |
| Additional spaces and care fund | , and |
| Opening/Closing & Setup | La Caraciana de la Caraciana d |
| Burial Container | * STATE OF THE STA |
| Handling Fees | |
| Flower vases - Marker setting fee | 505 |
| Recording and filing fee | <u> </u> |
| Sales taxes | |
| | Total Due 500.00 |
| t nulder | eceipt number |
| Palote | |
| | Balance due |
| - Control of the Cont | |
| I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization : | of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment. |
| I hereby authorize the interment in lot I hold under deed. | Signature |
| | Address |
| Signature of recorded holder of deed | Sista Zip Cod |
| | Tsisphone |
| | Invoice # |
| Work Order # E 6845 | The state of the s |
| Work Order # UU 1U | Acct. # |

9-11-87 35033 20.00

| ADDRESS | 5 | 303 Encina, San Diego, CA 92114 | ATING | | | | TIMIL | | |
|---------|----|--|-------|-----|---|------|-------|--------|----|
| DATE | | ITEMS | DEB | EW! | V | CRED | T | BALANC | Æ |
| ng 7 | 87 | Lot 64, Grave 3 & 4, Section 2, Divison 11 | 500 | 00 | | 20 | 00 | 480 | 00 |
| | | | | | | | | | |
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CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

| Address 5303 Emcina, S.D. CA 92114 | |
|---|------------|
| You and each of you are hereby notified that because of default | in payment |
| on that Agreement for the purchase of a before need Lot 64, G | rave 344 |
| Row, Section | e Cemetery |
| entered into on <u>august 7</u> , 1987, by and between | Mt. Hope |
| Cemetery and Romany Penn that at the end of | |
| from date below, all rights you may have thereunder will be and | |
| notice cancelled and forfeited. | |
| | 1 |

Dated this 13 day of march, 1995.

CITY OF SAN DIEGO Mt. Hope Cemetery

By: Muhele L. Clark Clerical ASST. II

Credit Solar

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-7-8-7

| 0 | <u>~</u> |
|--|--|
| n 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 veters | in |
| or 64 Grave 3+4 Row_ | Section 2 Division Back |
| | 250.00 sach 500. |
| Additional spaces and care fund | 72× |
| Opening/Closing & Setup | |
| Burial Container | Not are and a series of the se |
| Handling Fees | |
| lower vases - Marker setting fee | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| Recording and filing fee | <u>و</u> |
| | |
| Sales taxes | |
| Sales taxes | Total Due 500,00 |
| | Total Due 500.00 |
| | Total Due 500, es |
| | Total Due 500.00 |
| Pai | d receipt number |
| Pair hereby certify I am theand this is your authority to make disposit | d receipt number |
| Pai hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization | d receipt number |
| Pai hereby certify I am the and this is your authority to make disposit that I have the right to make this authoriza | d receipt number |
| hereby certify I am the | d receipt number |
| hereby certify I am the | Total Due |
| hereby certify I am the and this is your authority to make disposite that I have the right to make this authorization liability on account of said authorization hereby authorize the interment in lot I | Total Due |
| hereby certify I am the | Total Due |

9-11-87 35033

\$00.00 20.00

E6845

E-6845

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

| This agreement entered with this day of the things, 190, |
|--|
| between Coseman Tenn, herein known as "Purchaser," and |
| the City of San Diego, Mt. Hope Cemetery, herein known as "Seller." |
| the ordy or ban brego, not hope demetery, herein known as better. |
| |
| That Purchaser agrees to purchase and, that Seller agrees to sell the exclu- |
| sive right of interment in: Lot 64, Grave 344, Row, Section |
| 2 , Black/Division // , located in Mt. Hope Cemetery, for and in |
| |
| consideration of a total purchase price of \$ 500 -, payable as follows: |
| \$ cash herewith, the receipt of which is hereby acknowledged; |
| \$ 2000 on the 10 day of Sept, 1987; and the |
| balance in installments of \$ 2000 or more, payable at the office of |
| Mt. Hope Cemetery, on the 10th day of each month thereafter until the |
| |
| total sum of said purchase price is fully paid in cash. YOU, THE |
| PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE |
| FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTER- |
| MENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO |
| CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE |
| AND THE COURSE OF THE COURSE O |
| 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 |
| COAVE CONCRETE RIDIAL CONTAINEDS DECORDING 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.

WITNESS our hands this day and year above written.

| | Deed to | be issued | tg: |
|------|---------|-----------|------|
| Nase | u Pay | be issued | 9016 |
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| 230 | 40 = | 2000: | |
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| Roseman | Renn |
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| 3303 | - Encira Address |
| 8.8. | 92114 |

| PURCHASE | R | | |
|----------|-------------|-------------|----------|
| | 1 | | |
| | Street Addr | ress (Mail) | |
| City | | State | Zip Code |

CITY OF SAN DIEGO Mt. Hope Cemetery

Xour Still



THE CITY OF

SAN DIEGO

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

February 22, 1989

Rosemary Penn 5303 Encina San Diego, Ca 92114

Re: Credit Lot Purchase

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

If you have any questions please call 264-3151.

Sandra Ward

Administrative Aide II

Mt. Hope Cemetery

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINK AUDITOR | MOUNT HOPE CEMETERY | | | | Time |
|--|---|---|--|-------------|------|
| Part Part | 53638 | Date: | 7-1 | 92/11 | 1 |
| from twenty | Address: OSCO OSC | une | Dollars (\$ | 20.00 | 1 |
| In Payment of | upon #1 Ou | alet de | 7 | | |
| Lot 64 Grave 3 | 4 9 Row Se | ection | 2 | Division // | |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ | 77184 — 100 | 20 | = |
| BALANCE DUE 480.00 | | Closing Burlat Containers Handling Fee Recording & Miss. Fees | 77181 — 100 77182 — 100 77183 — 100 | | -, |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | 1.11 | Pre-Need Trust Sales Tax | 77183 — 53033 9022 — 80101 | | |

| AND DESCRIPTION OF THE PARTY OF | - | A COLUMN TO SERVICE A SERVICE ASSESSMENT OF THE PERSON OF | | STATE OF THE PARTY OF | ittanc | C | DUP | ON | | 1 |
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| 0 | 5 | 308 | Z | m | ener | u ul | le | | | |
| 3 | T | heck | UV |) if ti | STAT | E C | alif | ZIF | 93 | 11/ |
| | NOT COUN OS 6 30 3 an FEB ent due da ent due da ent due da | NOT MAIL COUNT No. OS e ma 303 E i an Dia Mon FEB MAR itt due when p ite above | NOT MAIL ENTIR COUNT No. OSEMARY 303 Enci an Diego Month ar FEB MAR APR It due when paid on the above Int due if paid more the due date above. | NOT MAIL ENTIRE BOO COUNT No. E- OSEMARY Per 303 Encina an Diego, (Month and Da FEB MAR APR MAY It due when paid on or bet ste above. APR MAY APR MAY APR MAY | NOT MAIL ENTIRE BOOK COUNT No. E-68 OSEMARY Penn 303 Encina an Diego, Ca Month and Day Dr. FEB MAR APR MAY JUN ont due if paid more than due date above. Approprie | NOT MAIL ENTIRE BOOK COUNT No. E-6845 OSEMARY PENN 303 Encina an Diego, Ca 9: Month and Day Due in FEB MAR APR MAY JUN JUL Itt due when paid on or before. Itt due if paid more than days the date above. Appount Receive | NOT MAIL ENTIRE BOOK COUNT No. E-6845 CO | NOT MAIL ENTIRE BOOK COUNT No. E-6845 Cre OSEMARY Penn 303 Encina an Diego, Ca 92114 Month and Day Due Indicated B FEB MAR APR MAY JUN JUL AUG SEP 10 Int due when paid on or before. Int due if paid more than days STATE Calif | NOT MAIL ENTIRE BOOK COUNT No. E-6845 Credit OSEMARY Penn 303 Encina an Diego, Ca 92114 Month and Day Due Indicated Below FEB MAR APR MAY JUN JUL AUG SEP OCT 10 Int due when paid on or before. Int due fi paid more than days Substitute date above. \$ 20. Appound Received \$ 38 Eneman Appound Received \$ | NOT MAIL ENTIRE BOOK COUNT No. E-6845 Credit S. OSEMARY PENN 303 Encina an Diego, Ca 92114 Month and Day Due Indicated Below FEB MAR APR MAY JUN JUL AUG SEP OCT NOV 10 Int due when paid on or before. It due when paid on or before. It due if paid more than days S 20.00 Apprint Received S 20.00 Apprint Received S 20.00 S 21.00 EBS 2303 En Comma ble STATE Count Zip 98 |

Credit de

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time _ Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Section Additional spaces and care fund Opening/Closing & Setup . Burial Container ... Handling Fees Flower vases - Marker setting fee Recording and filing fee ... Sales taxes Paid receipt number. Balance due I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Zer Code Invoice # 6846 Acct. # PY-593 (REV 8-85)

9-10-87 35020 250.00 11-10-87 35273 20.00 1-6-88 3551/ 2000 200.00



WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| | 264-3151 | 1 20 | ca 03 |
|---------------------|--|---|-------------|
| From M. Accol | -Address 3060 /Ve | Date: 7-1 | 92113 |
| ta 4 Mills | ers , bu | Dollars (| , 10.00 |
| In Payment of U | you II Cus | Word | BRALE. |
| Lot 65 Grave | 3 nows | ection 2 | Division // |
| Acct. No | NOT VALID FOR PLIPPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | ### CREDIT 25% Sales Care 77184 ### 80% Sales 100 of Lots 77184 ### Opening/ 100 Closing 77181 ### Burtal 100 Containers 77182 #### Handling Fee 77183 #### ### Handling ### 100 Misc. Fees 77183 Pre-Need 53033 Trust 9022 Trust 9022 Sales Tax 60101 78390 | |
| AC-212 (Rev. 11-86) | ISSUED BY | TOTAL PAID \$ | 10 - |

Send or bring one coupon with each remittance COLIPON DO NOT MAIL ENTIRE BOOK Credit Sale ACCOUNT No. E-6846 Carl Reed 3060 Webster San Diego, Ca 92113 Month and Day Due Indicated Below FEB MAR APR MAY JUN JUL AUG SEP OUT NOV DEC IAN 10 Amount due when paid on, or before. \$ 10.00 due date above Amount due if paid more than days after due date above Amount Received S ADDRESS CITY STATE check (/) if this is new address

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| tus | 40 | | |
|---|---|-------------------|--------|
| Date: | 11 | -10 | .19.87 |
| Ciede | ollars (\$ | 20. | ۵), |
| tion_2 | | Division Block | 11 |
| CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlal Containers Handling Fee Recording & Migo, Fees Pis-Need Trust Sales Tax | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77183 — 100 77183 — 63633 8022 — 60101 78390 — | 2 | |
| TOTAL PAID | \$ | 20 | 1 |

| From: Accept Accept fine Payment of | May 00 - 213 | Date: Dollars (\$ | 20.00, |
|--|--|--|----------------------|
| Lot Grave Invoice No Acct. No W.O F-6006 BALANCE DUE | Row S NOT VALID FOR PURPOSE STATED LINLESS STAMPED PAID: IN THIS SPACE | CREDIT 67007 20% Sales Care 77184 90% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burtal 100 Containers 77182 Handling File 77183 Recording 100 Migc. Fees 77183 Pris-Need 63033 Trust 9522 | Division // Block // |
| Pre-need Trust Cash Check C | ISSUED BY Andy Was | TOTAL PAID \$ | 20 - |



WHITE TO CUSTOMER CANARY CEMETERY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

35511

MOUNT HOPE CEMETERY

| | 264-3151 | 1 | 2 - 00 |
|--|--|---|-------------|
| | | Date: | . 19.00 |
| From Orl HELD | Address 5060 (V) | Water | |
| the pet dill | our report | _ Dollars (\$ | 20.00 |
| InPayment of | un 415 Vica | lit dot | |
| | | Care of the Contract | |
| Lot 65 Grave | RowS | ection | Division // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | CREDIT 67007 20% Sales Care 77184 - | |
| Acct. No | CITY AUDITOR | 80% Sales 100 of Lots 77164 - Opening/ 100 Closing 77181 - Burist 100 Containers 77182 - | 30 - |
| BALANCE DUE 200.00 | JAN 1 1 1988 | Handling Fee 77185 — Recording \$ 100 Misc Fees 77183 — Pre-Meed 63033 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | Aske Who | Trust 9022 - Sales Tax 90101 78390 - | 7 |
| AC-212 (Rev. 10-67) | ISSUED BY | CTOTAL PAID \$ | 40 |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

35816

| From Al Rocal | Address 3060 (| Date: | J-7 180 |
|---|---------------------------------------|--|---------------------------------------|
| tout dal | oca HCAM | Calmer | Dollars (\$ |
| InPayment of | 2 Row | 1 | 3 Division // |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS S | 80% Sales | 67007 77184 100 |
| W.O. E-6846 | MAR 0 | 8 1988 Opening/ Clusing Bursal Containers | 77184 100 77181 100 77182 |
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| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Nev 10-67) | ISSUED BY STATE OF | Trust Salaa Tax | 9022 60101 78390 \$ |

| Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK | COUPON 3 |
|---|-------------|
| ACCOUNT No. E-6846 | Credit Sale |
| Carl Reed 3060 Webster | |
| San Diego, Ca 92 Month and Day Due Indi | |
| MAR APR MAY JUN JUL AUG SEP C | |
| Amount due when paid on, or before due date above. | \$ 10.00 |
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| Carl | \$ |
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| San | | | _ | | ue In | | | elow | | |
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| Amount due due date abo | | aid on | or bel | ore. | 1 | > s | 10 | .0 | 0 | |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

E4846 Nº 36793

| From: MIL Kard | Address | 160 | 0. | Qate: | -3 | 30. | 19_00 |
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| In Payment of | rellas | 88 | 2/302 | Cuch | ollars (\$ | 27 | 10) |
| Lot Grave | 3 | Row | Section | on _ = | 2 | Division / | 7 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | NOT VALID FOR PURPOSE "PAID" IN THIS SPACE. | CHYA | UDITOR | REDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Hangling Fea Recording & Misc. Fees Pre-Need Trust Sales Tax | 67907 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77183 65033 9022 80101 | 80 | 03 |
| AC-212 (Rev. 10-67) | ISSUED BY | Ell . | 10 | OTAL PAID | 78390 — | 30 | 90 |

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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

Division Block -

CITY AUBITOR

| In PUT Payment of CDC | you will credit x | ales | MINTE C |
|---|--|---|--|
| Lot 65 Grave | 3 Row ~ Se | ection 2 | |
| Acct. No. E-0840 BALANCE DUE \$ 140.00 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED *PAID* IN THIS SPAGE | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Crosting Bunal Containers | 57007 77184 100 77184 100 77181 100 77182 |
| Pre-Need Lot At Need Con Acct Pre-need Trust Cash Check C | ISSUED BY LANGE BLACK | Handling Fee Recording & Miss. Fires Pre-Need Trust Sales Tax | 77183 100 77183 63033 9022 80101 78380 |

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| | | | | | | | C | rei | die | Si | ile |
| ACCOUNT No. 2-6846 Credit Sale Gari Reed 3060 Verster San Diego Ca 92113 Month and Day Due Indicated Below NOV DEC JAN TEB MAR APR MAY JUN JUL AUG SEP OCT Amount due when paid on, at before, due date above. Amount due if paid more than days Amount due date above. Amount Received \$ NAME ADDRESS | | | | | | | | | | | |
| - | Month and Day Due Indicated Below NOV DEC JAN TEB MAR APR MAY JUN JUL AUG SEP OCT Thouse date above Thouse if paid more than days That due date above Amount Received \$ | | | | | | | | | | |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

EURLY Nº 36657

| | 264-3151 | Date: | P .1988 |
|--|---|--|-------------|
| From: A G FEEGE AND A STATE OF THE Payment of A | Address: 140/100- | Dollars | \$ 20 dd, |
| Lot Grave | 3 Rows | ection 2 | Division // |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE: | CREDIT 57007 20% Sales Care 77194 | 0.00 |
| Acct. No | CITY AUBITOR | 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 | 20 00 |
| BALANCE DUE 120 - 00 | SEP 14 1988 | Bunal 100 Containers 77182 100 Handling Fee 77183 Recording 8 100 Miss: Fees 77183 | |
| Pre-Need Lot At Need On Acct O | ISSUED BY STARLA IN | Pre-Feed 63033 Tryst 9022 Sales Tax 60101 78390 TOTAL PAID \$ | 20 00 |
| AND THE PROPERTY OF THE PROPER | | | |

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| DEC | JAN | | MAR. | | | | | | | | NOV |
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| | nt due ate abo | | paid pn | or per | ore. | | > s | 10. | .00 | | |
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| NAM | E | | | An | sount F | Receive | ed S | 1 | 0 | u | |
| ADD | RESS | | | | | | | | | | |
| CITY | | | | | | STAT | | | ZIP | | |
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| 1 | 06 | i a | Ne | bet | | 9 | 21 | 13 | | | |
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WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

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| PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | 11 6 | 2 2 |
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| From Last Docal | Address: 3060 /0 | Date: | SD 1900 |
| twenty of | Mars nappor | Dollars (\$ | 20,00 |
| In Payment of | you 1975 | Wat | 069 |
| Lot 65 Grave | | ection | Division // Block |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CAEDIT 67007 20% Sales Care 77184 — 80% Sales 100 | 2800 |
| Acct. No. 2 - 6846 | | of Lots 77184 — Opening/ 100 Closing 77181 — Burial 100 | Cmy Alma |
| BALANCE DUE 100.00 | THE REPLECTANT | Containers 77182 — 100 — 17185 — 77185 — 100 — 1 | Nov - |
| Pre-Need Lot At Need O On Acct | 1 1 | Recording A 100 100 | 13 1980 |
| Pre-need Trust Cash Check | No de Wash | Sales Tax 60101 78390 — | 70 00 |
| AC-212 (Rev. 10-87) | ISSUED BY 7454 | TOTAL PAID \$ | 00 00 |

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| | ☐ chec | k(V) if | his is i | new | add | ress | | |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

006966 Nº 37173

| 尼亚洲亚洲 | 264-3151 | | 1 0 09 |
|--|--|---|---------------------------------|
| mrl Pood | 3060 / | Date: | - Drav 1961 |
| From The Cott Char | Address: 000 | 0 | ollars (\$ 20.00) |
| In Payment of | Created got | THE REAL PROPERTY. | |
| Lot 65 Grave | 3 Row | Section 2 | Division // |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | 80% Sales | 67007 77184 100 20 (0) |
| Acct. No. 2-6246 | | of Lots Opening/ Closing | 77184 100 C/TV |
| BALANCE DUE 80.00 | | Burial Containers | 77185 77185 |
| | , ,1 | Handling Fee Recording & Misc. Fees | 77 100 1 7 7000 |
| Pre-need Lot At Need On Acct Pre-need Trust Cash Check | Markey Child | Pre-Need Trust Sales Tax | 63053 9022 80101 78360 |
| AC-212 (Rev. 10-87) | ISSUED BY PAUL COM | TOTAL PAID | , 2000 |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

EUR Nº 37331

| A E REP 是 用 | | | -1-1 | |
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| from Mrt Cecal | Address | Date; | | . , 19 |
| trust 10 | The second secon | t | ollars (\$ | 630 |
| n Payment of | Caupino 16 9/11 | crea | I DOT | |
| ot Grave | 3 Rows | ection | Division Block | 11 |
| nvoice No. | NOTVALIDEOR PURPOSE STATED UNITED STANDED PAID IN THIS SPACE | CREDIT DR 20% Sales Care | 57007 77184 | 1 20 |
| Acct. No | EFR . A | 80% Sales of Lots Opening/ Closing | 77184 100 77181 | 100 |
| N.O. = 97.90 | FEB 1 0 19 | 89 Buriel Containers | 100 77182 | |
| BALANCE DUE | The same of the sa | Handling Fee Recording & Minc. Fees | 100 77185 | |
| Pre-Need Lot At Need On Acct O | | Pre-Need Trust Sales Tax | 63033 9022 60101 | |
| Pre-need Trust Cash Check C | ISSUED BY THANK AND | TOTAL PAID | 78390 B | 200 |

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| CITY | | | | - Hand | | STAT | | | ZIP | | |
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Send or bring one coupen with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. San Diego, Ca Month and Day Due Indicated Below JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN Amount due when paid on, or before. due date above. Amount durif paid more than after due date above. Amount Received NAME **ADDRESS** CITY STATE ☐ check (/) if this is new address



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

Eugy Nº 37592

| USSES SERVICE OF THE PROPERTY | 204-3 | | | 1/- | 4 | 19 |
|---|----------------------------|-----------|---------------------------------------|-------------------------------------|---|-------------|
| From All Road | Address | to Was | Date: | HUZ. | £ 5A | 19 |
| Thurst, no | 1/18 | 16 10 | | ollars (\$. | 20,0 | 2 |
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| Lot Grave | 3 , | RowSe | ection | 2 | Division Block | 7 |
| Invoice No | NOT VALID FOR PURPOSE STAT | | CREDIT 20% Sales Care 80% Sales | 67007 77164 — | 10 | 00 |
| Acct. No | | CHYAUD | Opening/ Closing | 77184 — 100 77181 — | 1 | |
| BALANCE DUE 40.00 | | APR 05 18 | Buriel Containers | 100 77162 — 100 | | TO BE STORY |
| | CONTRACTOR ST | 10 | Recording & Misc. Fees | 77185 — 100 77183 — | - No No. | |
| Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐ | / | 1 /1 | Pre-Need Trust Selen Tax | 63033 9022 — 60101 76390 — | 100 | |
| AC-212 (Rev. 10-87) | ISSUED BY | ud Mo | CTOTAL PAID | 78390 | 20 | 00 |

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| after d | lue dat | e abov | 10. | | | k | 3 | | | | |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

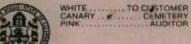
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| | 204-3131 | /_ | 7 |
|--|---|---|----------------|
| From Def Read | Address: | Date: | 190 |
| In Payment of | 11 12 PO/100 | Dollars (| 20.00 , |
| Lot Grave | 2 RowS | ection 2 | Division Block |
| Acct. No. BALANCE DUE At Need On Acct | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. OFT AUDITOR ON 1989 | Trust 9022 | 20.00 |
| Pre-need Trust Cash Check C | ISSUED BY AND LOCAL CONTRACTOR | Sales Tax 60101 78390 TOTAL PAID \$ | 000 |

| DO NOT | MAIL E | NTIR | E 800 |)K | | | di: | 22341 | 2 | 0 |
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| CITY | | | and in the last | | STAT | | | ZIE | | |
| | | check | CIV |) if t | his is | new | add | ress | | |

| NAME Reed | , Carl | التسالات | ACCT. NO. | E-6846 |
|---|---|------------|--|---|
| ADDRESS 3 | 060 Webster Street, San Diego, Ca 92113 RA | TING | LIMIT | |
| DATE | TTEMS | DEBIT | V CREDIT | BALANCE |
| A 7 87 3 7 87 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | Lot 65, Grave 3, Section 2, Division 11 Course 6 7 Secret # 358/6 Course 8 4 9 Secret # 36093 Course 10811 Receipt # 36412 Course 128/3 Receipt # 36936 Receipt 37/73 Course 16 8 17 Percent 3733 Course 18 9/9 Precept 388/6 Course 2 2 2 33 Receipt # 38369 | 250 00 | 20 00 2000 2000 2000 2000 2000 2000 200 | 200 00 80 00 160 00 160 00 80 00 |
| AIGNER FORM NO. | 25-204 Reed, Carl 65 - 3 | 3 - 2 - 11 | | PRINTED IN USA |



PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151

M2 38369

| From Chel Reed Turner por In FULL Payment of CRE | | | 8-7 72113 ollars (\$ 20,00 | \$2 |
|---|---|---|--|--------------|
| Lot 65 Grave | 2 | ection 2 | Division // | |
| Acct. No. E 6846 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Caro 80% Sales of Lots Opening/ Closing | 67007 77184 100 77184 100 77184 100 77181 | - AUDITOR |
| BALANCE DUE | | Burial Containers Handling Fee Recording & Misc. Fees | 100 77182 100 77185 100 77183 | 2 1989 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check CAC-212 (Rev. 10-87) | ISSUED BY W. J. Teague | Pre-Need Trust Bales Tax TOTAL PAID | 83033 9022 60101 78380 \$ 20 | |

| Amount due when paid on or before due date above. Amount Received Amount Received STATE ZIP Ti check (//) If this is new address | Sand or b | | | | | | ittanc | · CC | UP | ON | 2 | 2 |
|--|--------------------|-------|------------------|---------|-------|-----------|---------|--------|------|------|-----|-----|
| 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. Amount due if paid more than days after due date above. Amount Received \$ 10,000 NAME ADDRESS CITY STATE ZIP | ACC | OUN | No. | E | -61 | | | re | dit | : 5 | ale | E. |
| Amount due when paid on or before. Amount due if paid more than days \$ 10,000 Amount Received \$ 10,000 NAME ADDRESS CITY STATE ZIP | 31 | 06 | Q N | leb | BEG | • | 9 | 21 | 13 | | | - |
| Amount due when paid on or before. Amount due if paid more than days \$ 10,000 Amount Received \$ 10,000 NAME ADDRESS CITY STATE ZIP | | | Mon | th ar | nd Di | av Du | e Inc | dicate | ed B | elow | | |
| Amount due if paid more than days \$ 1000 NAME ADDRESS CITY STATE ZIP | OCT | YOY | | | | | | | | | | SEP |
| Amount due if paid more than days \$ 1000 NAME ADDRESS CITY STATE ZIP | | | | | | | | 1 | 10 | | | 20 |
| Amount Received \$ 10,000 NAME ADDRESS CITY STATE ZIP | | | | aid on | or be | fore. | | > 5 | 10, | 00 | | |
| ADDRESS CITY STATE ZIP | Amount after du | due i | paid r a abov | nore ti | un_ | day | | 5. | 1, | 90 | | - |
| ADDRESS CITY STATE ZIP | | 4 | | | | | | \$ | | | | |
| ADDRESS CITY STATE ZIP | | | | | Ar | navat F | laceuve | d 8 | 10 | 00 | 0 | |
| CITY STATE ZIP | NAME | | | | 771 | museric r | - Court | | | | | |
| OIL TO THE PARTY OF THE PARTY O | ADDR | ESS | - | | | | | | | | | |
| | CITY | | | | - | | - | | | | | |

| and or | patest o | ine co | upon v | vith ear | oh rom | ittanos | C | DUP | NO | 9 | 72 |
|----------|----------|--------|---------|----------|----------|---------|-------|-------|-------|-----|-----|
| DO | NOT | MAIL | ENTIF | RE BO | OK _ | | - | - | | ~ | J |
| ACC | COUNT | No. | - | | IAB | | - 6 | ra | ase | | ME |
| | | | | | 4- | - | | | | | 103 |
| - 8 | ar. | 1 1 | les | d | | | | 374 | 37 | 100 | |
| | 0.6 | 0 | Me | bat | OF | | - | | 1 | | |
| | 904 | 254 | eg | Mail: | | | rei | 11 | 100 | | |
| 76 | | Bio. | سامات | 20 | UM. | - | 44 | 213 | | - | |
| | | Mon | th ar | nd Da | ay Du | ue In | dicat | ted E | selow | | |
| NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT |
| | | | - | N. C. | 100 | - 0 | 1 | 10 | 1 | 63 | 63 |
| 50 | | | | | | | 1 | | - 1 | (3) | 15 |
| Amour | nt due | when t | paid on | or bet | lore. | | | ** | | • | |
| due da | te abo | ve. | | | | | S | a.c | 2 4 U | м: | |
| | | | | | | - | | | | | |
| Amout | | | | nun | da | ys I | | | 1.0 | 0 | |
| atter d | ue ca | E 800 | ve: | | | | | | | | |
| | | | | | | | | 9 | | | |
| | | | | | | | | 14 | - | - | |
| | | | | Am | nount t | Receive | 4 8 | 10 | 20 | 0 | |
| NAM | | | | 290 | innite t | HOLDIVE | 19 | | - | | |
| The same | STALL. | _ | _ | _ | | | _ | - | _ | | _ |
| ADDI | RESS | | | - | - | - | | | | - | _ |
| CITY | | | | | 42 | STAT | | | ZIF | | |
| | | D | check | (V |) if ti | his is | nev | v ade | iress | | |
| | | | | | | | | | | | |

Codition ...

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-7-87

| of Nelen Scott | |
|--|--|
| in aFu | neral, date, time |
| Church, Chapel, Graveside | , Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | |
| 14 7 | Section 2 Division/Block |
| | 11 |
| Grave space & Care Fund Sengle spa | ce of Lon DN Crypt 250,00 |
| Additional spaces and care fund | 3 - 0 |
| Opening/Closing & Setup | Yan. |
| Burial Container | 1992 |
| Handling Fees | 3× 15 |
| Flower vases - Marker setting fee | 320 |
| | *************************************** |
| Recording and filing fee | |
| Sales taxes | Total Due |
| A STATE OF THE PARTY OF THE PAR | |
| Paid re | eceipt 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 and I agree to hold Mt. Hope Cemetery harmless from |
| any liability on account of said authorization | and interment. |
| | 77 |
| hereby suthorize the interment in lot I hold under deed. | Signature |
| | Althous |
| Signature of recorded holder of deed | State Zip Cod |
| | Telaphone |
| | Invoice # |
| Work Order # E 6847 | |
| Work Groef # - CO I | Acct. # |

12/30 35465 250.00 22.00



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/7/87

| / | |
|--|--|
| [1 and 1 and 4] [6] a | ct to your rules and regulations, to inter the remains |
| of Woodstand | o pro agrigen for |
| in a Fune | eral, date, time |
| Church, Chapel, Graveside | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. of | regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | - / 15 |
| Lot 3.5 3 Grave Row | Section Division/Blade |
| Grave space & Care Fund | 5 each / 1190° |
| Additional spaces and care fund | |
| Opening/Closing & Setup | |
| Burial Container | of arranged. |
| Handling Fees | or hat this? |
| Flower vases - Marker setting fee | Time / |
| Recording and filing fee | |
| Sales taxes | |
| | Total Due 11962 |
| Paid role | eipt/number |
| Or and to | Balance due |
| 1 2.1 | balance due |
| I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization a | of the above named decedent remains as above indicated. I certify and represent decagree to hold Mt. Hope Cemetery harmless from |
| any liability on account of said authorization ad | d interment. |
| I hereby authorize the interment in lov I hold under deed. | Harren an Tax |
| Signature of recorded holder of deed | A verden 1 One Shows |
| | State Zip Codu |
| | Telephone |
| | Invoice # |
| Work Order # E 6848 | 199000000000000000000000000000000000000 |
| Work Order # UOTO | Acct. # |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

| | | Date _ E | 3-10-8 | 8 |
|--|---------------------------------|---------------|--|-----------------|
| You are hereby authorized and instructed, of PEAR-IE B. | subject to your rules ar | nd regulation | ns, to inter th | e remains |
| in a Liner Maybairer | Funeral, date, time | 100 | 17.4 | |
| Church Chapel, Graveside Church, | | / | ele_ | Tancon Ninger |
| All Funeral cars must arrive before 3:30 p. and billed to undersigned. War time veter | 1/1 | or an extra | charge will I | e applied |
| Lot 120 Grave 7 Row _ | Section2 | Divis | ion/ 94esk _ | 12 |
| Grave space & Care Fund | 162 x | | | 95.00 |
| Opening/Closing & Setup | Jac . | | 3. | 20.00 |
| Burial Container | VIV | | 10 | 0,00 |
| Aandling Fees | DIE 1 | no de | /4 | 5.00 |
| Flower vases - Marker setting fee | All stell | | | |
| Recording and filing fee | or New | | | 5,00 |
| Sales taxes | 0' | | | 6.00 |
| 30 day note | Total | Due | 12 | 01.00 |
| Pai | d receipt number | | | |
| | | Bala | nce due | |
| hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization liability on account of said authorization. | tion and lagree to hold | e indicated. | above named I certify and emetery harm | represent |
| hereby authorize the interment in lot I hold under deed. | Stitlights | M 76 | ashy | |
| Signature of recorded holder of dead | San J State 244 Telephore | 635 | 3 | 702 Zip Code |
| | AFER | 650 | 699 | 2 |

64893 W.O. MO.

| . (201, 22 | San Diego, California | California | 8-10- | 0 |
|--|--|--|--|----------------|
| 30 | days after dat | days after date, for value received the undereinned maker(e) some security | orfersioned maker(e) prese | |
| Mt. Hope Cemetery or | Semetery or San Diego City Treasurer | Treasurer | mand (e) source and first | ests) to pay |
| (1980年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の | SE STATE SHIP IN SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND A | | NATIONAL PROPERTY. | |
| al 3751 Martin Luther R | tin Luther King Way, San Diego, CA 92102 | ego, CA 92102 | THE RESIDENCE OF THE PARTY OF T | DJO JA |
| the sum of One thousand | thouseads two hundred one dollars and It for min | done dolla | rand Willer | Ball 40 |
| with interest from 9-11-87 | 87 | | on the unbaid brincipal at the rate | al at the rate |
| 12 per cent per annum | ber cent per annum payable on demand | P | | |

holder of this note. Interest after maturity will accrue at the rale indicated above United States. Each maker will be jointly and severally liable and consents to referent before, at or after maturity, and waives presentment, demand and protest nerson who signs this note agrees that recourse may be had against his there ago no this note, the undersigned promise(s) to pay such sur

OFFICE HOPE CEMETERY ALL PAYMENTS AT MT.

MAKE

Callf. Driver bic. #[

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

E 6849

E-6849 My name is Clinton Foster and I Would like to give access and all rights afforded to me equally to my siblings Ritchie L. Foster, Shorda Foster, Labolanda Foster, Gayle Ray, Larry Foster, Charles Foster & Cassandra Foster Chiton Fiel. 1-26-04

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 4849

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | PEARLIE BERNIC | F FOSTER | SEX Female | DATE OF BIRTH | DATE OF DEATH | | | |
|--|--|--|--|--------------------------------------|--|--|--|--|
| PLACE OF DEATH | A CONTRACTOR OF THE PARTY OF TH | PLACE OF DEATH—COUNTY ION | | Jan. 20, 1931 | Aug. 6, 1987 | | | |
| The state of the s | San Diego | San Dieg | | Clinton Foster - Son | | | | |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR TOR PERSON AC | | FORMA LICENSE NUMBER | | 42nd Street | | | |
| Anderson-R | agsdale Mort.: San Di | lego, Callfornia | 1329 | San Diego, | California 92102 | | | |
| | TYPE OF PERM | THE CHECK ONLY ONE OF THE | FOLLOWING TYPES OF | F DISPOSITION | | | | |
| T BURIAL IIN | CLUDES ENTOMBMENT) | 5. DISINTERMENT AND BUR ENTOMBMENT) | SAL (INCLUDES | 8 DISINTERMENT AND REMAINS (INCLUDES | REINTERMENT OF CREMATED INURNMENT! | | | |
| ## 100 ASSAULT BATTO | N AND BURIAL (INCLUDES INCRNMENT) | B DISINTERMENT CREMATI | ON, AND BURIAL | DISPOSITION OTHER | REMATED REMAINS AND THAN IN A CEMETERY | | | |
| CEMETERY | 3 CREMATION AND DISPOSITION OTHER THAN IN A | | | | FOR CORONER'S USE ONLY 10 DISPOSITION PENDING | | | |
| CREMATION RUBIAL AT SEA ON POSITION OTHER IN A CEMETERY MATER REMAINS | NAME AND ADDRESS OF CEMETERY WE NAME AND ADDRESS OF CREMATORY WE N/A ADDRESS. NEAREST POINT ON SHORELY N/A | 751 Martin Luther HERE REMAINS ARE TO BE CREMATE | DATE CREMATED | SIGNATURE OF PERSON II | | | | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECE | IVING REMAINS | | | | | | |
| ACXNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that tre this permit gives no right of unrestr | dent under provisions of the He spass and nuisance laws apply | alth and Safety Code, and understand that | SIGNATURE OF APPLICANT DATE SIGNED | | | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | E AND IS THE | AUG 11 198 | SIGNIFIC OF ALL | AMOS M.D. MY | | | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION AS ADE ON | 1/87 SIGNATUR | PERSON IN CHARGO | DISPOSI | NUMBER OF CREMATED REMAINS R. IF APPLICABLE | | | |
| IF DISPOSITION IS TO DOCUM IN ANOTHER EDUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | | | | | | |

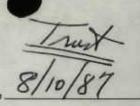
COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego



| n a | Funeral, date, time |
|---|--|
| Church, Chapel, Graveside | |
| All Funeral cars must arrive before 3:30 p | o.m. of regular work day or an extra charge will be appli |
| and billed to undersigned. War time veter | an <u>No</u> . |
| ot 97 Grave // Row | - 1 12 |
| ot Grave Row | Section Division/Plack |
| Grave space & Care Fund | e-Case du 495 |
| Additional spaces and care fund | none |
| Opening/Closing & Setup | heed 320°- |
| Burial Container | - + Tues 171°00 |
| Handling Fees | ms ~ 0 170° |
| Flower vases - Marker setting fee | Opiden Cash - |
| Recarding and filips feet | 350 |
| Sales taxes A PU | 1050 |
| AUC & 1007 | Total Due 7 475 |
| AUG 60 1987 | id receipt number 349/2 /205 |
| MT. HOPE CEMETERY | Balance due |
| CITY of SAN DIEGO, CALIE | 112 E- |
| hereby certify I am the | of the above named decede on of remains as above indicated. I certify and represe |
| hat I have the right to make this authoriza my liability on account of said authorizati | tion and lagree to hold Mt. Hope Cemetery harmless fro on and interment. |
| Maria Carlos (artists of Artists | 1 Dar a Niblet |
| hereby authorize the interment in lot I old under deed. | Squature 19. On maria OA |
| ignature of recorded holder of dead | Address a Dil Ch Co |
| ignature of recorded nation in deed | State Dugo (7) |
| | Telephone |
| North Order # E 6850 | Invoice # |
| | |

WHITE TO CUSTOMER CANARY CEMETERY

the need

PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY

| PINK. | AUDITOR | MOUNT HOPE CEMI | ETERY | | |
|---|-------------------|---|---|------------------------|-------|
| | 1.01/14 | 264-3151 | Date: Au | eg 10 | 19.87 |
| From: Dora | nebbet | Address: 2619 | Imperial ave | 12921 | 13 |
| in lilly min | ment of Pre | hoed trusten | wood Gleaver | par an | 1 |
| Complete | Anternaent | at time of | heed - Counte Va | ult - | |
| Lot -97- | Grave | //- Row_ | Section | Division Block | 12- |
| Invoice No | NO. | OT VALID FOR PURPOSE STATED UNLE VAID IN THIS SPACE. | SSSTAMPED CREDIT 20% Sales Care 80% Sales | 57007 99 77184 29 4 | 00 |
| Acct. No. | 50 | | of Lots Opening Closing | 77184 - 7 P | 100 |
| BALANCE DUE | 0 | | Burial Containers | 77182 100 | |
| BALAITOL DOL | | | Handling Fee Recording & Misc. Fees | 77183 | |
| Pre-Need Lot At Need Pre-need Trust Cash | On Acct | · m | Pre-Need Trust Sales Tax | 60101 60101 | 50 |
| AC-212 (Rev. 11-86) | FO 18 1 1000 FORD | SUED BY SEOGHWE | TOTAL PAID | 1205 | 50 |

Rima

MT. HOPE-CEMETERY INTERMENT ORDER

City of San Diego

Date 8/10/87

| in a F | uneral, 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 3563 Grave Row | Section - Division/B-k /0 |
| Grave space & Care Fund | ulp 59500 |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 34000) |
| Burial Container | 1000 |
| Handling Fees | most 14100 > 606 - |
| flower vases - Marker setting fee | \$60600 |
| tecording and filing fee | 37.00 |
| ales PAID | L |
| 1 110 1 100 | Total Due 34913 1201 00 |
| AUG 1 0 1987 Paid | receipt number |
| MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF. | Balance due |
| hereby certify I am the | of the above named decedent |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization | n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from and interment. |
| hereby authorize the interment in lot I | Sgnature |
| | Address |
| igneture of recorded holder of deed | State Zip Code |
| | Telophone |
| | Invoice # |
| Work Order # E 6851 | Acct.# |
| PY-693 (REV. 8-86) | |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

| 1 | |
|-----|--------|
| | AS OF |
| 45 | 1300 |
| 6/2 | 12/2/9 |
| A | |
| Fre | m W |
| 110 | 5 |

AC-212 (Rev. 11-86)

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

| Who from HT | + 27711 |
|--|--|
| From: Woodraw No | Address: 5/d y Van |
| In August De Payment of For | I bester heed of 4/6 |
| Dry a south | Linia - |
| Lot 3 3 Grave | Row |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPE PAID IN THIS SPACE. |
| Acct. No. F - 6801 | |
| w.o | Cally Sandy |
| BALANCE DUE | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | (Men |

Division Block __ Section. CREDIT 20% Sales Care 67007 77184 60% Sales 100 of Lan 77184 Opening/ Closing 100 77181 Burial Containers 100 100 Handling Fee 77183 Recording & Misc. Fees 77183 Pre-Need 63033 Truet 9022 Sales Tax 60101 78390 TOTAL PAID

CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

9 11431

DEED

| WOODROW | OWNERSHIP AND INTERMENT PRIVILEGES W. Tout for the sum of \$ 595° | • |
|----------------------|--|-----------|
| TO Woodaww | W. Toul for the sum of \$ 3 73 - | (DOLLARS) |
| LEGAL DESCRIPTION 1 | at 3553 Division 10 - | |
| AS DESCRIBED ON PURC | CHASE ORDER NUMBER E- 6851 | |

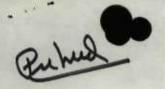
According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care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

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted: /2×24×03 Flat.

Loyun Steller Manager

North Bulan

Property Director



MT. HOPE CEMETERY INTERMENT ORDER

Pate 8/10/87

City of San Diego

| of Hoi The Nac | subject to your rules and regulations, to inter the remains |
|---|--|
| in a | Funeral, date, time |
| Church, Chapel, Graveside | : Mortuary. |
| CARLO SERVICE | o.m. of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veter | , |
| 2112 | 1- |
| Lot 353 Grave Row | Section Division/Block |
| Grave space & Care Fund | 195 - Sevile les 595 c |
| Additional spaces and care fund | |
| Opening/Closing & Setup | Dehealite 320° |
| Burial Container | trust 100% |
| Handling Fees | 141** |
| Flower vaces - Marker setting lee | |
| Recording and turns tee. | 25,00 |
| Salatavas | <u> </u> |
| AUG 1 0 1987 | Total Due 60602 5910 |
| MT. HOPE CEMETERY Pa | id receipt number 34914 /2019 |
| CITY of SAN DIEGO, CALIF. | Balance dueO |
| | |
| I hereby certify I am the and this is your authority to make disposit | of the above named decedent tion of remains as above indicated. I certify and represent |
| | tion and I agree to hold Mt. Hope Cemetery harmless from |
| | |
| I hereby authorize the interment in lot I hold under deed. | Sgratus |
| | Address |
| Signature of recorded holder of deed | State Zie Code |
| | Tolephone |
| Sa Cart Line | Invoice # |
| Work Order # E 6852 | |
| PY-S03 (REV. 8-85) | Acct. # |

Ruhul

MT. HOPE GEMETERY

INTERMENT ORDER

Trusk

City of San Diego

Date 8/10/87

| | Date D/10/0/ |
|--|--|
| You are hereby authorized and instru | gted, subject to your rules and regulations, to inter the remains |
| of Nor the N | guyen |
| în a | Funeral, date, time |
| Church, Chapel, Graveside | ; Mortuary. |
| All Funeral cars must arrive before 3 | 3:30 p.m. of regular work day or an extra charge will be applied |
| and billed to undersigned. War time | veteran No |
| 016 | 1 |
| Lot 353 Grave Ro | w Section Division/Block |
| Grave space & Care Fund | 575 - Single Sp 5950 |
| Additional spaces and care fund | 10 UN |
| Opening/Closing & Setup | Depositate 320 |
| Burial Container | 100° |
| Handling Fees | 141 |
| Flower vaces - Marker setting fee . | 1 |
| Recording and taling see | 35,00 |
| Sales taxes | 1 |
| AUG 1 n 1987 | Total Due 6.06 393 |
| MT. HOPE CEMETERY | Paid receipt number 34914 /2018 |
| CITY of SAN DIEGO, CALIF. | Balance dueQ |
| | |
| I hereby certify I am the and this is your authority to make dis | of the above named decedent sposition of remains as above indicated. I certify and represent |
| that I have the right to make this auth any liability on account of said author | porization and lagree to hold Mt. Hope Cemetery harmless from prization and interment. |
| | De the mouse |
| I hereby authorize the interment in I hold under deed. | ot I |
| | - Hadrey Market & Skylly E. |
| Signature of recorded holder of deed | Sinia Charles To 12 Code |
| 1110 | Telephone |
| THE PERSON NAMED IN | 1175 0590 |
| Work Order # E 6852 | Invoice #15-0969 |
| Work Order # _ UOJA | Acct. # |

CITY OF SAN DIEGO, CALIFORNIA

| WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 264-3151 | -/ | 1 |
|--|---|---|-----------|
| From Hoe The naun | and Address: San | Date: 3/10 | / 87 , 19 |
| Twelve Agendud & | he true and of Hor | Dollars | 15/20/20 |
| Dry Courte R | mer - | 1 | Division |
| Lot SSS Grave_ | | ection | Block |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 6700' 20% Sales Care 7718- 50% Sales 100' of Lots 7718- Opening/ 100 Closing 7718- Buria/ 100 Containers 7718- | 476 00 |
| Pre-Need Lot At Need On Acct | | Handling Fee 7718 Recording & 10 Misc. Fees 7718 Pre-Need 5303: Trust 9022 | 606 00 |
| AC-212 (Rev. 11-86) | ISSUED BY RAVEWELLE THE | Sales Tax 5010 783K TOTAL PAID | |

2

CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

E 4852

Nº 11432

DEED

| TO Noi The naugen for the sum of \$ 595 = (DOLLARS |
|---|
| to Hor The naugen for the sum of \$ 595 = (DOLLARS LEGAL DESCRIPTION 3552 Let . Diversion 10 |
| as described on purchase order number $E-6852$ |
| 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 man 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 an repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may here after be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representative of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism an atural causes of deterioration, but reserves the right to remove any object that detracts from the embellish ment of the Cemetery. The following type of memorial will be permitted: |

Centery Manager

Property Director

PY-584

MT. HOPE CEMETERY

INTERMENT, ORDER

City of San Diego

Date 8/10/87

| You are hereby authorized and instruct | ed, subject to your | ules and regulations, to int | ter the remains |
|---|----------------------|------------------------------|-----------------|
| of | Funeral, date, ti | ime Wed - IIA | 18/12 |
| Church, Chapel, Graveside | 1740, | Ragistale | Mortuary. |
| All Funeral cars must arrive before 3:3 | | ork day or an extra charge | will be applied |
| and billed to undersigned. War time ve | teran 100 | | |
| Lot 103 Grave 5 Row | Section | Division/846 | |
| Grave space & Care Fund | mile | | 2500 |
| Additional spaces and care fund | · m | 2 | |
| Opening/Closing & Setup | | | 33000 |
| Burial Container Bell G | mula hu | <u>iff</u> | 100 00 |
| Handling Fees | | 4 6 | 14500 |
| Flower vases - Marker setting fee | A | | |
| Recording and filing fee | 1000 | 79 | 31-6 |
| Sales taxes | 13 | 0 | P - 00 |
| 10day | < - | Total Doe | 856 |
| ~ 0 | Paid receipt numbe | | |
| | De la | Balance due | |
| I nereov certify I am the | wife " | of the above no | med decedent |
| and this is your authority to make disport that I have the right to make this author | sition of remains as | s above indicated. I certify | and represent |
| any liability on account of said authoriz | zation and intermed | | -0 |
| I hereby authorize the interment in lot | 1 XY | cresa d. Sl | us_ |
| hold under deed. | Signature + 4/ | 31 Van Dyke | #2 |
| Signature of recorded holder of deed | - *SQ | n Dego, CA | 92/05 |
| | x State | 83-8348 | Zip Code |
| | Telephon | A 600 | |
| - | Invoic | 00770 | |
| Work Order # E 6853 | _ Acct. | # 02304C | |
| PY-583 (REV. 8-85) | | | |

NOTE-STRAIGHT

| . 857°°° | San Diego, | alitornia Olua | xx 10 | .27 |
|---|---|---|---|--|
| -30- | days after date, f | or value received, the under | | to pay to |
| Mt. Hope Cemetery or Sar | Diego City Tr | easurer | | |
| | | | | or order |
| at 3751 Martin Luther Kins | ul little les | 5 2102 | | OLLARS |
| with interest from | -11-1987 | | on the unpaid principal at t | |
| Should interest not be paid when due, it interest when due, the whole sum of principal holder of this note. Interest after maturity will United States. Each maker will be jointly and hereof before, at or after maturity, and waives person who signs this note agrees that recour action be instituted on this note, the undersign maker all Payments at MT. | I shall thereafter bear like in all and accrued interest shall accrue at the rate indicated severally liable and consen- presentment, demand and presentment, demand and pre- rise may be had against his gned promise(s) to pay sur- | ill become immediately due above. Principal and interests to renewals, replacement protest and the right to asse the separate property for a shown as the Court may find the separate property. | without notice, at the op- ist are payable in lawful ma is and extensions of time to it any statute of limitations by obligation contained here | non of the iney of the f payment A married ein. If any |
| | | Calif. Driver | Lic. # 109730 | 797 |

PERMIT FOR DISPOSITION OF HUMAN REMAINS



USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | T | | SEX | DATE OF BIRTH | DATE OF DEATH | |
|--|--|--|--|--|---|--|
| KENNETH WAYNE ST | | STEEL Male | | Apr. 2, 1959 | Aug. 5, 1987 | |
| PLACE OF DEATH-CITY OR TOWN | | PLACE OF DEATH—COUNTY ION | STATE IF NOT IN CALIFORNIA. | NAME AND ADDRESS OF | SPOUSE OR OTHER INFORMANT | |
| San Diego | | San Diego | | | Steel - Wife | |
| | S OF FUNERAL DIRECTOR TOR PERSON AC | | LIFORNIA LICENSE NUMBER | | lyke St. Apt. 2 | |
| Anderson-R | agsdale Mort.: San Di | ego, California | 1329 | San Diego, | California 9210 | |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF THE | FOLLOWING TYPES O | DISPOSITION | | |
| | | | | | | |
| XX 1 BLANAL IIN | CLUDES ENTOMBMENT) | 5. DISINTERMENT AND BUT ENTOMBMENT) | HAL (INCLUDES | B DISINFERMENT AND F REMAINS INCLUDES | REINTERMENT OF CREMATED INURNMENT) | |
| | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CHEMAT IINCLUDES INURAMENTI | ION, AND BURIAL | 8. DISINTERMENT OF CR | THAN IN A CEMETERY | |
| LI 3 CREMATION | N AND DISPOSITION OTHER THAN IN A | D > DISINTERMENT, CREMAT | ION AND DESCRIPTION | FOR CORON | EDIC HEE ONLY | |
| A SCIENTIFIC | USE | OTHER THAN IN A CEME | | FOR CORONER'S USE ONLY D to disposition Pending | | |
| | | | | | 9 | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | HERE REMAINS OR CREMATED REP | King Jr. Wy. | San Diego | San Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | | | SIGNATURE OF PERSON IN | | |
| BURNAL AT SEA | N/A ADDRESS, NEAREST POINT ON SHOREL | NE OR OTHER DESCRIPTION SHIP | ICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DIS | POSITION | |
| OR SSITION OTHER | The state of the s | THE SHE STREET COLUMN THOSE WORLD | THE PARTY OF THE P | Those man good or or | a. Currior | |
| OF CHEMATED REMAINS | N/A | | | | | |
| SCIENTIFIC | NAME AND ADDRESS OF FACILITY RECE | EIVING REMAINS | | | | |
| USE | N/A | | | | | |
| | This is to certify that I am the per | son having the right to control | the disposition of the | SIGNATURE OF APPLICANT | | |
| ACKNOWLED SMENT | remains of the above named dece | | | | | |
| APPLICANT | and I hereby acknowledge that tre this permit gives no right of unrestr | Charles the contract to be come and be a facility of the contract of the contr | | DATE SIGNED | | |
| LOCAL REGISTRAR | THIS PLHMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | LAND IS THE | AUG 1 1 1987 | SIGNATURAGE LOCK AFE | Camps M.D. MY | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSIT ON THE SPECIFIED | SIGNATION STEEL CATE | PERSON IN CHARGE OF | | NUMBER OF CREMATED REMAINS II, IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 9 | | | |

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Aug 13 1987

| 7) 07 | 711 1 114 0/10 |
|---|---|
| n aFu | neral, date, time Wod - 1/Am - 8/19 |
| Church, Chapel, Graveside | : Kegstale Mortuar |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applie |
| and billed to undersigned. War time veteran . | No. |
| _ 4 30 | , / 7 |
| ot Grave H Row 37 | Section S Division/Block |
| Grave space & Care Fund Lings | Best - flat marker 595 |
| | 2 |
| Additional spaces and care fund | . P1 = 0 |
| Opening/Closing & Setup | 12-0 |
| | |
| landling Fees | 770 3 |
| lower vases Marker seumo fee | 7 |
| Recording and filling fee | 1 3C9 |
| Sales taxes AUG 1.4.1997 | 105 |
| of the con- | Total Due |
| MOPE CEMETERINI | raint number 34935 > 450.0 |
| SAN DIEGO, CALIR | 34939 -> 855 |
| | Balance due |
| hereby certify I am the | of the above named decede |
| and this is your authority to make disposition hat I have the right to make this authorization | of remains as above indicated. I certify and represe and I agree to hold Mt. Hope Cemetery harmless fro |
| my liability on account of said authorization a | |
| hereby authorize the interment in lot I | Downty Trught |
| old under deed. | Signature 2018 |
| ignature of recorded holder of deed | Adopte CA 92102 |
| Guardia or secucion sorties or asset | State |
| | Telephone |
| 1/ | |
| Nork Order # E 6854 | Invoice # |
| 0.34 | Acct.# |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6854

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | т | | SEX | DATE OF BIRTH | DATE OF DEATH |
|---|--|--|--|--------------------------------------|--|
| | BERTHA LEE HAYNI | ES | Female | May 12, 191 | 2 Aug. 12, 1987 |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH—COUNTY (OR S | TATE IS NOT IN CALIFORNIA) | NAME AND ADDRESS | OF SPOUSE OR OTHER INFORMANT |
| | an Diego | San Diego | | | ight - Daughter |
| THE REAL PROPERTY OF THE PARTY | SS OF FUNERAL DIRECTOR ION PERSON AC | | FORMA LICENSE NUMBER | 2918 "J" St | |
| Anderson-Re | agsdale Mort.: San Die | ego, California | 1329 | San Diego, | California 92102 |
| | TYPE OF PERA | MIT, CHECK ONLY ONE OF THE | FOLLOWING TYPES O | DISPOSITION | |
| XX 1 QURIAL IIN | ICLUDES ENTOMBMENT) | 5 DISINTERMENT AND BURI | AL (INCLUDES | 8. DISINTERMENT AT REMAINS (INCLUSE) | NO REINTERMENT OF CREMATED |
| | N AND BURIAL (INCLUDES INURNMENT) | DISINTERMENT CREMATION (INCLUDES INURNMENT) | ON, AND BURIAL | | CREMATED REMAINS AND HER THAN IN A CEMETERY |
| ☐ 4 SCIENTIFIC | | 7 DISINTERMENT, CREMATION OTHER THAN IN A CEMET | | FOR COR | ONER'S USE ONLY |
| 100 | | | | | |
| CREMATION | Mt. Hope Cemetery: 3 | 751 Martin Luther N | Ing Jr. Wy.; | California | San Diego |
| BURIAL AT SEA OR OSITION OTHER IN A CEMETERY EMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | ine on other description sufficients Vault | CIENT TO IDENTIFY FINAL | med Pa | RELITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | Brapper | - | | The Control of the Co |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby cknowledge that the this permit has no right of uncon | dent under provisions of the Hea esposs and nuisance laws apply | alth and Safety Code, and understand that | SIGNATURE OF APPLICATE SIGNED | ANT |
| LOČAL REGISTRAR | THE COMIT IS DOON A ACCORDANCE OF THE COMPANY AND ACCORDANCE OF TH | DE AND IS THE | AUG 1 7 1987 | SIGNATION OF LOCAL | EGILAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON BE | 9/87 SIGNA CRITA | PERSON IN CHARGE OF | | NSE NUMBER OF CHEMATED REMAINS OSER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | | | |

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

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

Address

E6894 Nº 34939



From

Acct. No.

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 264-3151

| Date: 8 | ollars (S | 000 | 19 |
|--|---------------------------|----------------|------|
| ction | 5 | Division Block | 7 |
| CHEDIT | 67007 | 119 | 00 |
| 20% Sales Care 80% Sales of Lots | 77184 - 100 77184 - | 26 | 00 |
| Opening/ Closing | 100 | 220 | 00 |
| Burial Containers | 100 77182 - | 175 | 00 |
| Handling Fee | 100 77183 - | 170 | 20 |
| Recording & Misc. Fees | 77183 - | 25 | 00 |
| Pre Need Trust | 63003 9022 - | - | - |
| Sales Tax | 78390 - | 10 | 50 |
| TOTAL PAID | 3 | 8.5 | 1570 |

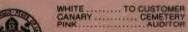
Grave. NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE Invoice No.

Payment of

BALANCE DUE

On Acct At Need Pre-Need Lot Pre-need Trust Cash AC-212 (Rev. 11-80

ISSUED BY



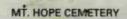
CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

E 10854

Nº 34935

| From: Dosothy tous | Address: 29/8 J. | Date: 2 | 92102 10 450 2 |
|------------------------------|---|---|--|
| Lot Grave | | oction 670 | Division Division Block |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | 20% Sales Care 771 80% Sales of Lots 771 Opening/ Closing 771 | 184 100 184 184 186 187 180 181 |
| Pre-Need Lot At Need On Acct | | Handling Fee 771 Recording 6 1 Misc. Fees 771 Pre-Need 633 Trust 90 | 100 180 100 100 183 133 132 |
| Pre-need Trust | ISSUED, BY LOWER LAND | Salve Tex 601 763 TOTAL PAID | |





INTERMENT ORDER

City of San Diego

Date 8/13/87

| You are hereby authorized and instructed, | subject to your rules and regulations, to in | er the remains |
|--|---|-----------------|
| of Chipale I |). Duncan, | W |
| ina July | Funeral date, time Tee | 78/18 |
| Church Chapel Graveside | + SS Feathernall | Mortuary. |
| All Funeral cars must arrive before 3:30 p | .m. of regular work day or an extra charge | will be applied |
| and billed to undersigned. War time veter | an | |
| Lot 6 Grave 4 Row | Section 9 Division/B | . 3 |
| | | |
| Grave space & Care Fund | | _ |
| Additional spaces and care fund | Lue E 6852 | |
| Opening/Closing & Setup | | 32000 |
| Burial Container | | 1000 |
| Handling Fees | | 1450 |
| Flower vases - Marker setting fee | | - |
| Recording and filing fee | | 3200 |
| Sales taxes | | 600 |
| Will Rox and | Total Due | 60600 |
| Relai 30 Pa | id receipt number pd 10-2-87 | 606 00 |
| 000 | Balance due | 0 |
| | Domine due | |
| | tion of remains as above indicated. I certify tion and I agree to hold Mt. Hope Cemetery | |
| I hereby authorize the interment in lot I hold under deed. | Signature | _ |
| | Address | |
| Signature of recorded holder of deed | State | Zip Code |
| | Telaphone | |
| / | 00000 | 0 |
| F 22 | Invoice # | |
| Work Order # E 6855 | Acct. N | 8 |

E 4855

PERMIT FOR DISPOSITION OF HUMAN REMAINS

3

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | | DE BLACK INK-MAKE NO AL | TERATIONS OR ERASONE | 3 | | | |
|---|---|--|--|--|--|--|--|
| OF DECEDEN | T. | | SEX | DATE OF BIRTH | DATE OF DEATH | | |
| CLYDE D. | DUNCAN, SR. | Male | Oct. 21, 1914 | Aug. 13, 1987 | | | |
| PLACE OF DEATH- | | PLACE OF DEATH-COUNTY KOR | STATE F NOT IN CALIFORNIAL | NAME AND ADDRESS OF SP | OUSE OR OTHER INFORMANT | | |
| La Mesa | | San Diego | | Virginia A. Du | mcan, wife | | |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR YON PERSON AC | TING AS SUCHI CA | CIFORNIA LICENSE NUMBER | 8730 Hayes Str | reet | | |
| FEATHERT | NGILL MORTUARY | | 1083 | La Mesa, CA 92041 | | | |
| , | TYPE OF PERA | AIT, CHECK ONLY ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | | | |
| DEL BURIAL UN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND BUILDING ENTOMBMENT) | RIAL UNCLUDES | B. DISINTERMENT AND RE | | | |
| | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CREMAT | | 9 DISINTERMENT OF CREATED DISPOSITION OTHER TH | | | |
| 2 CREMATION CEMETERY 4 SCIENTIFIC | | 7 DISINTERMENT, CREMAT OTHER THAN IN A CEMI | TION, AND DISPOSITION | FOR CORONER'S USE ONLY 10 DISPOSITION PENDING | | | |
| ERMENT | NAME AND ADDRESS OF CEMETERY W | HERE REMAINS OR CHEMATED REI | the state of the s | 1 | an Diego | | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | THERE REMAINS ARE TO BE CREMAT | ED DATE CREMATED | SIGNATURE OF PERSON IN C | HARGE OF CREMATORY | | |
| DEPIA AT SEA OR SITION OTHER TAN IN A CEMETERY CREMATED REMAINS | ADDRESS. NEAREST POINT ON SHORE | Jealer HTION & | alivelle 2000 | PLACE AND COUNTY OF DISP | OSITION | | |
| SCIENTIFIC | NAME AND ADDRESS OF FACILITY RECI | EIVING REMAINS | 0 | | | | |
| ACKNOWLEDGMENT | This is to certify that I am the per remains of the above named dece | dent under provisions of the He | alth and Safety Code, | SIGNATURE OF APPLICANT | | | |
| APPLICANT | ond I hereby acknowledge that tre this permit gives no right of unrest | | | DATE SIGNED | | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCOMPANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED IN | PEAND IS THE \$3.00 | AUG 1 7 1987 | | TRAR ISSUING PERMIT | | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | 18/87 SIGNATOR | MEW State | SPOSITION LICENSE N DISPOSER | UMBER OF CREMATED REMAINS IF APPLICABLE | | |
| IF DISPOSITION IS TO OCCUP 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 MATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE CITILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Y OF SAN DIEGO ITOR & COMPTROLLER ORT NO. C65-102

BER OF INVOICES PAID AL AMOUNT PAID

606.00

PAID INVOICE REPORT BY DEPARTMENT AS OF 10/07/87

DATE: 10/07/87 TIME: 210338 PAGE: 7

| AKII | MENT U72 | PKI | INEKTA DENT | -MI HUI | PE CEME | TEKT | | | | | | | | |
|------|-------------|------------|--|--|---------|---|-------------------------|----------------------|------------------|--------------------------|---|--------|--------|-------------------|
| IV | INV DATE | ACCT NO | CUSTOMER FUND | NAME DEPT | ORG | ACCT | J/0 | PAYM DATE OPER | PD BY BN/E | PAYM REF NO PACILI | AMOUNT PAID AMOUNT APPLIED | AMOUNT | BILLED | UNPAID BALANCE |
| 269 | 09/03/87 | 023308 | VIRGINIA 100 100 100 100 100 60101 | A* DUNI 072 072 072 072 072 | CAN | 77181 77182 77183 77185 78390 | 00007 00007 00007 | 2 | CK : | 103 | 506.00 320.00 100.00 35.00 145.00 6.00 | | 606.00 | PAID IN FULL |

Culitale

INTERMENT ORDER

City of San Diego

Date 8/13/87

| . 0 | A. Dunca | w |
|--|--|------------------------|
| Manage of States | neral, date, time | Mortuary. |
| Siturcit, Chaper, Graveside | W Wes Wes | |
| All Funeral cars must arrive before 3:30 p.m. o | | charge will be applied |
| and billed to undersigned. War time veteran . | | |
| ot 6 Grave 3 Row | Section 9 Divis | sion/BL 3 |
| Grave space & Care Fund | | Carlo |
| Comment of the Commen | ******************** | |
| Additional spaces and care fund | | 7 |
| Opening/Closing & Setup | nom amangia | × |
| Burial Container | none ananged | |
| landling Fees | *************************************** | |
| lower vases - Marker setting fee | | |
| Recording and filing fee | | |
| Sales taxes | | 5950 |
| ujable at | Total Due | 2500 |
| Paid re | ceipt number | |
| + out 10,13 | Bala | ince due 570° |
| Serge Contraction | 00 | |
| hereby certify I am the | of the | above named deceden |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a | and agree to hold Mt. Hope Cond interment. | emetery harmless from |
| | 11 | 200. |
| hereby authorize the interment in lot I lold under deed. | Jugina | 1. Minian |
| | Address & Mary | U. What or |
| ignature of recorded holder of rised | 8730 Hayes | S+. |
| 130 23 | La Mesa | Ca 92041 |
| E core | Invoice # | |
| Nork Order # E 6856 | Acct. # | |

570.00 9-10-87 35022 547.00 10-13-87 35754 23.00 52 4.00 352 78 11-10-87 501.00 12-11-87 35425 23.00 23.00 35547 1-11-88 455.00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

Bow.

| Date: 8 | /13 | | 192 |
|--|--|-------------------|-----|
| pay ge | ollars (\$ | turley |) |
| on 9 | | Division Block | 3 |
| CREDIT 20% Sales Care 80% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax | 57007 77184 — 100 17184 — 100 77181 — 100 77182 — 100 77183 — 100 77183 — 100 77183 — 63033 — 60101 | 27 | 00 |

TOTAL PAID

Payment of Grave. NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. Invoice No. Acct. No. **BALANCE DUE** On Acct Pre-Need Lot Pre-need Trust Cash ISSUED BY AC-212 (Flev. 11-86)

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| ALL STATES | | 264-3151 | | 0 | in an |
|--|---------------------|-------------------|---|--|--|
| From Versinia Re | Med Address: | 8730 | Horas Date | v H | 92041 |
| tolerty - to | tree - | | | Dollars | 15 23.00) |
| In Payment of | august | 100 | CALL 6 | XaT | |
| Lot Grave. | 3 | Row | Section | 9 | Division 3 |
| Invoice No. Acct. No. W.O. £ -6856 BALANCE DUE 547.00 Pre-Need Lot ■ At Need □ On Acct | — PAID IN THIS SPAC | OSE STATED UNLESS | 20% 5 ef Lot Open Ciosii Buria Contr | Sales Care 7718 Sales 10 Sales | 000 44 400 111 110 100 100 100 100 100 1 |
| | TISSUED BY | dy M | Sales TOTAL | Tax 6010 7830 | ni. |

ACCOUNT No. E-6856 Credit Lot

Virginia A. Duncan 8730 Hayes Street La Mesa. Ca 92041

Month and Day Due Indicated Bolow

| | PERSONAL PROPERTY. | | Will be | | Annual Control | - | 100 | uic-ui | cu b | 510 | | |
|---|--------------------|-----|---------|-----|----------------|-----|-----|--------|------|-----|-----|-----|
| 1 | JAN | FEB | MAR | APR | MAY | JUN | ルル | AUG | SEP | OCT | NOV | DEC |
| ı | - | | | | | | | | 10 | | | |

Amount due when paid on, or before due date above

\$23.00

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

Amount Received \$ 23.00

\$24.00

NAME **ADDRESS**

CITY STATE

☐ check (/) if this is new address

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

| SA | CANARY. | TO CUSTOMER CEMETERY AUDITOR |
|----|---------|--|
| | - 4 | 6 |

| From: | orgenie | bureary | · 8730 | Hays o | H. La | Meda a |
|-------|---------|-------------------|--------|---------|-------------|------------|
| Tav | Pa | yment of Clary on | # 2 | audit | Dollars (\$ | 23.00 |
| 1.60 | 6 | 3 | Row | Section | 9 | Division 3 |

| Lot Grave_ | | Section 7 | Division Block |
|---|---|---|---|
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | 20% Sales Care 77 80% Sales of Lots 77 Opening/ Glosing 77 Burial Containers 77 Handling Fee 77 Recording 4 | 7007 7184 100 23 06 100 7181 100 7182 100 7182 100 7183 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check CAC-212 (Rev. 11-86) | ISSUED BY Made & | Pre-Nend 63 Trust 6 | \$ 23 00 |

Send or bring one coupon with each remittance COUPON

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6856 Credit Lot

Virginia A. Duncan 8730 Hayes Street La Mesa. Ca 92041

Month and Day Due Indicated Below EEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC Amount due when paid on, or before, due date above. Amount due if paid more than days after due date above. \$ 24.00 Amount Received \$ 23.00 NAME **ADDRESS** CHTW STATE

check (/) if this is new address

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| PINKADDITOR | 264-3151 | | |
|--|--------------------------|---|---|
| From: Virginia a. Des | CARL Address: 8730 Hayon | Date: 11-1 | Nosa Ca. 9204 |
| Twenty These Pol | lera dit Sot Coupon #3 | Dolla | ars (\$ _23.00 |
| Lot 6 Grave | 3 Rows | ection_9 | Division 3 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | 4 | 20% Sales Care 77 80% Sales Care 77 80% Sales Care 77 80% Sales Care 77 Closing 7 Burist Containers 77 Handling Fee 77 Recording & Misc. Fees 77 Pre-Need 67 Trust Sales Tax 86 | 7007 7184 190 7184 100 7181 100 7162 100 7183 100 7183 3033 9032 9032 |
| AC-212 (Rev. 11-86) | ISSUED BY Bruse Mornison | | 1 23 00 |

DO NOT MAIL ENTIRE 80856 Credit Lo

Virginia A. Duncan 8730 Hayes Street La Mesa, Ca 92041

Month and Day Due Indicated Below MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEE Amount due when paid on, of before. 23.00 due date above. Amount due if paid more than days after due date above. Amount Received \$ 23,00 NAME ADDRESS CITY STATE □ check (/) if this is new address

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

E 4894 35547



Invoice No. Acct No.

BALANCE DUE

AC-212 (Rev. 10-87)

Pre-Need Lot Q At Need D Pre-need Trust
Cash

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Grave_

On Acct

Check

Payment of

MOUNT HOPE CEMETERY 264-3151 .

| Address: 8 | 2730 | Date: | tue | 750 | 19.00 |
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| OT VALID FOR PURPOSE PAID IN THIS SPACE | AUBITOR | TAMPED CREDIT 20% Sales Care 80% Sales of Lote | 67007 77184 — 100 77184 — | 23 | 00 |
| MAL | 13 1988 | Opening/ Closing Burial Containers | 77181 — 100 77182 — | | |
| | | Handling Fee Recording & Miss. Fees Pre-Need | 77186 — 100 77183 — 63033 | | |
| SSUED BY ALL | Ga (| Solos Tax | 9022 — 60101 78390 — | 23 | 00 |

| end or bring <u>one</u> coupen with | each remittance C | DUPON 🛴 |
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| DO NOT MAIL ENTIRE | BOOK | |
| ACCOUNT No. | | |
| Virginia | A. Dunca | In E (1856 |
| | es Street | |
| La Mesa, | Cn 92041 | |
| | | |
| Month and | Day Due Indica | ted Below |
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| Amount due when paid on, or due date above. | before: | 23.00 |
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| ands due date above. | | 01 VU |
| | 8 | |
| | Amount Received S | 23.00 |
| NAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

| From: Maria Va | Lee Roffing | Date: | 2-/1 10 80 1 50 10 80 |
|---|--|---|---|
| Payment of | 3 Row Se | sction 2 | Division Block |
| Acct. No. W.O. BALANCE DUE Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | NOT VALIDEOR PURPOSE STATED UNLESS STAMPED "PAID IN THIS SPACE." | CREDIT 20% Sales Care 80% Sales of Lots Opening/Closing Burial Containers Handling Fee Recording & Misp-Fees Pré-Noed Trust Sales Tax | 67007 77704 100 77184 100 77181 100 77182 100 77185 100 77185 100 77188 63033 9022 60101 78390 |

| DO AC | COUN Vi | MAIL T No. | ini Ha | a ye | A. s S | Du tr 92 | nea eet | im | EV | 85 | V |
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| NAM | | | | An | ount F | Receive | ed \$ | 23 | 3.0 | 0 | |
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Send or living the coupen with each remittance COUPON

From:

Invoice No...

BALANCE DUE

Pre-Need Lot

Pre-need Trust

AC-212 (Rev. 10-87)



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Payment of _

At Need

Cash

Grave_

On Acct

Check

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 E 6600 Nº 3585

| | MADDIESS: 82 | 30 (16) | tel d | Pollars (6 | 23.0 | 19) |
|-----------------------|---|-------------|---|---|-------------------|------|
| - | 3 Rov | vSec | ction | 9 | Division Block | 3 |
| | NOT VALID FOR PURPOSE STATEDA "PAID" IN THIS SPACE | CITY AUBITO | CREDIT 20% Sales Care 80% Sales Opening/ Closing Burial Containers | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — | 23 | 100 |
| The Party of the last | ISSUETI BY AS ALIA | MAR 16 | Handling Fee Recording & Misc. Fees Pre-Need Trust gales Tax | 100 77196 — 100 77183 — 63033 9622 — 66101 78390 — | 23 | |

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Virginia A. Duncan 8730 Hayes Street La Mesa, Ca 92041 EU894

| JUL | AUG | SEP | ост | NOV | DEC | JAN | FEB | MAR 10 | APR | MAY | JUN |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

E4854

Nº 36003

| | 264-3151 | | (1-) | " | 2 |
|------------------------------------|--|---------------------------------------|---------------------------------|-------------------|-----|
| From Veragia Lu | 100 Address 8730 4 | Date: | the | To S | 00 |
| ToOte The | 1007/100 | 1 ,0 | ollars (\$ _ | 23.0 | 101 |
| In Payment of | gantil Cuart | OF | THE STATE OF | | |
| Lot Grave | Bow_s | ection 9 | | Division Block | 3 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT 20% Sales Care 80% Sales | 67007 77184 | 172 | 100 |
| Acct. No | CITY AUDITOR | of Lots Opening/ Closing | 77184 | 20 | 00 |
| BALANCE DUE 386.00 | APR 14 1988 | Gurial Containers Handling Fee | 77182 100 77185 | | |
| Pro Need Lot Q At Need Q On Acrt Q | | Recording & Misc. Fees Pre-Need | 77183 | | |
| Pre-Need Lot | 1 6 0- 1 h | Trust Sales Tax | 63033 9022 60101 78390 | | - |
| AC-212 (Rev. 10-87) | ISSUED BY | CTOTAL PAID | 3 | 25 | 00 |

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| NAME | | | An | nount i | Receive | ed \$ | 2 | 3.0 | 0 | |
| ADDRESS | | | | | | | | | | _ |
| CITY | | - 1 | | 1 | STAT | F | | ZIP | | |

CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| Payment of Che | and of 100 couple | Date: Dol | 1) (\$ 23.00 lars (\$ 23.00 | 77 |
|--|--|--|--|----|
| ot Grave | 3 ROW S NOTVALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | 20% Sales Care 80% Sales of Lots Opening/ | Division 3 67007 77184 100 77184 100 | |
| Pre-need Lot At Need On Acct Ore-need Trust Cash Check | 1 Day Marks | Bunsi Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax | 77181 100 77182 100 77185 100 77185 63033 9022 60101 78390 | |
| AC-212 (Rev. 10-87) | ISSUED BY 1900 SOLUCIO | TOTAL PAID | \$ 2300 | 2 |

| DO | 87 | MAIL T No. T g 30 | Ini Ha | a yes | A. s S | Der tre 920 | red nca set 041 | it u | Lo | | 4 |
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| | nt due | | | non. | 0a | VE B | | 1 | | 0 | |

Amount Received \$ 23,00

ADDRESS

NAME

STATE ZIF CHTY

ZIP

WHITE TO CLISTOMER CAMARY CEMETERY AUDITOR

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

EU856 Nº 36136

| PINKAUDITOR | 264-3151 | The state of the s | 600 |
|--|--|--|------------|
| Emperina a. 1 | 0 | Date: 5 1/2 | # 10×6 |
| From the Te - the | CLA (Address) 1730 | say s | 43 D |
| In Payment of | upon 9 Orlah | T of Dollars | \$ 2 400 |
| Lot 6 Grave | 3 Rows | Section 9 | Division 3 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED - PAID IN THIS SPACE | 80% Sales 100 | 23 00 |
| W.O. E-656 | CITY AUDITOR | of Lots 77184 Opening/ 100 Closing 77181 Bunal 100 Containers 77182 | |
| BALANCE DUR 3 63, 00 | MAY 12 1988 | Handling Fee 77185 Recording & 100 Mist. Fees 77183 | |
| Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐ | | Pre-Need 83033 Trust 9022 Sales Tax 60101 76390 | |
| AC-212 (Sun 10-87) | ISSUED BY | TOTAL PAID \$ | 25 00 |

| DO | NOT COUN V1 | MAIL T No. | ini Us | E BO | OK. | Dun tre 920 | nes et | in i | = 4 | | 30 |
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| Amou due di | nt due ste abo | when p | paid on | orba | fore. | | > s | 23 | .00 | | |
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| aner | oue ue | us auo | ¥11. | | | | | 41 | 00 | | - |
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| CITY | 6 | | | | | STAT | - | | ZIP | | |
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E1850 NE 36282

| WHITE TO CUSTOMER CAMARY CEMETERY PINK AUDITOR | PROPERTY DEPARTMENT MOUNT HOPE CEMETER' 264-3151 |
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| From Verainea la | 184 Address 8730 90 | Date: | -10 | 1 Mes | 00 |
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| Tweet - there | megar 10 medi | 100 | ollars (\$. | 23.0 | 2) |
| Lot Grave | | tion | 7 | Division Block | 3 |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales | 67007 77184 — 100 | 23 | 100 |
| Acct. No. E-6056 | CITY AUDITOR | of Lots Opening/ Closing Burial Containers | 77164 — 100 77181 — 100 77182 — | | |
| BALANCE DUE | JUN 15 1988 | Misc. Fres | 77185 — 100 77183 — | | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | Challes V | Pre-Need Trust Sales Tax | 63033 9022 — 60101 76390 — | - | |
| AC 212 (Buy 10-87) | ISSUED BY WILL IN THE | TOTAL PAID | | 23 | 00 |

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| | nt due ite abo | | paid on | or be | fore. | | > 5 | 2. | 3.0 | 0 | |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| | × 264-3151 | - | -13 27 |
|---|---|---|--------------------|
| From Mixera le Dec | 11 Andress: 8730 Th | Date: | 4 SA. 19 |
| Twent, Three | Kalles Trans | Dollars (\$ | 23.00 |
| In Payment of | ufon 11 cual | Dol | THE REAL PROPERTY. |
| Lot Grave | 3 Row Se | ection 9 | Division Block |
| Invoice No. | NOT.VALID FOR PURPOSE STATED UNLESS STAMPED "PAID IN THIS SPACE | CREDIT 87097 20% Sales Care 77194 - 80% Sales 100 | 23(0) |
| Acct. No | ASSESSMENT OF THE PARTY OF THE | of Lots 77184 - Opening/ 100 Closing 77181 - | CITY AUGITOR |
| BALANCE DUE 3/2 (1) | Market Market State | Burial 100 Containers 77182 - | AUBITOR |
| BALANCE DUE | | Handling Fee 77185 - Recording & 100 Misc. Fees 77183 - | JUL 1 9 1988 |
| Pre-Need Lot At Need On Acct O | 1, 11 | Pre-Need 83033 Trust 9022 - | |
| Pre-need Trust Cash Check AC-212 (Rev. 10-67) | ISSUED BY JONALA WAS | Sales Tax 60101 78380 - TOTAL PAID \$ | 2300 |

| | COUN | T No. Lrg 730 | ini | RE BO | A. Ga | Du 92 | 0et 341 | E | | | 20 |
|-----|-------------------|---------------------|----------|--------|----------|----------|------------|------|-----|---|-----|
| VOP | DEC | | | MAR. | | | | | | | OCT |
| | nt due ste abo | | paid or | or bet | ore | | > 5 | 23 | .00 | | |
| | | if paid te abo | more t | han | C. | ys) | \$ | 1 24 | .00 | | |
| IAM | E | | | Алг | nount i | Receive | 0 \$ | 2: | 3.0 | 0 | |
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| HTY | 8 | - | Turonoma | | | STAT | | | ZIP | | |

Send or bring one coupon with each remittance COUPON

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

E6854

36547

| From. | 10 Address 3730, 44 | Date: 5 | 19.19 |
|--|---|--|------------|
| In Payment of | edit Lot | Dollars (\$ | 23.00, |
| Lot Grave | | ection 9 | Division S |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 67007 20% Sains Care 77184 | 22 |
| Acct. No. 2 - 6556 | CITY AUDITOR | 89% Sales 100 of Lots 77784 — Opening 798 Cleang 77181 — Bunat 100 Containers 77182 — | 45 - |
| BALANCE DUE | AUG 12 1988 | Handling Fee 77185 — Recording & 100 Misc Fees 77183 — | |
| Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐ | Church Color | Pre-Need 63033 Trust 9022 — Sales Tax 80101 78390 — | 0.40 |
| AG-212 (Rev. 10-87) | ISSUED BY | TOTAL PAID \$ | 33 - |

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| moul ue da | nt due | when p | aid on | or bet | ore, | | > 5 | 2. | 3.0 | 0 | |
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WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

E 4854

Nº 36676

| | 264-3151 | | G 149 |
|------------------------|--|---------------------------------|------------------------------------|
| From: July Jenea 110 | 114 Address: 8735 44 | Date: | 1-1- J. 1901. |
| twent, - the | notion . | Doll | ars (\$ 23.00 |
| In Payment of | luper 15 M | de a | 7 |
| Lot Grave_ | 3 Rows | ection | Division 3 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | 80% Sales | 57007 77184 100 |
| Acct. No. 8 - 6/56 | CITY AUDITOR | Opening/ Closing 7 Burial | 7184 100 7181 100 7182 |
| BALANCE DUE Ø // . U U | SEP 19 1988 | Recording & Misc. Fees 7 | 77185 100 77183 19033 |
| 197 | X harly (kin | Sains Tax | 9022 00101 8390 |
| AC-212 (Bey 10-87) | ISSUED BY | TOTAL PAID | 3 000 |

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| | | _ | | THE OWNER OF TAXABLE PARTY. | | re Inc | | _ | _ | - | |
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| MAN | E | | | Am | ount f | Receive | d S | 23 | ,00 | 2 | |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

ELESSE Nº 36825

| 日至此是是 | 204-3131 | 1 | 7-17 81 | K |
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| | 202011 | Date: | 19 . 19 | W. |
| From Mula William | 130 4 | upo de | cal, de fla | H |
| Thether - Me | 10/100- | Dol | Jars (\$ 23-00) | |
| inPayment of | upon 19 010 | all do | 7 | |
| | | | CONTRACTOR OF THE PARTY OF THE | 5 |
| Lot- Grave_ | 3 Row s | Section 9 | Division Block | |
| Invoice No. | NOT VALID FOR PURPOSE STATED VALLESS STAMPED PAID IN THIS SPACE | CREDIT 20% Sales Care | 67007 77184 | |
| Acet No. | TUDITO | 80% Sales | 77184 23 OC | d. |
| wo E-6856 | OCT 14 1988 | Opening/ Closing Burlat | 100 77181 100 | |
| BALANCE DUE 248.00 | ** 1988 | Containers | 77182 | |
| | | Recording & | 77165 100 | |
| Pre-Need Lot At Need On Acct | 1,11 | THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I | 77183 63033 9022 | |
| Pre-need Trust Cash Check | N. 6. 14 1 101 1 | Sales Tax | 60101 78390 | - |
| AC-212 (Rev. 10-87) /29 | ISSUED BY TRACE COUNTY | TOTAL PAID | : 2300 | |

| DO | NOT | MAIL T No. | ENTIR | E 80 | OK | | | | | l | 4 |
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| FE8 | MAR | MOR | _ | P Constitution in | ALC: UNKNOWN | AUG. | | | | DEC | JAN |
| W.E. | | | | | 000 | | | 10 | | | |
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| NAM | E | | | Ап | nount f | Receive | d \$ | 23 | .00 |) | |
| ADD | RESS | | | | | | | | | | |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

E1850e Nº 36956

| 以及 | 284-3151 | | 11 | 10 | 27 |
|--------------------------------|---|---|---|------------|----|
| From: Persinia Diene | MAD Address: 6930 06 | Date: | Dollars (\$ | 4 58 | - |
| In Payment of | Dougen 15 Cr | det a | lot | | 1 |
| Lot Grave | | ection | 7 | Division 3 | |
| No. 2-1656 BALANCE DUE 225,00 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE CITY ALTERNATION NOV 2 1 1988 | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 77183 — | 23 0 | 2 |
| Pre-Need Lot | ISSUED BY AND MAN AND | Pre-Nend Troist Sales Tax | 63033 9022 — 60101 78360 — | 230 | 5 |

| | MAIL ENTI | | | | - |
|------|-----------|------|--------|-----|-----|
| A.T. | rgini | | Dune | an | |
| 87 | 30 Ha | yes | Street | Ele | co |
| Lin | Mens | . Ca | 9204 | 1 | 076 |

| | | Mon | th ar | nd D | ny Di | ue in | dica | ted B | elow | | |
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| Amour due da | | when p | aid on | or be | fore. |) | > , | _ | 00 | | |
| Amour after d | nt due ue da | if paid to above | nore ti | han_ | da | iys) | s | 1. | 00 | | |
| NAMI | E | | | Ar | nount l | Receive | nd 5 | 2 | 3.4 | 00 | |
| ADDE | ESS | | | | | | | | | | |
| CITY | | | | | | STAT | E | | ZIF | | |
| | | | heck | c (1/ |) if t | his is | nev | v add | ress | | |



WHITE TO CUSTOMER CANARY CEMETERY AUDITOR

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

| From Devenia a 1 for Sweet + 1 + three day | INA SE OPIOD +110 | Apate (1) | 8 19 <u>88</u> (A 904) ars (\$ 23 00) |
|--|--|--|---|
| Invoice No | Row S NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | 80% Sales | Division 3 8tock 3 |
| Pre-Need Lot At Need On Acct | | Opening/ Closing 77 Burial Containers 77 Handling Fee 77 Recording & Misc. Fens 77 Pra-Need 65 | 100 7181 100 7182 100 7185 100 7183 100 7183 |
| Pre-need Trust Cash Check | ISSUED BY LANGE BLACK | Trust | 9022 0101 1390 \$ 4.9 00 |

| | STREET, SQUARE, | INVESTIGATION OF | 00000000 | RE BO | | nittanc | • C | OUF | ON | -1 | 6 |
|-----------------|-------------------|-------------------|----------|-------|---------|---------|------|-------|-------|----|-----|
| | COUN | T No. | ini | | s 5 | tre | et | E | Ele | 85 | le |
| | | Mon | th ar | nd Da | v Di | ie In | dica | ted E | Below | | |
| APR | MAY | | | AUG | | | | | JAN | | MAR |
| Amou due di | nt due ite abo | when p | paid on | or be | fore. | | | 2 | 3.0 | 0 | |
| Amou after o | nt due due da | if paid to abo | more t | han_ | da | ys) | | 5 7 | 1.0 | 0 | 1 |
| | | | | | | | | s | | | _ |
| NAM | E | | | An | nount l | Receive | ed ! | 1 2 | 3. | 00 | |
| ADD | RESS | | | | | | | | | | |
| CITY | | Di | checl | 111 |) if t | STAT | | v ade | ZIF | | _ |



WHITE TO CUSTOMER CANARY CEMETERY AUDITOR

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

| From: Line 1 | in Du | NEW Address. | 1000 | 9 la e | Dollars (\$ | 15 Ja | 19-11/10 |
|--|-----------|-------------------|--------------------|---|---|----------------|----------|
| InP | ayment of | 3 | Row | Section_ | 1 201 | Division Block | 3 |
| Invoice No. Acct. No. W.O. BALANCE DUE | 6856 | PAID IN THIS SPAC | POSESTATED UNLESS: | STAMPED CREDI 20% 80% of Lc Ope Clos Buri Con Han Recu | ning/ 100 17781 - 100 100 100 100 100 100 100 100 100 | 23 cm 4 | 1980 |
| Pre-Need Lot At Ne Pre-need Trust Cash AC-212 (Rev. 10-67) | - | ISSUED BY | Indea ! | Trus Sale | Need 63033 II 9022 - II Tax 60101 76390 - L PAID \$ | 23 | 00 |

| DO NOT | | 2000000000 | | | - Lanca | C | JUP | ON | -1 | 7 |
|----------------------------|-------------------|----------------|--------|---------|----------|-------------------------------|-------|-------|-----|-----|
| ACCOUN | T No. | - 1- | | | - | 3 | | - | | |
| VI. | | ini. | H 4 | _ | | _ | | | | |
| 1.0 | 4 | M 50 8 | | A | 52 | 147 | E | Les | 19 | 0 |
| | | | | | | 1 | | | 163 | |
| | Mor | ith ar | nd Da | v Di | un In | dice | led F | telow | | |
| MAY JUN | _ | AUG | _ | 1 | The same | - | | | MAR | APR |
| | | | | | | | LU | | | |
| Amount due due date abo | | paid on | or bef | ore. | 1 | > 5 | 23, | .00 | | |
| Amount due after due da | if paid te abo | more ti ve. | ion | da | yı) | 5 | 1. | 00 | | |
| | | | | | | \$ | | 177 | | |
| | | | | | | | 20 | .0 | 0 | |
| NAME | | | All | iount i | tecerve | ed 5 | 250 | 10.0 | - | |
| ADDRESS | | | | | | | | | | |
| CITY | | | | | STAT | A STATE OF THE PARTY NAMED IN | | ZIF | | |
| | | check | SIV |) if ti | his is | new | / add | iress | | |

ALC: UNIVERSITY OF THE PARTY OF

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY O MOU 264-3151

| F SAN DIEGO, CALIFORNIA | 1/1 |
|-------------------------|-----|
| OPERTY DEPARTMENT | |
| NT HOPE CEMETERY | |

| From County - | Thee No | 110 30 | Hayes | ollars (\$ | 23.00 | 5, |
|--|---------|------------------------|--|--|----------------|-----------------|
| In Payment of | Coupe | 12 | Credit | do | + | 7 |
| Lot_6 | Grave3 | Row_ | Section | 9 | Division Block | |
| The second of th | Acct C | POSE STATED UNLESS STA | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burist Containers Handling Fee Flecording & Misc. Fees Pre-Need Trust Sales Tax | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 — 100 77185 — 100 77185 — 100 77185 — 100 77185 — 100 77185 — | ZSh Z | NUDITOR 1989 |
| AC-212 (Rev. 10-87) /3 | | werd M | TOTAL PAID | 78390 — | 230 | 70 |

| DO | NOT | MAIL | ENTIE | E BO | OK. | ittenn | C | DUP | ON | _1 | 8 |
|-----------------|------------------|-------------------|---------|-------|---------|------------|-------|-----------|------|-----|------|
| ACI | 2.5 | No. | ALC: | ye | 8 5 | tre 920 | et | E | 6 | 85 | 10 |
| | | | | | | - | | | | 100 | |
| | 4 1 | Mon | th ar | d Da | ay Du | ie In | dicat | ed B | elow | | - |
| JUN. | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB 10 | MAR | APR | MAY. |
| | nt due te abo | when p | paid on | nr bu | fore, | | >, | 2 | 3.0 | 0 | |
| Amou after o | nt due lue da | If paid to abo | more ti | nant | da | ys) | > 5 | 1 | 1.0 | 0 | |
| | | | | | | | 8 | | | | |
| NAM | E | | | Ar | nount l | Receive | id \$ | 23 | 3.0 | 0 | |
| ADD | RESS | 6 | | | | | | | | | |
| CITY | | TI | check | |) if t | STAT | | v add | ZIF | _ | |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

E10850

Nº 37485

| 以美国 | | and a post of | | 87 | 69 |
|------------------------|---|--|---------------------------|------------------|----------------------|
| | 1 | | Date: | - | 19 6/ |
| From: MACHE | Muchan | ress: 0730 | the great | ter / | ,211 |
| Terrete - | Three | 10/100 | | ollars (\$ _ | 23.00) |
| In Payment o | - Proce & | 4 19 | Middle | dat | |
| raymento | 1 | District Control | | | The Party |
| T | 3 | | 1722.75 | 4 | Division > |
| Lot | Grave | Row | Section | | Block |
| Invoice No | NOT VALID FO | R PURPOSE STATED UNLESS ST SPACE | CREDIT 20% Sales Care | 67007 77184 — | a market by the same |
| Acct. No | 2-10 Ref 10 C 10 C | | 80% Sales of Lots | 77184 | 23 00 |
| 9/10 | - | | Opening/ Closing | 77181 | CITY |
| W.O. 2-000 | 9 | | Burial Containers | 77182 | AUDITO |
| BALANCE DUE | OU. | | Handling Fee | 77185 | MAD |
| | CONTRACTOR OF THE PARTY OF THE | | Recording & Misc. Fees | 77183 — | mn 1 6 1990 |
| Pre-Need Lot At Need O | n Acct 🗆 | | Pre-Need | 63033 6022 | 003 |
| | heck D | ant for 1 | Sales Tax | 60101 | |
| 161 | ISSUED BY _ | male | TOTAL PAID | 78390 | 1300 |
| AC-212 (Rev. 10-87) | 1 2000000000000000000000000000000000000 | THE RESERVE OF THE PARTY OF THE | | - 10 | 000 |

| 000000 | 200000 | MAIL | THE RESERVE | | | ittance | · C | OUP | ON | 1 | 9 |
|--------|--------------------|-----------|-------------|-------|--------|---------|---------|-------|-------|-----|-----|
| AC | COUN | I No. | ni | | | Duc | ica | n | | | |
| | 07 | 30 | Ha | Aes | 2 2 | ERG | DE | C | -6 | 85 | 20 |
| | La | Ma | 54 | . (| in. | 920 | 141 | | - 4 | | |
| | | | | | | | - | | | | |
| | | Mon | th ar | d D | ay D | ue In | dica | led B | elow | M | |
| JUL | AUG | SEP | OCT | NOV | BEC | JAN | FE8 | MAR | APR | MAY | JUN |
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| | int due ate abo | when p | said on | or be | fore. | | > , | 23, | .00 | | |
| ****** | a Valoria | if paid i | marin th | | 140 | IVS | | 1. | .00 | | |
| after | due da | te abov | /0_ | HART. | | 75 | 25 | 2.6 | nn | | |
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| | | | | An | nounti | Receive | ed \$ | 23 | 100 | 0 | |
| NAM | - | _ | | | - | - | | | _ | | |
| ADD | RESS | | - | - | | | | | - | - | |
| CITY | N | 17.7 | | 100 | V 18 4 | STAT | | . add | ZIP | | |
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From

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Invoi Acct W.O. BAL

Pre-N

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| | 1 14 19 | 2000 | Dat | 0: | 4 | 1 13 | 9.0/ |
|--------------------------|---|-------|---------------|--------------------------|---------------------------------------|----------|------|
| Mary Ment | Address: 6 | 730 | 4000 | clea | 4 | 12 M | 10- |
| Payment of | Weigen- | 20 | ared | 7 Dol | lars (\$ | 23.00 | |
| Grave_ | 3 | Row | Section _ | 9 | | Division | 3 |
| ce No | NOT VALID FOR PURPOSE "PAID" IN THIS SPACE | | STAMPED CREDI | T Sales Care Sales | 67007 77184 | 19 | 00 |
| No. 9-6/56 | Tales (| CITYA | Oper Clos | ning/ | 77184 ——— 100 77181 ——— | 17 | 00 |
| ANCE DUE | 3000 | APR 1 | Cont Hand | tling Fee | 77182 100 77185 | | |
| leed Lot At Need On Acct | | 1 | Pre- | | 100 77183 ——— 83033 9022 ——— | | |
| eed Trust Cash Check C | ISSUED BY | hall | TOTAL | PAID | 50101. 78390 —— | 23 | 0 |

| send or bring one coupen with eac | h remittance | CO | UP | ON | 2 | n | | | | | | | |
|---|--------------|------|--------|----------------------|-----|-----|--|--|--|--|--|--|--|
| DO NOT MAIL ENTIRE BOO | | - | | Contract of the last | _6 | U | | | | | | | |
| ACCOUNT No. | | | | | - | | | | | | | | |
| STIC NAMES | Chan | | | | | | | | | | | | |
| 8730 Hayes | | | E | le! | 85 | 10 | | | | | | | |
| La Hasa, Ca 92041 - 48 54 | | | | | | | | | | | | | |
| | - | | | | 463 | | | | | | | | |
| Month and Day Due Indicated Below | | | | | | | | | | | | | |
| AUG SEP DOT NOV DEC | JAN FEB | MAR | APR | MAY | JUN | JUL | | | | | | | |
| | | | • | | | | | | | | | | |
| | | | 23 | -01 | - | | | | | | | | |
| Amount due when paid on, or befo due date above. | 78, | > . | 60.00 | | • | | | | | | | | |
| | | 1 | 3 | -01 | 0 | | | | | | | | |
| Amount due if paid more than | days | 200 | • | CO.U. | | | | | | | | | |
| after due date above. | | | 75.2 | 711 | - | | | | | | | | |
| | | \$ | | | | | | | | | | | |
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| | unt Receive | d S. | 42 | 00 | _ | | | | | | | | |
| NAME | | | - | - | - | - | | | | | | | |
| ADDRESS | | | | | | _ | | | | | | | |
| CITY Claback (//) | STAT | | - 1777 | ZIP | | | | | | | | | |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

EU8DE

| From Allie Allie Payment of | Address 2730 Hay | Date: 5 | 1089 1000 (A |
|---|---|---|---------------------------------|
| Invoice No. Acct. No. W.O. BALANCE DUE Grave Grave | Row Some Service State Outless Stamped Paid In This Space | OREDIT 20% Sales Care 77184 - 80% Sales 100 of Lots 77194 - 000 Coloring 77181 - 80mal 100 Containers 77182 - 100 Containers 77185 - 100 | Division 3 Block 3 CITY HOITOR |
| Pre-Need Lot | ISSUED BY AND A MICH | Recording 8 100 Misc Fees 77183 - Fre-Need 53033 Trust 9022 - Sales Tax 60101 TOTAL PAID 5 | 23 00 |

| | | MAIL | | | | ittanc | C | OUP | ON | 2 | 1 |
|-------|---------------|-------------------|--|--------------|---------|----------|------|-------|------|------|------|
| | COUN | T No. | ini | | | Dur | Ca | n | | | |
| | 67 | 30 | HA | YOU | 5 S | CEC | 日性を | E | 210 | CT | 7.0 |
| | Late | Me | en a | . (| 24 | 920 | 41 | | · | 0 | J. F |
| | | | | | | | | 30 | | | |
| | | Mon | th ar | nd D | ny D | ue In | dica | ted 8 | elow | | |
| SEP | OCT | | | | | MAR | | | | | AUG |
| | 1 | | | | 13 | | | | 1 | | |
| Lemna | nt due | when | naud no | ne ha | tara | | | 23. | 00 | - | 1 |
| ue d | ate abo | ve | yaiu on | ui uo | WHEN | | 2 5 | | | | |
| - | east the same | and the same of | No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa | and the same | 140 | rys I | | 1. | 00 | | |
| itter | due da | if paid te abo | mare u ve | nen_ | .00 | Ye | > 8 | 52 | nn | | |
| | | | | | | | 5 | | | | |
| | | | | | | | - | - | | 1745 | _ |
| | | | | An | nount I | Receive | d \$ | 2 | 3.0 | 0 | _ |
| MAN | E | - | - | - | | The same | | - | | - | - |
| ADD | RESS | | | | | | _ | | | | |
| ZITY | | | | - | | STAT | | - | ZIP | | |
| | | | check | (1) |) if t | his is | nev | v add | ress | | |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

| | 2000 | Date: | 19.19 |
|--|------------------------------------|--|--|
| InPayment of | Lufar Di | Dicate Poli | ars (\$ 23-00) |
| Lot Grave | Bow_ | Section/ | Division Block |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLES | SSTAMPED CREDIT 6 20% Sales Care 7 80% Sales | 77184 |
| Acct. No. 2 - 6756 | | of Lots 7 Opening/ | 100 10h |
| BALANCE DUE 64.00 | | Buriat Containers 7 | 100 7182 100 |
| | | Recording & Misc. Fees 7 | 100 7183 |
| Pre-need Lot At Need On Acct Pre-need Trust Cash Check | | Trust Sales Tax 6 | 9022 — 9021 — 9021 — 9022 — 90 |
| AC-212 (Rev. 10-87) /4/ | ISSUED BY JUNE 1 | TOTAL PAID | 1 23 0 |

Send or bring one coupen with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-0856 Virginia A. Duncan 8730 Hayes Street La Rosa, Cat-92041 Month and Day Due Indicated Below OCT NOV DEC IAN FEB MAR APR MAY JUN JUL AUG SEP 1.0 Amount due when paid on, or before, due date above. days Amount due if paid more than, after due date above. Amount Received \$ 23,00 NAME

STATE ZIF

ADDRESS

| NAME DUI | NCAN, VIRGINIA A. | | | ACCT. NO. | E-6856 |
|----------------|---|---------|---|-----------|---------------|
| ADDRESS 8 | 730 Hayes street, La Mesa, Ca 92041 RAT | ING | | LIMIT | |
| DATE | ITEMS | DEBIT | 1 | CHEDIT | BALANCE |
| Aug 13 87 | Lot 6, Graves 3, Section 9, Division 3 | \$95 00 | | 117 00 | 478 |
| 1-11 8 | Cauper #5 Clerent # 35547 | | | 2300 | 45500 |
| 2-11 88 | Caupen # 6 descept # 35709 | | | 2300 | 43200 |
| 3-10 88 | Cheigen# 7, decept # 35856 | | | 2300 | 40900 |
| 4-11 88 | laupen 48 ferript 36003 | | | 2800 | 38600 |
| 5-10 88 | laufen I 9 Lecept 36/36 | | | 2300 | 36300 |
| 610 88 | acign 410, percept 36282 | | | 2000 | 39000 |
| 7-12 88 | laugen #11, George 36416 | | | 2300 | 31700 |
| 8-108 | Coupon 12 Lecent 365 47 | | | 2300 | 29400 |
| 9-12 88 | your B, Secret 36676 | | | 2300 | 27/00 |
| 10-1388 | Chagon 14, cherry 36825 | | | 2300 | 29800 |
| 11-10 88 | mugan 15, Leselet 36956 | | | 2300 | 22500 |
| 12-8 88 | Cowar 16 Riccipt 37080 | | | 23.00 | 202 00 |
| 1-9 89 | Varipon 17, Pecer of 37195 | | | 2300 | 17900 |
| 210 89 | Couson 18, Receipt 3735/ | | | 2300 | 1500 |
| 3-9 89 | Caulan 19 Receipt 37485 | | | 2300 | 13.00 |
| 4-7 89 | Valgan DO: Downet 37638 | | | 2300 | 11000 |
| 5-9 8% | Caupan de Percept 37791 | | | 2300 | 87.00 |
| 6-12 87 | Vacyon 82; percent 38/57 | | | 2300 | 6400 |
| AIGNER FORM NO | 25-204 DUNCAN, VIRGINIA A. 6 - 3 - 9 | - 3 | 9 | | MINTED IN USA |

| ADDRESS | RA | TING | LIMIT | 64.00 | |
|---------|--|-------|--------|---------|--|
| DATE | ITEMS | DEBIT | CREDIT | BALANCE | |
| 0 89 | Couper 23, Derept 38271 Bolonce on E-8182 | | 2300 | 4100 | |
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| | Colonce on E-8/82 | | | | |
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AC-212 (Rev 10-87)

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

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

E188510

38271

| | | | 264-3151 | | Fr | 7 05 | | 49 |
|---------------------|------------|---|------------------------|---------|--|-----------------------------------|-------------------|---------|
| From: | xia la | Addres | 8930 | y beck | Date: | Fret, | 2 17 | Sul |
| tocity | ayment of | Jan gar | 183 | aud | 70 | ollars (\$_ | 23.00 | <u></u> |
| Lot 6 | Grave | 3 | Row | Section | 9 | 115 | Division Block | |
| Invoice No. | | NOT VALID FOR PU | JRPOSE STATED UNLESS S | | EDIT 0% Sales Care 0% Sales | 67007 77184 —— | 23 | 00 |
| Acct. No | 56 | | | 9 | f Lots pening/ losing | 77184 100 77181 | CITY | AUDITOR |
| BALANCE DUE 4 | 600 | | | C | ontainers landling Fee | 100 77182 100 77185 | JUL | 14 1989 |
| Pre-Need Lot At Ne | ed On Acct | | , | N P | lecording & tisc. Fees re-Need rust | 100 77183 — 63033 9022 — | | |
| Pre-need Trust Cash | | AT THE RESERVE OF THE PERSON NAMED IN COLUMN TO SERVE OF | Exite Who | 34 8 | ales Tes | 80101 78390 — | 23 | Sa |

Send or bring one coupen with each remittance COUPON 23

| ACCOUNT No. | Duncan | |
|-------------|--------|--------|
| 5730 Hayes | prreer | E 6856 |

Month and Day Due Indicated Below

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

Amount due when paid on, or before.

> s

5_

Amount Received S 23,00

NAME

ADDRESS

due date above.

STATE ZIP

MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

Open gets

Date 8/14/87

| | | and the second | |
|---|--|---|--|
| You are hereby authorized and instructed, subj | ect to your rules and r | egulations, to int | er the remains |
| of apricación PA | 10- 0 | ege 1 | YYLO |
| in a Nove Full | 0 0 | uealoy 18 | |
| Church, Chapel, Graveside Chapel Y | 85 Ogg | un lu | Mortuary. |
| All Funeral cars must 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. | | |
| 1712 | 1 | | 9 |
| Lot 712 Grave Row | Section/ | Division/Blo | ock |
| Grave space & Care Fund | | | 100 |
| Additional spaces and care fund | | | |
| Opening/Closing & Setup | 7 | | 64 |
| Burial Container . 2-0 glattop - | N | | |
| | (.A.D | | |
| Handling Fees | 1.0. | | (Q. |
| Flower vases - Marker setting fee | // | | 25- |
| Recording and filing fee | | | _2 |
| Sales taxes | | | 10000 |
| O Ø | Total Du | 9030 | 1772 |
| A NO Paid re | ceipt number | 8077 | 2500 |
| Ma | | Balance due | 114 00 |
| Total |) | Value 14 to the 4 to Ventus | DILLOCATION CONTRACTOR |
| I hereby certify I am the | of remains as above i | of the above no indicated. I certify | and represent |
| that I have the right to make this authorization any liability on account of said authorization a | and I agree to hold Mi and interment. | . Hope Cemetery | harmless from |
| | 12 | + 2/ | 1 |
| I hereby authorize the interment in lot I hold under deed. | Signatura | in illa | 7 |
| | Address A | N Toype | OPEDE |
| Signature of recorded holder of deed | KS.D. | CA | 92/14 |
| send date | × 26 | 7-126 | 3 |
| open - v 30 - grant | - Comprise | 0000 | d |
| 271/5 | Invoice # | 1600K | 20 |
| Work Order # E 6857 | Acct. # Do | 3307 | - 5 |
| PY-503 (REV. 8-85) | 0.00 | | No. of Concession, Name of Street, or other Persons, Name of Street, or ot |

NOTE-STRAIGHT

| : 17400 | San Diego. | alitornia, Que | sust 14 | 1087 |
|--|--|--|--|---|
| -30- | | | ersigned maker(s) promise | (s) to pay to |
| Mt. Hope Cemetery or | San Diego City Tr | easurer | | |
| | t Un Con Dion | - 04 02102 | | or order |
| at 3751 Martin Luther K | and feverty | - four | | DOLLARS, |
| with interest from | payable on demand | | on the unpaid principal a | at the rate of |
| Should interest not be paid when dinterest when due, the whole sum of principles of this note. Interest after maturity United States. Each maker will be jointly hereof before, at or after maturity, and was person who signs this note agrees that reaction be instituted on this note, the united states are stated in the states of the united states. | ue, it shall thereafter bear like incipal and accrued interest ship will accrue at the rale indicate and severally liable and consensives presentment, demand and ecourse may be had against his | all become immediately did above. Principal and intention into its to renewals, replaceme profest and the right to as ther separate property for | ue, without notice, at the e erest are payable in lawful ents and extensions of time sert any statute of limitation rany obligation contained it | money of the for payment os. A marned |
| MAKE ALL PAYMENTS AT | MT. HOPE CEMETERY | | Mailing Addr | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | Uputaua Monalisa | Milo | | SEX | DATE OF BIRTH | DATE OF DEATH DOA | | |
|--|---|---|------------------------------------|---------------------------|-----------------------------------|---|--|--|
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEAT | an Diego | ATE IF NOT IN CALIFORNIA) | NAME AND ADDRESS LOPET Milo | of Spouse OR OTHER INFORMANT - Father | | |
| Cypres Vie | or FUNERAL DIRECTOR TOR PERSONS | 3 imperia an Diego, | | 670 | 123 North Re San Diego, (| | | |
| | TYPE OF PERA | MIT, CHECK ON | LY ONE OF THE | COLLOWING TYPES OF | DISPOSITION | | | |
| XXX 1. BURIAL ON | CLUDES ENTOMBMENTI | | ERMENT AND BURIA | L (INCLUDES | 8. DISINTERMENT AN | ID REINTERMENT OF CREMATED | | |
| 100000000000000000000000000000000000000 | N AND BURIAL (INCLUDES INURNMENT) | | ERMENT, CREMATIC DES INURNMENT) | N, AND BURIAL | | CREMATED REMAINS AND ER THAN IN A CEMETERY | | |
| A SCIENTIFIC | | 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | | FOR CORONER'S USE ONLY — | | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | | | | San Diego | | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | DE REMAINS A | RE TO BE CREMATED | DATE CREMATED | SIGNATURE OF PERSON | IN CHARGE OF CREMATORY | | |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF DISEMATED REMAINS | 0 0 | - FR | ATTOP | ENT TO IDENTIFY FINAL | PLACE AND COUNTY OF | DISPOSITION | | |
| CIENTIFIC | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | 190 | | | |
| ACKNOWLEDGMENT OF | This is to certify that I am the pe remains of the above named dece and I hereby acknowledge that to | dent under prov | risions of the Heal | th and Safety Code, | SIGNATURE OF APPLICA DATE SIGNED | | | |
| . APPLICANT | this permit gives no right of unrest | | | | | | | |
| HEGISTHAN | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED IS | DE AND IS THE | 3.00 | AUG 1 7 1987 | - Conall & | Carried, M.D. CH | | |
| CERTIFICATION OF PERSON IN CHARGE OF EMPOSITION | DISPOSITION WAS MADE ON | NTER DATE) | SIGNATURE | ERSON IN CHARGE OF D | | ISE NUMBER OF CREMATED REMAINS OSER, IF APPLICABLE | | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | | DI | 9 | | | | |

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





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

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

| From: Lepter Miles In Dep: Payment of Dist | The Interment | Date: 87 | ollars (S | 8 - 18 25 92 uls | , |
|--|---|---|--|------------------------|----|
| Lot Grave | RowSe | ection _/- | | Division 9 | 7 |
| Acct. No. F-6857 W.O. F-6857 BALANCE DUE 17409 | NOT VALID FOR PLIRPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | CREDIT 20% Sales Care 80% Sales of Lats Opening/ Closing Bunel Containers | 67007 77184 100 77184 100 77181 100 77182 | 25 | 88 |
| Pre-Need Lot | ISSUED BY ROYEW MALL | Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID | 77183 100 77183 63033 9022 60101 78390 | ar | 00 |

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT



WHITE TO CUSTOMER CEMETERY

MOUNT HODE CEMETERY

| | AUGITOR | 264-3151 | | 4-11 | 0 |
|--|------------------|---------------------------------------|---|--------------------------|------------|
| From: Mil | 16 | Address: 122 | N. Rie | al Oa | K 199 0 |
| InPayme | nt of Upon | lan Mu | lo-5 Ses | Dollars (\$ | 49.00, |
| Lot 7/2 | Grave | Row | Section_ | 7 | Division 9 |
| Invoice No. 0602 Acct. No. W.O. 650 BALANCE DUE 650 Pre-Need Lot 1 At Need 1 | 2 | O FOR PURPOSE STATED UN THIS SPACE | 80% of L Ope Clos Buri Gon Han Rec | # Sales Care 77184 — 100 | |
| Pre-need Trust Cesh C | Check ISSUED 6 | on dra | 1 10 11 | 78390 - SLPAID \$ | 4900 |

| | - | | |
|------|----------|-----|----|
| 10 | 哭 | 2 | |
| 15 | 0 | 3 | a |
| 16- | £ 4 | 6:4 | |
| 30 | 242 | IJ | 8 |
| 7.83 | Series . | 170 | 20 |

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HODE CEMETERY

| PINK | 264-3151 | 0 | 1 | | |
|--------------------------------|---|---|---------------------------|------------|------|
| 1 + 74.1 | 700 | Date: Se | pt | 16 . | 9.87 |
| From Topele Melo | Address 183 11. Rogal | Dak Wis | 26 | 9511 | 4 |
| Swaning five artis | t will | | ollars (\$ _ | 25.00 | -) |
| In part Payment of Up | uava nuco | | N. Asi | | |
| Lot 7/3- Grave | BowS | ection / | | Division 9 | pc: |
| Invoice No. 060368 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED | CREDIT | 57007 77184 | DISUR | |
| Acct No. 013307 | "PAID" IN THIS SPACE: | 80% Sales Care 60% Sales of Lots | 100 | | |
| w.o. Eb857 | | Opening/ Clasing Burial | 77181 — 100 | | |
| BALANCE DUE | CITY AUBITOR | Containers | 77182 | | |
| | | Handling Fee Recording & Misc. Fees | 77183 — 100 77383 — | | |
| Pre-Need Lot | 0 0 | Pre-Need Trust | 63033 9822 60101 | 100 | - |
| Pre-mod Trust — Cook — Chock — | ISSUED BY Lave Lowney | Sales Tax TOTAL PAID | 78390 | 25 | - |
| AC-212 (Rev. 11-86) | | TOTAL PAID | _ | 247 | 100 |

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| SER! | 264-3151 | | | |
|---|---|--|--|---------|
| From Sopete Mils | Address: 123 71 Pagel | Date: 10- | 4 0 | , 19.87 |
| Sweaty Twe and Y/10 | tena Milo | | lars (\$ _23 | ,00 |
| Lot 7/2 Grave | Row S | ection | Div Blo | ision 9 |
| Acct. No. 023307 W.O. E - 6857 BALANCE DUE \$/24.00 | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CITY AUBITOR | 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & | 67007 77184 100 77184 400 77181 100 77182 100 77183 | |
| Pre-Need Lot | ISSUED BY BRUGE MOTHER | A STATE OF THE PARTY OF THE PAR | 83033 9022 60101 78390 | 5 00 |



WHITE TO CUSTOMER CANARY CEMETERY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

35597

264-3151

| From the file the | Address: 122 10, | Nages | Dollars (\$ | 25 | 19.00 |
|--|---|---|--|-------------------|-------|
| In Payment of | Tilau Milos | - Mu | rcie | Balliana S | |
| Lot Grave | Row | Section | 1 | Division Block | 9 |
| Acct. No. 023307 W.O. E-6657 BALANCE DUE 49.00 | NOTVALID FOR PURPOSE STATED UNLESS STAMPER PAID IN THIS SPACE | D CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee | 67007 77184 — 190 77184 — 100 77181 — 100 77182 — 100 77185 — | | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | ISSUED BY Andre (Co | Recording & Misc. Fees Pip-Need Trust Spies Tax | 100 77162 — 63033 9022 — 60101 78390 — | 25 | 00 |

SCH TOP STATE

THE STREET OF STREET

25.00 INVS 25.00- CA

E6857

0.00

060268 09/03/87 023307 LOPETI MILO

E-6857 100 072
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100 072
67007 064930 01/13/88 019061 AUTO CLINIC

| 77181 77183 77184 77184 | 0000 72 0000 72 0000 72 0000 72 | CA | | |
|----------------------------------|--|----|--------|--|
| | 04/12/88 | CA | 695313 | |

| | | PALD | IN | FULL | |
|---|--------|------|----|--------------|--|
| 49.00 18.02 9.86 15.49 5.63 | 174.00 | PAID | IN | 0.00 FULL | |
| 62.00 | 62.00 | | | 0.00 | |

cupitsale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/14/8>

| in a Vault/Liner Fu | neral, date, time |
|---|--|
| Church, Chapel, Graveside | , Mortuery. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | |
| 11. 10 | 2 11 |
| Lot Grave Row | Section Division/Black |
| Grave space & Care Fund | 250= |
| Additional spaces and care fund | |
| Opening/Closing & Setup | |
| | |
| Burial Container | netarangel |
| Handling Fees | at the time |
| Flower vases - Marker setting fee | |
| Recording and filing fee | |
| Sales taxes | |
| | Total Due |
| Paid re | sceipt number |
| | Balance due |
| wet . | |
| hander mostly to a star | of remains as above indicated. I certify and represent |
| hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a | and lagree to hold Mt. Hope Cemetery harmless from |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization of the said authorization in lot I | and lagree to hold Mt. Hope Cemetery harmless from |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a | and I agree to hold Mt. Hope Cemetery harmless from and interment. |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization and the said | and I agree to hold Mt. Hope Cemetery harmless from and interment. Signature Address |
| and this is your authority to make disposition hat I have the right to make this authorization any liability on account of said authorization a hereby authorize the interment in lot I hold under deed. | and lagree to hold Mt. Hope Cemetery harmless from and interment. Signature Address Ep Code |
| and this is your authority to make disposition hat I have the right to make this authorization any liability on account of said authorization a hereby authorize the interment in lot I hold under deed, | and I agree to hold Mt. Hope Cemetery harmless from and interment. Signature Address |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization is the said authorization to the said authorization in lot I | and lagree to hold Mt. Hope Cemetery harmless from and interment. Signature Address Sints Zip Code |

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| Amou after | nt due due da | il paid te abo | more ti ve. | nan | da | ys | s | | 1. | 00 | |
| | | | | | | | 5 | | 11. | 00 | Ц |
| NAM | E | | | An | ount P | heceive | d S | _ | | | _ |
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| CITY | | | | | | STAT | | | ZIP | | |
| | | | check | 100 | if th | 118 18 | Dew | add | FRAS | | |

| end or bring one coupon with each remittance | COUPON 9 |
|--|---------------------|
| DO NOT MAIL ENTIRE BOOK | 4 |
| ACCOUNT No. E-6858 | Credit Sale |
| Quincy E. Irby 6101 Fulmar | |
| San Diego, Ca 9 | 2114 |
| Month and Day Due Ind | |
| FEB MAR APR MAY JUN JUL AUG | SEP OCT NOV DEC JAN |
| | 10 |
| Amount due when paid on, or before due date above. | \$10.00 |
| Amount due if paid more than days after due date above | \$ 1.00 |
| | \$11.00 |
| NAME Amount Received | \$ |
| ADDRESS | |
| CITY STATE | |
| ☐ check (/) if this is | new address |

| end or bring g | 2000 | | | men C | OUP | ON | | 3 |
|--------------------------------|------------------------|------------|---------------------|--------|--------|-------|-----|-----|
| DO NOT I | MAIL EN | TIRE BO | 3(6) | | | | A. | 9 |
| ACCOUNT | No. | E-6 | 858 | Cr | edi | t S | ale | 8 |
| Stá | ney. | E. ulma | Irby | | - | | | ** |
| San | Die | ego, | Ca | 92 | 114 | | | |
| | Month | and Di | y Due | Indica | ated B | elow | | |
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| ADDRESS | | | | | | | | |
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| Send or bring one coupus with each remittance CC | DUPON A |
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| DO NOT MAIL ENTIRE BOOK | 4 |
| ACCOUNT No. E-6858 C | redit Sale |
| Quincy E. Irby | * |
| 6101 Fulmar | |
| San Diego, Ca 921 | 14 |
| Month and Day Due Indicat | ed Below |
| APR MAY JUN JUL AUG SEP OCT NOV | |
| | 10 |
| Amount due when paid on, or before, due date above. | 10.00 |
| Amount due if paid more thandays after due date above. | 1.00 |
| 5 | |
| Amount Received S | |
| NAME | |
| ADDRESS | |
| OTTY STATE | ZIP |
| ☐ check (/) if this is new | address |

| Send or bring one soupon with a | such remittanc | . CC | UP | ON | LV | C |
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| DO NOT MAIL ENTIRE B | OOK | | | | - 1 | U |
| ACCOUNT No. E- | 6858 | . 6 | re | dit | 8 | ale |
| "Quincy E. | THE | | | | | |
| 6101 Fulm | | | | | | |
| San Diego | | 921 | 14 | | | |
| Dan Dange | , va | | | | | |
| Month and D | | - | COLUMN TWO IS NOT THE OWNER. | SCHOOL SERVICE | - | - |
| JUN JUL AUG SEP OCT | NOV DEC | JAN | FEB | MAR | APIt | MAY |
| | | | 10 | | | |
| Amount due when gaig on, or b | etore b | | | | | |
| due date above. | (Indiana) | \$ | 10 | .00 |) | |
| | | | | | | |
| Amount due if paid more than after due date above. | days | S. | 1 | .00 |) | |
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| NAME | impunt raceive | 16 3: | | | | |
| ADDRESS | | | | | | |
| CITY | STAT | TE . | | ZIP | | |
| Check () | No. of the last of | | add | - | - | - |



WHITE TO CUSTOMER CANARY CEMETERY

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

| Date: | 3-13 | | 19 |
|---|---|-------------------|-----|
| 6 | ollars (\$. | 10 OL | 2 , |
| ection | 2 | Division Block | 1 |
| CREDIT 20% Sales Care DIT 30% Sales Care DIT 30% Sales Care DIT 30% Sales Care Department of Closing Closing Containers Handling Foe Recording & Misc. Fees Pre-Need | 67007 77184 — 100 77184 — 100 77181 — 100 77185 — 100 77185 — 100 77185 — 63033 | ,60 | 0 |
| Trust Sales Tax | 9022 — 60101 78390 — | ton | 0 |

| From: 1 St. Will | als 10/10 | Dollars (\$ | for or |
|------------------|--|-------------|----------------|
| In Payment of | Caupero 1- | 6 Mari | dot |
| Lot Grave | /O Row | Section 2 | Division Block |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPE PAID' IN THIS SPACE. MAR 2 | Opening 100 | 100 |

E-6858

Irby, Quincy (Tyrone Brown Signed for him) ACCT NO. RATING LIMIT ADDRESS CREDIT BALANCE DATE DEBIT TEME Opened Pre Need Lot -14-87 250.00 Lot 16; Grave 10; Section 2; Division 11 250.00 60.00 190. 00 3-15-89 Receipt #37518 No folder 5-20-98

AVERY FORM NO. 25-204

APRY, QUINCY

AVERY

Pre-Need Lot

PRINTED IN USA

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

| To Quincy they | 8 |
|---|--------------|
| Address 6101 Fulmar 8.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 10, | Grave 10, |
| Row, Section | pe Cemetery, |
| entered into on August 14 , 1987, by and between | n Mt. Hope |
| Cemetery and Syme Brawn that at the end | of 30 days |
| from date below, all rights you may have thereunder will be and | |
| notice cancelled and forfeited. | |
| | |
| Dated this 13 day of march, 1995. | |
| | |

CITY OF SAN DIEGO Mt. Hope Cemetery

By: Michell & Clark
Clerical ASST. TT

MT. HOPE CEMETERY

Culitere

INTERMENT ORDER

City of San Diego

Date 8/14/8>

| na O I Fun | neral, date, time | | |
|--|----------------------|-------------------|-------------------------------|
| hurch, Chapel, Graveside | | | Mortuary. |
| Il Funeral cars must arrive before 3:30 p.m. o | f regular work day o | an extra charge v | vill be applied |
| nd billed to undersigned. War time veteran _ | | | |
| ** | - | | |
| ot Grave Row | Section | Division/Bloo | * _//_ |
| | | | 2500 |
| rave space & Care Fund | | | 400 |
| dditional spaces and care fund | | ************ | |
| pening/Closing & Setup | | A | |
| urial Container | stava | week | |
| andling Fees | + the tim | 2 | _ |
| ower vases - Marker setting fee | eu 2007 | | - |
| ecording and filing fee | | *********** | |
| ales taxes | | | - 200 |
| | Total D | ue | 200 = |
| Paid re | ceipt number | | |
| | | Balance due | |
| | | | |
| hereby certify I am the | | of the above na | med deceden |
| nd this is your authority to make disposition hat I have the right to make this authorization | and lagree to hold M | t. Hope Cemetery | and represen harmless from |
| ny liability on account of said authorization a | ind interment. | | |
| hereby authorize the interment in lot I | Signature | ملح | |
| | aignature | | |
| old under deed. | 5-2-40-XXX | | |
| old under deed. | Address | | |
| old under deed. | Address | | Zip Cod |
| old under deed. | | | Zie Cod |
| | State | | Zię Cod |

E 6858

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

| This Agreement entered into this 14 day of Quesust , 1987, |
|--|
| between Lynning E Arby, herein known as "Purchaser," and |
| the Cit 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 16, Grave 10, Row, Section, Division, located in Mt. Hope Cemetery, for and in |
| consideration of a total purchase price of \$ 250, payable as follows: |
| \$ cash herewith, the receipt of which is hereby acknowledged; \$ 1000 on the 10 day of |
| balance in installments of \$ 1000 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 INTER- |
| MENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO |
| CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE |
| CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE- |
| STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. |
| COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL |
| LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF |
| BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST |
| ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE |
| GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC. |

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

WITNESS our hands this day and year above written.

| Deed to be issued to: Confor Book 23010: 230: 250: 250: 250: 250: 250: 250: 250: 25 | Sunicy E IRB) 6/01 Fulmor Address Son Kins 92114 264-0835 |
|---|---|
| | PURCHASER |
| | Street Address (Mail) City State Zip Code |
| | CITY OF SAN DIEGO Mt. Hope Cemetery |

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



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

Quincy E. Irby 6101 Fulmar San Diego, Ca 92114

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.

Lordo Ward

Sandra Ward

Administrative Aide II

Mt. Hope Cemetery

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diagram

8/14/87

| in aFL | uneral, date, time | A STATE OF |
|---|--|--|
| Church, Chapel, Graveside | 1 | Mortuary |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra | charge will be applied |
| and billed to undersigned. War time veteran | | |
| 16 9 | Section 2_ Divisi | 11 |
| ot Row | Section Divisi | on/Barck |
| Grave space & Care Fund | | 2500 |
| additional spaces and care fund Res | lp/8 for one & | W |
| pening/Closing & Setup | 8/15/25 | |
| | V 0 | |
| urial Container | you amenina | |
| landling Fees | rugue com | ****** |
| lower vases - Marker setting fee | | |
| | | |
| ecording and filing fee | | |
| | ·········· | |
| | Total Due | |
| ales taxes | A CONTRACTOR OF THE PROPERTY OF THE PARTY OF | |
| sales taxes | Total Due | |
| Paid re | Total Dueeceipt numberBalar | 250 °C |
| hereby certify I am the and this is your authority to make disposition | Total Due eceipt number Balar of the a | ice duebove named decedent |
| hereby certify I am the | Total Due eceipt number Balar of the a of remains as above indicated. n and I agree to hold Mt. Hope Ce | ice duebove named decedent |
| Paid re | Total Due eceipt number Balar of the a of remains as above indicated. n and I agree to hold Mt. Hope Ce | ice duebove named decedent |
| hereby certify I am the | Total Due eceipt number Balar of the a of remains as above indicated. n and I agree to hold Mt. Hope Ce | ice duebove named decedent |
| hereby certify I am the | Total Due eceipt number Balar of the a of remains as above indicated. n and I agree to hold Mt. Hope Ce | ice duebove named decedent |
| hereby certify I am the | Total Due Balar of the a of remains as above indicated. n and I agree to hold Mt. Hope Ce and interment. | bove named decedent certify and represent metery harmless from |
| hereby certify I am the | Total Due Balar of the a of remains as above indicated. n and I agree to hold Mt. Hope Ce and interment. Signature Address | ice duebove named decedent |
| hereby certify I am the | Total Due Balar of the a of remains as above indicated. n and I agree to hold Mt. Hope Ce and interment. | bove named decedent certify and represent metery harmless from |
| hereby certify I am the | Total Due Balar of the a of remains as above indicated. n and I agree to hold Mt. Hope Ce and interment. Signature Address | bove named decedent certify and represent metery harmless from |

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 8/14/87

| of Flored Man M | 0 | |
|--|--|--|
| n a Fui | neral, date, time | |
| hurch, Chapel, Graveside | | Mortuary |
| It Funeral cars must arrive before 3:30 p.m. | of regular work day or an extr | a charge will be applied |
| nd billed to undersigned. War time veteran . | | |
| ot 16_Grave 9_Row | 2 | 11 |
| ot Grave Row | | |
| rave space & Care Fund | 10/8 for one | 2500 |
| dditional spaces and care fund Resid | p/8 law one | yu _ |
| pening/Closing & Setup | 7X788 / | |
| urial Container | Lumana K | |
| landling Fees | The time | |
| | Miles Anna Miles and a three to be a second and the second | |
| ower vases - Marker setting tee | | |
| | | |
| lecording and filing fee | | |
| ecording and filing fee | | 2562 |
| ecording and filing fee | Total Due | 2500 |
| ecording and filing fee | eceipt number | |
| ecording and filing fee | eceipt number | 250 °C |
| Paid re | Bal of the | ance due |
| ecording and filing fee | Bai of the of remains as above indicate and lagree to hold Mt. Hope | ance due |
| ecording and filing fee | Bai of the of remains as above indicate and lagree to hold Mt. Hope | ance due |
| ecording and filing fee | Bai of the of remains as above indicate and lagree to hold Mt. Hope | ance due |
| Paid re Paid re Pereby certify I am the | of the of remains as above indicate and lagree to hold Mt. Hope and interment. | ance due |
| Paid re nereby certify I am the | Bai of the of remains as above indicate and lagree to hold Mt. Hope of and interment. | ance due |
| Paid re nereby certify I am the | of the of remains as above indicate and lagree to hold Mt. Hope and interment. | ance due |
| Paid re nereby certify I am the | Bai of the of remains as above indicate and lagree to hold Mt. Hope of and interment. | ance due above named deceden d. 1 certify and represen Cemetery harmless fron |
| ecording and filling fee | of the of remains as above indicate and lagree to hold Mt. Hope of and interment. Signalure Address State | ance due above named deceden d. 1 certify and represen Cemetery harmless fron |

9/9/87 350/5 $\frac{250.00}{10.00}$ $\frac{10.00}{290.00}$ $\frac{10-8-87}{38/39}$ $\frac{250.00}{10.00}$ $\frac{250.00}{290.00}$ $\frac{10-00}{230.00}$ $\frac{10-00}{230.00}$

E-6859

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

| This Agreement entered into this 14 day of |
|---|
| between FO-10 Man MCC. Of the land herein known as "Purchaser." and |
| the City of San Diego. Mt. Hope Cemetery, herein known as "Seller." |
| |
| That Purchaser agrees to purchase and that Seller agrees to sell the exclu- |
| sive right of interment in: Lot 16, Grave 9, Row, Section |
| a, Block/Division // , located in Mt. Hope Cemetery, for and in |
| consideration of a total purchase price of \$ 350 , payable as follows: |
| \$ 2 cash herewith, the receipt of which is hereby acknowledged; |
| \$ 7000 on the 10 day of left , 1987; and the |
| \$ cash herewith, the receipt of which is hereby acknowledged; \$ 1000 on the 10 day of |
| Mt. Hope Cemetery, on the lot day of each month thereafter until the |
| total sum of said purchase price is fully paid in cash. YOU, THE |
| PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE |
| FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTER- |
| MENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO |
| CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE |
| CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE- |
| STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. |
| COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL |
| LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF |
| BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST |
| ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE |
| GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC. |
| |

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

WITNESS our hands this day and year above written.

| Deed to be issued to: Confor Bock 230 1000 23000 25000 | Floyd man 2 Name 280-50th | apt of |
|---|---------------------------------|--------|
| 236/04 2500 | 2.3. | 921 |
| | PURCHASER | |
| | -/· # | |

| Street | Address | (Mail) | |
|--------|---------|--------|--|
| | | | |

City State Zip Code

CITY OF SAN DIEGO Mt. Hope Temetery

By: Seorgen Steller

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

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HODE CEMETERY

WHITE TO CUSTOMER CANARY CEMETERY

| Date: 19 Date: 19 D | PINK | 264-3151 | 10 | a on |
|--|--------------------|----------------------|---|---|
| Division | From Land Maluffle | Le Chadress 280 STOS | Caf C | 5 92/02 |
| Lot | twent la | ofers , | Dolla | rs (\$ 10.00) |
| Invoice No. | In Payment of | upoll of Old | t sole | |
| Acct. No | Lot 16 Grave | 9 Row S | ection 2 | Division // |
| AC-212 (Rev. 11-86) DUS - JOHN SUED BY TOTAL PAID \$ 10 | Acct. No | PAID IN THIS SPACE | 80% Sales of Lots Opening/ Opening/ Closing 77 Stars Containers 77 Hundling Fee 77 Recording A Misc. Fees 77 Pre-Need 53 Trust 9 Sales Tex 50 | 100 100 181 100 181 100 182 100 183 100 183 100 183 |

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

DO NOT MAIL ENTINE BOOK

ACCOUNT No. E-6859

Credit Lot

Floy Mae Mc Cullough 280 50th Street, Apt. C San Diego, Ca 92102

Month and Day Due Indicated Below

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

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

\$ 10.00

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

s 10.00

NAME Floy Product Received a 15h ADDRESS 180 50 th 8+ a, the CITY San Diegostat Ca 2492102



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| Part | From: FLOY MAE McCs) | Jough Address: 280 501h 57 | MPT.C. SI | 0. 92/02 (s /0.00) |
|---|--|---|--|------------------------|
| Invoice No. | In Part Payment of | | | Division |
| Pre-need Trust Cash Check Sales Tax 60101 78390 | Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | NOT VALID FOR PURPOSE STATED UNLESS STAMPED | CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 77181 Opening 77181 Burtal 100 Containers 77182 Handling Fee 77183 Recording & 77183 Pre-Need 03033 Trust 9002 Sales Tax 60101 78300 | 10 - |

DO NOT MAIL ENTIRE BOOK

after due date above.

ACCOUNT No. E-6859 Credit Lot

Floy Mae McCullough 280 50th Street, Apt. C San Diego, Ca 92102

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NAME Floy McCulloug

CITY San Dugo STATE Ca ZIP 92/02 City San Dugo STATE Ca ZIP 92/02

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINK AUDITO | MOUNT HOPE CEMETERY 264-3151 | | 1 | Own |
|-------------------------------|---|--|-----------------------|-----|
| From Ha Mire M | 1 1 1 1 8 Address 280 30 | Date: | 2 92 | 02 |
| Too fo | ellois - | 1-1 - D | ollars (\$ 10.0 | 10 |
| In Payment of | suffer IN 1, Clear | 4 001 | | |
| Lot 6 Grave | | Section 2 | Division Block | -// |
| Invoice No. | NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | CREDIT 20% Sales Care 80% Sales | 57007 77154 | 0- |
| Acct. No | CITY AUBITOR | of Lots Opening/ Closing | 77184 100 77181 | |
| W.O. 2 2 10,00 | 11 1987 | Burtel Containers | 77182 100 | |
| BALANCE DUE | SEPT | Handling Fee Recording & Misc. Fees | 77183 — | |
| Pre-Need Lot At Need On Acc | | Pre-Need Trust | 63033 9022 | |
| Pre-need Trust U Cash U Check | 12 ISSUED BY LANGE VOICE | TOTAL PAID | 78090 3 |) |
| AC-ETE (HOV. 11-00) | | The state of the s | - | |

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6859 Credit Lot

Floy Mae McCullough 280 50th Street, Apt. C San Diego, Ca 92102

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

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

s_10.00

Amount due if paid more than _____days after due date above

\$ 1.00

\$ 10.00

NAME 7 LOY Mal Me Culley of ADDRESS 280 50 th Shirt apt C CITY San Diego STATE Ca 2109 2102



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

Floyd Mae McCullough 280 50th Street, Apt. C San Diego, Ca 92102

Re: Credit Lot Purchase

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

If you have any questions please call 264-3151.

Sandra Ward

Administrative Aide II

Landia Ward

Mt. Hope Cemetery



OFFICE OF MT. HOPE **CEMETERY**







Floyd Mae McCullough
280 50th Street, Apt FCCWARDING COMES TRPIRED
San Diego, Ca 92102 Market Carlotte Comes Treired
No Succession Comes Treired

COTHER ROUTE #223

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THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
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Sandra Ward

Administrative Aide II

Sandea Ward

Mt. Hope Cemetery

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

| To Floyd Mae McCullough | |
|---|--------|
| Address 280 50# St. Apt. C S.D CA 92102 | |
| You and each of you are hereby notified that because of default in pa | yment |
| on that Agreement for the purchase of a before need Lot 1/6, Grave | 9 |
| Row, Section | netery |
| entered into on <u>August 14</u> , 19 <u>87</u> , by and between Mt. | Норе |
| Cemetery and Floyd McCullough that at the end of 30 | |
| from date below, all rights you may have thereunder will be and are b | |
| notice cancelled and forfeited. | |
| | |
| noted this 12 days moved and | 100 |

Dated this 13 day of <u>March</u>, 1995.

CITY OF SAN DIEGO Mt. Hope Cemetery

By: Muchel L. Clark Clerical ASST. II

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



MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/14/87

| of goome Lon | gmire |
|--|--|
| | 4 |
| Vault/Liner | |
| Church, Chapel, Graveside | ; Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. o | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran _ | |
| / 11. M . | |
| Lot 16 Grave 7 Row | Section Division/Block |
| | 250 |
| | 255 |
| Additional spaces and care fund | · · · · · · · · · · · · · · · · · · · |
| Opening/Closing & Setup | tanaged for the time |
| Burial Container | of time |
| Handling Fees | mes com |
| | |
| Flower vases - Marker setting fee | |
| Recording and filing fee | |
| Sales taxes | |
| | Total Due |
| Paid rec | ceipt number |
| | Balance due |
| we . | |
| hereby certify I am the | of the above named decedent |
| and this is your authority to make disposition of | of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from |
| any liability on account of said authorization a | |
| | 7.4 |
| I hereby authorize the interment in lot I hold under deed. | Signature |
| | Address |
| Signature of recorded holder of deed | Siste Zin Code |
| | arara cap com |
| | |
| | Telephone |
| | |
| Work Order # E 6860 | Invoice # |

250 00 9/11/87 3503/ 23000 10-5-87 35104 20.00 210.00 10-28-87 20.00 35215 190,00 20.00 12-1-87 35343 120.00 12-30-87 35473 150.00

| NAME LO | ngmire, Yvonne | | ACCT. NO. | E-6860 |
|----------------|---|---------|-----------|---------------|
| ADDRESS 1 | 432 Gibson Street, San Diego, Ca 92114 RA | ATING | LIMIT | |
| ATE | ITEMS | DEBIT V | CAEDIT | BALANCE |
| Aug 14 87 | Lot 16, Grave 7, Section 2, Division 11 | 250 00 | 100 00 | 150 00 |
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| 3-2 88 | (Manyon # 13 \$14, Kerop# 35795 | | 2000 | 11000 |
| 4-1 88 | Caugen 4 15 \$16, Kereigh 35950 | | 2000 | 9000 |
| 3-3 88 | Canport 174 18, Decemp 36081 | | 2000 | 7000 |
| 6-1 88 | Jaugno # 19920 algeret 9619 | | 2000 | 2000 |
| 7-3 88 | Joseph 2/822 Decept 36360 | 2 | 2000 | 3000 |
| 9-7 88 | loupon 23+24 Lecipt 3653 | | 3000 | -6- |
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| AIGNER FORM NO | 25-204 Longmire, Yvonne 16 - 7 - 2 - | 11 | | EINTED IN USA |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| EXELS II | 264-3151 | n | THE REAL PROPERTY. | 0300 |
|---|--|---|---|------|
| Tom: June Leven | uic Address: 1482 Le | Date: 7- | X 92/1 | 6/ |
| Moente de | llaro To | Dolla | ars (\$ 20.0 | 0 |
| ot 16 Grave | 7RowS | ection 2 | Division Block | 11 |
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| re-Need Lot At Need On Acct | 0 , 1 | Handling Fee 7 Recording & Misc Fees 7 Pre-Need 6 Trust | 7182 | |
| re-need Trust Cash Check C-212 (Rev. 11-86) | BSUED BY Londy Ware | Sales Tax 6 | \$ 20 | - |

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| 14 | 132 | ne Gi | bs | on | | | ale la | dd B | elow | | |
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| CITY | S | an | heck | 110 | 70 | STAT | E C | 22 | ZIP | 92 | 114 |

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6860 Credit Sale

Yvonne Longmire 1432 Gibson San Diego, Ca 92114

Month and Day Due Indicated Below SEP OCT NOV DEC JAN MAR APR MAY JUN JUL AUG

10 Amount due when paid on, or before.

due date above.

Amount due if paid more than effer due date above

E6960

\$11.00

NAME YVONNE LONG MITE ADDRESS 1432 GIBSON S

check (V) if this is new address



WHITE TO GUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: Stray (Know) | Wilcodiess: 1132 L | Date: | 7 .105 |
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| In Payment of | ugen 344 | addit | llars (\$ <u>20.00</u>) |
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| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check CAS-AC-212 (Rev. 11-86) | ESUED BY Ond, Idd | Pre-Need Trust Sales Tax TOTAL PAID | 63033 9022 78390 |

ring one coupen with each remittance COUPON

NOT MAIL ENTIRE BOOK

AUCCOUNT No. E-6860 Credit Sale

Yvonne Langmire 1432 Gibson

San Diego, Ca 92114

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

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

\$10.00

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

\$ 1.00

NAME YVONNE GONGMINE
ADDRESS 1432 GIBSON ST.

CITY San Diego STATE CA, ZIP 92//



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: Songs | Aures 1939 | Date: | 19 |
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| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check CAC-212 (Rev. 11-86) | ISSUED BY Andlea Whi | Pre-Need 63033 Trust 9022 Kales Tax 50101 76390 TOTAL PAID \$ | 30 - |

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| land or bring one coupon with each remittance COUPON | 6 |
|---|-------|
| DO NOT MAIL ENTIRE BOOK | |
| ACCOUNT No. E-6860 Credit Sale | |
| Yvonne Longmire | |
| 1432 Gibson | |
| San Diego, Ca 92114 | |
| Month and Day Due Indicated Below | |
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| alter due cam adove. | 10.00 |
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| NAME YOUNDE DONGMINE | |
| ADDRESS 1432 GIBSON St. | |
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| CITY San Diego STATE (A. ZIP 92) | 17 |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

Nº 35473

| | muso 10/37 | Date: | 12/0 | 3/ | 1901 |
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| AC-212 (Rev. 10-97) | ISSUED BY AND O | CEC POTAL PAID | 78390 | 80 | 00 |

Soud or bring one coupon with such remittance DO NOT MAIL ENTIRE BOOK ACCOUNT No. E-6860 Credit Sale Yvonne Longmire 1432 Gibson Month and Day Due Indicated Below SEP OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG Amount due when paid an or before due date above Amount due if paid more than days after due date above. NAME YVONNE WONGMI ADDRESS 1432 G-1656N 5 check () If this is new address

| 1 | 432 | G | ibs | on | | | | | | | |
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

35637

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| Acct. No | ROTLE | 60% Sales of Lots | 77184 | 00 - | |
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| BALANCE DUE 15000 | 15 1988 | Containers Handling Fee | 77182 | | |
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| NAME | Y | 10 | N | N | nount F | lecgive. | 1 5 | 19 | m | re | 2 |

ADDRESS 1432 GIBSON STI CITY SAN Diego STATE CA, ZIP92/14

| send or bring | MICHIGADO IN COLOR | | | | ittance | CC | UP | ON | 1 | 2 |
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| city Sc | an | heck | 10 | 90 | STAT | E C | 7 | ZIP | | 114 |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

| From: The Contract of the Cont | Melladdress 193 | 2 Selber | Alies | # 5 10 11 V |
|--|----------------------------------|---|---------------------------------|----------------|
|) 0 | upn 137 | 19 54 | Dollars (\$ | 29.00 h |
| Lot 16 Grave | 7 Row_ | Section | 2 | Division Block |
| Invoice No | NOT VALID FOR PURPOSE STATED UNI | LESS STAMPED CREDIT 20% Sales 1 30% Sales 1 | Care 77184 | 40 |
| Acct. No. € -6660 | CITY AUB | of Lats | 77184 — 100 77181 — | 00- |
| BALANCE DUE 1/0,00 | MAR 08 | 1988 Handling For Recording Misc. Fees | ee 77185 — å 100 77183 — | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Hev. 10-67) | ISSUED BY Andra | Pro-Nined Trust Sales Tax TOTAL PAID | 63033 9022 60101 78390 | 20 - |

| Send or bring one coupon with each remit; | ante COUPON 14 |
|---|--|
| ACCOUNT No. E-6860 | Credit Sale |
| Yvenne Longmire 1432 Gibson San Diego, Ca | 07114 |
| Month and Day Que | Indicated Below |
| FEB MAR APR MAY JUN JUL A | |
| Amount due when paid on, or before, due date above. | \$10.00 |
| Amount due if paid more than days after due date above. | \$ 1.00 |
| | \$ |
| NAME YVONNE LONGH ADDRESS 1432 Gibso | elved S |
| CITY San Diegos | N St TATE Cd, ZIP 92114 s is new address |

| Send or bring time coupen v DO NOT MAIL ENTIF ACCOUNT No. | | | O | | OUP ed1 | | 1 Sal | 3 | |
|---|--------|-------|------|----------|------------|-----|----------|-----|--|
| 1432 Cibson San Month and Day Due Indicated Below | | | | | | | | | |
| JAN FEB MAR APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | |
| | | | | | 30 | | | | |
| Amount due when paid on due date above. | or bef | ore, | | > s | 10 | .00 |) | | |
| Amount due if paid more to after due date above. | Tien | ta | ys) | s | 1 | .00 | | | |
| | | | | S | - | - | | | |
| NAME YV D IV | Ne | - 4 | | V91 | | | _ | | |
| ADDRESS 1430 | 2 6 | 516 | 150 | 'W | St | 1 | | _ | |
| CITY San D Check | iec | 11 11 | STAT | DBW | 300 | ZIP | 92 | 114 | |



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

35950

| 10000000000000000000000000000000000000 | 264-3151 | 116 | 1 01 |
|---|--|---|-------------|
| From John Long | NO CADDRESS 1432 Sile | Date: 4 | 5 92 119 |
| Strente pe | 18 216 C | Dollars (\$ | £0,00, |
| Lot 16 Grave | 7 Rows | ection 2 | Division // |
| Invoice No | NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 | 20 00 |
| NO E-6860 | CITY AUDITOR | of Lots 77184 — Opening/ 100 Closing 77181 — Bunal 100 | |
| BALANCE DUE 90.00 | APR 6 1988 | Containers F7182 — 100 Handling Fee 77185 — Recording & 100 | |
| Pre-Need Lot At Need On Acct O | 11.11 | Mini: Fees 77183 Pre-Need 63033 Trust 9022 Sales Tax 60101 | |
| Pre-need Trust Cash Check CAC-212 (Rev 10-87) | ISSUED BY MIKELA WATE | TOTAL PAID \$ | 20 00 |
| | | | |

| and or bring one coupon with each remit DO NOT MAIL ENTIRE BOOK | ttance | COUP | ON | 1 | 6 |
|--|---------|---------|------|-----|-----|
| ACCOUNT No. E-6860 | 200 | radio | S . | ale | 16 |
| Yvonne Longuire | | 200 | | | |
| 1432 Gibson | | | | | |
| San Diego, Ca | 92 | 114 | | | |
| Month and Day Due | e Ind | cated B | elow | | |
| APR MAY JUN JUL AUG SEP | OCT | NOV DEC | IAN | FEO | MAR |
| Amount due when paid on, or before, due date above. | D | \$10. | 00 | | |
| Amount due if paid more than day after due date above. | - | s 1. | 00 | | |
| | | \$ | - | - | _ |
| NAME VICAN N.C. L. S. P. N. | eceived | S | | | - |

AME YOUNG WONG mire

ADDRESS 1432 Gibson St.

CITY San Diego STATE C3, ZIP 92/14

Check (1) if this is new address

eck (V) if this is new address

OFFICIAL RECEIPT

AC-212 (Rev. 11-88)

WHITE TO CUSTOMER CANARY CEMETERY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151 Date: Dollars (\$ Payment of Division Grave. Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 87007 77184 Invoice No. 20% Sales Care 80% Sales of Lots Acct. No. 180 Opening/ Closing 77181 Burtat Containers BALANCE DUE 100 Handling Fee Recording ≜ Misc. Fees 100 77183 Pre-Need 83033 On Acct Pre-Need Lot Trust Pre-need Trust Cash Sales Tax

TOTAL PAID

| AC | COUN | T No. | | E-6 | 86 | 0 | Cr | edi | | Sal | .0 |
|-----------------|-------------------|------------------|---------------|-------|-------|------|-------|------|------|-----|-----|
| | | ne Gi | | ngu | alr | | | | | | |
| | | | | ne ch | ny Di | e an | dicat | dd B | elow | | |
| | | | | NOV | | | | | | | JUN |
| | nt due ate abo | | paid or | or be | fore, | | > 5 | 10 | .01 | 0 | |
| lmou itter (| nt due Jue da | If paid to about | moreti ve. | hari | da | /s) | > 5 | 1 | .00 | _ | |
| | | | | | | | \$ | | | | |

NAME YVONNE BONGMITE

ADDRESS 1432 GIBSON ST.

CITY San Diego STATE Ca. ZIP 92114

Check (V) if this is new address

| | 10 × 70 × 10 | Name and Address | upon w | | | ittanu | CC | UP | ON | | 8 |
|-----|-------------------|------------------|---------|--------|---------|---------|---------------|-----------|------|-----|-----|
| ACC | COUNT | No. | E | -6 | 866 | | Cre | di | t S | al | |
| 1 | 432 | G | Lo | on | | | 211 | 4 | | | |
| | | Mon | th an | d Da | y Du | o In | dicat | ed B | elow | | |
| AUG | SEP | OCT | NOV | DEC | IAN | FEB | MAR | APR 10 | MAY | JUN | TUL |
| | nt due ste abo | | aid on | or bet | ore. | | > 5 | 10, | .00 | | |
| | | f paid r | nore th | ian | di | ys) | > s | 1. | .00 | | |
| | | | | | | | 5 | | _ | | _ |
| NAM | EY | 10 | NA | An | nount I | Receive | on s | nli | re | | |

ADDRESS 1432 GIBSON St.
CITY San Diego STATE Ca. ZIP92114
CHECK (VII this is new address

WHITE TO CUSTOMER CANARY CEMETERY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY 264-3151

| From: MAZZE CAX ME | se Address 1932 Sin | Date: Street | 55 92119 |
|------------------------------|--|--|-------------|
| Otwenty Lall | ugon 177 18 0 | Dollars (\$ | 30,00, |
| Lot _/6 Grave_ | 7 Row | ection 2 | Division // |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 | 40 00 |
| W.O. E-6860 | CITY AUBITOR | of Lots 77184 — Opening/ 100 Closing 77181 — Burisi 100 | 35 00 |
| BALANCE DUE 70,00 | MAY 0 6 1988 | Containers 77182 — 100 Handling Fee 77185 — Recording & 100 Misc. Fees 77183 — 77183 | |
| Pre-Need Lot At Need On Acct | 7 2 - 7 | Pre-Need 63033 Trust 9022 – Sales Tax 60101 | |
| Pre-need Trust Cash Check C | ISSUED BY ANKERS WILL | TOTAL PAID \$ | 20 00 |

| DO NOT | and the last | - | | | etano: | C | OUP | ON | 1 | 7 |
|----------------------------|-------------------|---------|----------------------------------|-----------|--------------------|----------|--------------------|-------|-----|------|
| ACCOUN | T No. | - | K-6 | 86 | | Cr | nd1 | | Sal | e |
| Yvon | ne | Los | ngu | LE | | | | | | |
| 1432 | | | _ | | | | | | | |
| San | Mon | the ar | d Di | V D | 92 10 In | dica | ed B | elow | | |
| MAY JUN | JUL | - | CONTRACTOR OF THE PARTY NAMED IN | S. POSTOR | MATERIAL PROPERTY. | DEC | PODE OF THE PERSON | FEB | MAR | APR |
| | 33 | | | | | | 30 | | | |
| Amount due due date abo | when ive. | paid on | or be | lore. | | S | 10 | .00 | 0 | |
| Amount due after due da | if paid de abo | mare ti | non_ | . de | ly1 | s | 1 | .0 | 2 | |
| | | | | | | \$ | | | | |
| NAME Y | | | 1e | h | | 19 r | ŋli | re | | |
| ADDRESS | 14 | | 101101111 | | | | t' | - | 00 | 1111 |
| CITY | 191 | check | il | ift | STAT his is | new | add | dress | 762 | 114 |

| Send or bring DO NOT ACCOUN | MAIL IT No. | Lo Lo ibs | E BO | OK 860 mir Ca | 9: | Cro | OUP | ON E S | 1 | 8 |
|-----------------------------------|-----------------------|-----------------|-------|---|--------|----------|-------|--------|--------|-----|
| JUL NOT | AUG | | | NOV | _ | - | _ | | APR | MAY |
| | | | | | | | LO | | | |
| Amount due due date ab | | paid on | or be | fore. | | > s | 10, | .00 | | |
| Amount due di | if paid : ate abov | more th | nan | | ys) | > 5 | 1 | 00 | | - |
| | | | | | | \$ | _ | | | |
| | 10 | Particular Unit | | 100000000000000000000000000000000000000 | 10000 | 0.000000 | | | | |
| ADDIESS | 14 | 136 | 0.000 | 163 | | | f. | ZIP | 92 | 114 |
| - CHIT | | check | (V | if th | nis is | nev | v add | ress | 1.50.1 | 1 |



WHITE TO CUSTOMER CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HODE CEMETERY

| PINKAUDITOR | 264-3151 | | 2 | 100 |
|--|---|---|--|-------------|
| From Gronne Novo | Muc Address 1932 V | Date: | 4010 | 540 |
| In Payment of | Mais 19720. | Muste | ollars (\$ | p.00, |
| Lot Grave | T Row | Section | | Division // |
| Acct. No. | NOTVALIDEOR PUHPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CITY AUDITOR | 20% Sales Care 80% Sales of Lots Opening/ Closing | 67007 77184 100 77184 100 77181 | 20 00 |
| BALANCE DUE 20.00 | JUN 7 1988 | Burial Containers Handling Fee Recording & Misc. Fees | 100 77182 100 77185 100 77183 | |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check C | ISSUED BY MAN AND AND AND AND AND AND AND AND AND A | Pre-Nood Trust Sales Tax | 63033 9022 60101 /8390 | 20 00 |

| Sand or bring one goupen with each remittance COUPON 19 DO NOT MAIL ENTIRE BOOK |
|---|
| ACCOUNT No. 2-6860 Credit Sale |
| Yvonne Longnite |
| 1432 Gibson |
| Month and Day Due Indicated Below |
| TUL AUG SEP OCT NOV DES JAN FEB MAR APR MAY JUN |
| 10 |
| Amount due when paid on or before due date above \$ 10.00 |
| Amount due if paid more thandays \$\$ \$\$ |
| s |
| NAME I VONNE WONGMINE |
| ADDRESS 1432 GIBSON ST. |
| CITY SON DIGON STATE CJ. 21992/14 |
| check (V) if this is new address |

| ond or bring one coupon with each remittance CO | UPON 20 |
|---|-----------------|
| | it Sale |
| Yvenne Longmire 1432 Gibson San Diege, Ca 92116 | |
| Month and Day Due Indicate | |
| AUG SEP OCT NOV DEC JAN FEB MAR | APR MAY JUN JUL |
| Amount due when paid on, or before, due date above | 0.00 |
| Amount due if paid more than days after due date above. | 1.00 |
| \$_ | |
| NAME VVO NNE LONGIN | ure |
| ADDRESS 1432 GIBSON | |
| CITY San Diego STATE Control of this is new | 1, 71192114 |
| LI CHUCK M II this is new | auut 955 |

OFFICIAL RECEIPT



From

Invoice No. Acct. No.

BALANCE DUE __

Pre-Need Lot Pre-need Trust
Cash

AC-212 (Rev. 10-87)

WHITE TO CUSTOMER CANARY CEMETERY
PINK AUDITOR

Payment

At Need

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

36360

| Date: | 1-0 | | | | |
|--------|---------------|-----|------|--|--|
| Librar | Me | cet | 50 | | |
| | Dollars (\$ _ | 20 | ,00, | | |
| 110 | John To | 1-4 | _ ' | | |

| Grave | 7 Row | Section | 2 | Division / | / |
|-----------|---|---|---|------------|----|
| | NOT VALID FOR PURPOSE STATED UNLESS STAMPED | CREDIT 20% Sales Care | 67007 77154 — | 20 | 06 |
| 0 | CITY AUDITOR | 80% Sales of Lots Opening/ Closing Burtal Containers | 77184 — 100 77181 — 100 77181 — 100 77182 — | | |
| | JUL 11 1988 | Handling Fee Recording & Misc Fees | 100 77185 — 100 77183 — | | |
| On Acct D | La Ca Alla | Pre-Need Trust Sales Tax | 63033 9022 — 60101 78390 — | | |
| 16 | ISSUED BY | TOTAL PAID | 5 | do | 00 |

| lend or | bring | <u>one</u> ce | ироп и | vith and | ch rum | ittance | CC | DUP | ON | -7 | 1 |
|---------------|-------------------|-------------------|---------|----------|---------|-------------|---------|------|------|-----|-----|
| DO | NOT | MAIL | ENTIF | E BO | OK | | | | | | 1 |
| AC | COUN | T No. | | K-6 | 86 | 0 | Cr | ndi | e ! | Sal | 0 |
| Y | on. | ne | Lon | ngm | 22 | | | | | | |
| 3.4 | 32 | | bus | | | | | | | | |
| 51 | in ! | Mon | th ar | d Di | ny Di | 92 je in | dicat | ed B | elow | | |
| SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG |
| | | | | | 14 | * | | 10 | | | |
| | nt due ate abo | when por | paid on | or bef | ore, | | > s | 10 | .00 | , | |
| Amou after | nt due due da | if paid te abo | more ti | han | da | ys) | s | 1 | .00 | | |
| | | | | | | | \$ | _ | | | - |
| | | 14 14 | 32 | G | 16 | STAT | Mi N | St | | 92 | 114 |
| | | 1 | checi | (1 |) 11 11 | his is | new | add | ress | | |

| and or bring one coupon with each remitta DO NOT MAIL ENTIRE BOOK | ··· COUPON | 22 |
|--|------------|-----|
| ACCOUNT No. 1-6860 | Gredit & | ale |

Tyonne Longuire 1432 Gibaon San Diego, Ca S

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

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

\$20.0

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

\$

NAME YUENNE Amount Received \$ 100 NAME TO NAME TO NAME TO NAME TO SERVE ST.

CITY San Diego STATE Co. ZIP 92/14

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

36533

| Date: | 5 7 | |
|--|--------------------------------|------------|
| 100 | Dollars (\$ | 0.10 |
| ection | | vision ock |
| CHEDIT 20% Sales Care 80% Sales of Lots | 67007 77184 100 77184 | 5/11/10 |
| Opening/ Closing | 77181 | |
| Sunal Containers | 77182 100 | |
| Handling Fee Recording & | 77185 | |
| Misc Fees Pre-Need Trust | 77183 63033 9022 | |
| Sales Tax | 60101 78300 | |
| TOTAL PAID | 3 _ 4 | 5/1 |

| From: | Address: | Date. | 1 | 19 |
|--|---|---|-------------------|----|
| In Payment of | Attorna The | Dolla | rs (\$ 30-1 | 0 |
| Lot Grave | RowS | Section | Division Block | 4 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED | CHECKT 63 20% Salon Care 77 | 7184 | 10 |
| Acct. No. | CITY AUBITOR | | 100 | |
| wo_ E-1-16 | 2 10 10 1000 | Closing 71 | 100 | 1 |
| BALANCE DUE | AUG 12 1988 | 1,0000000000000000000000000000000000000 | 100 | |
| The Total State of the State of | | Recording & | 100 | |
| Pre-Need Lot At Need On Acct | | Trust | 1033 1022 | - |
| Pre-need Trust Cash Check | ISSUED BY | | 1390 | - |
| AC-212 (Rev. 10-87) | ISSUELIBI // // | 1816s CAID | - | 10 |

| DO NOT MAIL ENTIRE BOOK | mittance COUPON 24 |
|--|---|
| ACCOUNT No. E-686 | O Credit Sale |
| Yvonne Longat | ze E |
| 1432 Gibson | (3 |
| San Diego, Ca | 92114 |
| Month and Day I | ue Indicated Below |
| DEC JAN FEB MAR APR MA | Y JUN JUL AUG SEP OCT NOV |
| | 10 |
| Amount due when paid on se before, due date above. | \$20.00 |
| ST. OHLE SHAPE | |
| Amount due if paid more than after see date above. | s 1.00 |
| | |
| and the state of t | - |
| | Received \$ |
| ADDRESS 1432 G | LADNOMITE. |
| CITY SANDIPA | STATE / 2, ZIP 92/14 |
| | this is new address |
| check (V/) if | Inis is new address |
| | |
| Send or bring one coupon with each re DO NOT MAIL ENTIRE BOOK | |
| Send or bring one coupon with each re | |
| Send or bring one coupon with each re DO NOT MAIL ENTIRE BOOK ACCOUNT No. | mittance COUPON 23 |
| Send or bring one coupon with each re DO NOT MAIL ENTIRE BOOK ACCOUNT No. | mittance COUPON 23 |
| Send or bring one coupon with each re DO NOT MAIL ENTIRE BOOK ACCOUNT No. | mittanes COUPON 23 |
| Send or bring one coupon with each re DO NOT MAIL ENTIRE BOOK ACCOUNT No. Month and Day I | mittance COUPON 23 |
| Send or bring one coupon with each re DO NOT MAIL ENTIRE BOOK ACCOUNT No. | mittance COUPON 23 |
| Send or bring one coupon with each re DO NOT MAIL ENTIRE BOOK ACCOUNT No. Month and Day I | mittance COUPON 23 |
| Send or bring one coupon with each re DO NOT MAIL ENTIRE BOOK ACCOUNT No. Month and Day I | mittance COUPON 23 |
| Send or bring one coupon with each re DO NOT MAIL ENTIRE BOOK ACCOUNT No. Month and Day I NOV DEC JAN FEB MAR API Amount due when paid on or before, due date above. | Due Indicated Below R MAY JUN JUL AUG SEP OCT |
| Send or bring one coupon with each re DO NOT MAIL ENTIRE BOOK ACCOUNT No. Month and Day I NOV DEC JAN FEB MAR API Amount due when paid on or before, due date above. | Due Indicated Below |
| Send or bring one coupon with each re DO NOT MAIL ENTIRE BOOK ACCOUNT No. Month and Day I NOV DEC JAN FEB MAR API Amount due when paid on or before, due date above. | Due Indicated Below R MAY JUN JUL AUG SEP OCT |
| Send or bring one coupon with each re DO NOT MAIL ENTIRE BOOK ACCOUNT No. Month and Day I NOV DEC JAN FEB MAR API Amount due when paid on or before, due date above. Amount due of paid more than after due date above. | Due Indicated Below R MAY JUN JUL AUG SEP OCT S S S |
| Send or bring one coupon with each re DO NOT MAIL ENTIRE BOOK ACCOUNT No. Month and Day I NOV DEC JAN FEB MAR API Amount due when paid on or before, due date above. Amount due of paid more than after due date above. | Due Indicated Below R MAY JUN JUL AUG SEP OCT S 3000 S 4 Received S |
| Send or bring one coupon with each re DO NOT MAIL ENTIRE BOOK ACCOUNT No. Month and Day I NOV DEC JAN FEB MAR API Amount due when paid on or before, due date above. Amount due of paid more than after due date above. | Due Indicated Below R MAY JUN JUL AUG SEP OCT S S S |
| Month and Day I Month and Day I Month and Day I NOV DEC JAN FEB MAR API Amount due when paid on or before, due date above. NAME VON NAME AMOUNT NO. | Due Indicated Below R MAY JUN JUL AUG SEP OCT S 3000 S 4 Received S |

MT. HOPE CEMETERY INTER JENT ORDER

City of San Diego

subject to your rules and regulations, to inter the remains Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran (U)W Additional spaces and care fund Opening/Closing & Setup Burial Container . Handling Fe Recording and filing fee IT. HOPE CEMETERY CITY of SAN DIEGO, CALI id 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. hereby authorize the interment in lot I

hold under deed.

Invoice #

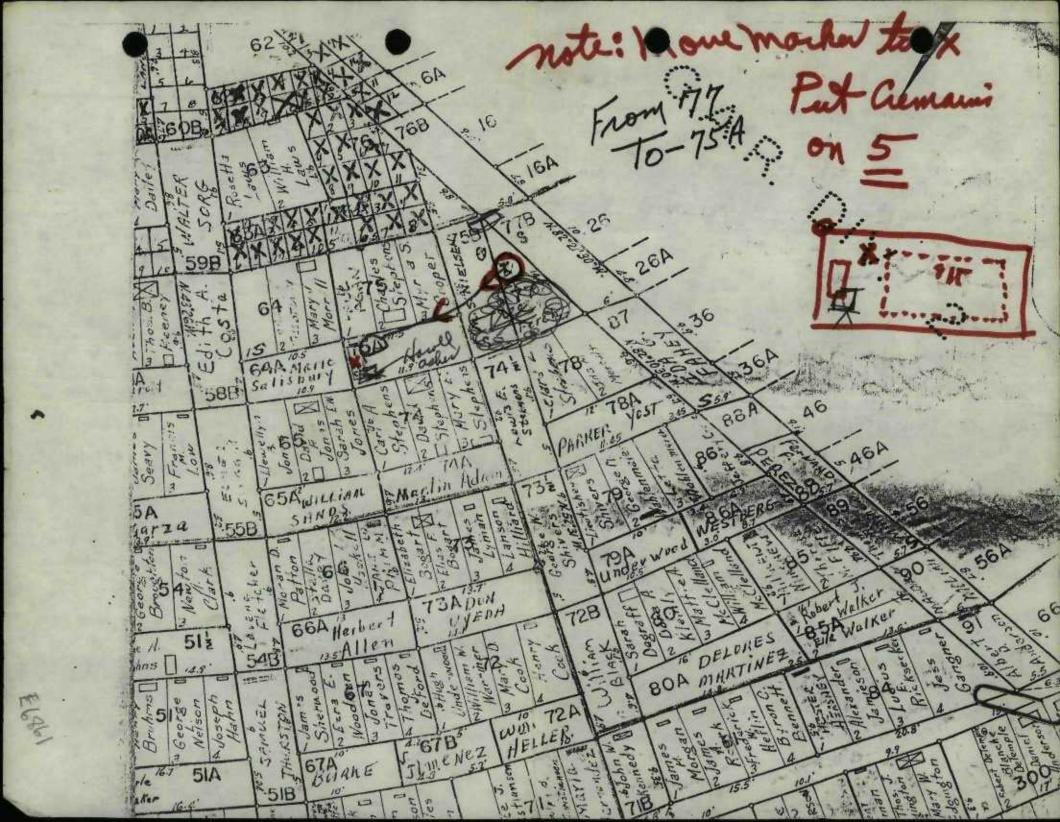
Acct. #

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CAMARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| PINK AUDITOR | 264-3151 | 0 | /17/ | 67 | |
|--|---|---------------------------------------|------------------------|--------------------|--------|
| 5 Ongel Far | I Hoenly to | Date: 0/ | 1/10 | 1 | 9 |
| Three Seemled he | ten at 100 | - yn a | ollars (\$ | 2/6 2 | 0 |
| In full Payment of Her | enterment & Re Intern | unt of 2 | acold | 24- | ~ |
| Teres 02-de | v- Withen The | het | 100 | Vorkey Division | felly, |
| Lot Grave | RowS | ection X/ | | llock | 5 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care | 67007 77184 | | |
| Acct. No. | LEAD TO LEAD IN | 60% Sales of Lots Opening/ | 77184 100 | 105 | 00 |
| w.o. = 6861 | THE RESERVE TO STREET | Closing Burial Containers | 77181 | | |
| BALANCE DUE | 42 T. C 15 | Handling Fee | 77183 | 210 | 00 |
| | | Recording & Misc. Fees Pre-Need | 100 77183 43033 | | - |
| Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐ | De los | Trust Sales Tax | 9022 80101 78300 | | - |
| AC-212 (Rev. 11-86) 3530 | ISSUED BY COYUNGUM | TOTAL PAID | 3 | 15 | 00 |





THE CITY OF

SAN DIEGO

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

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

Lugust 1987 YEAR

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

from Lot 77 Grave Section JAR Row Block Div 3

and to remove the same to and reinter said remains in Lot 75A Grave

Section JAR Row Block Div 3. North Section Section

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.

See Mayor of Musicle.

Signature Signature Signature

Wile
Relation to deceased Relation to deceased Relation to deceased

4388 Ventura Gyn. Gm.
Address Address Address

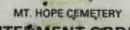
Sherman Oaks, G. 91423

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

See E-6861





INTERMENT GRDER

City of San Diego

Date 8/17/87

| You are hereby authorized and instructed, sub | pject to your rules and regulations, to inter the remain: |
|---|--|
| or Judge | lughes) |
| in a line Fu | uneral date, time 4/8, Mus 39. |
| Church, Chapel, Graveside 10 Sex | vece : Marse Mortuan |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | _ dues Direc |
| 91 | TOOK 22 |
| Lot 96 GraveRow | Section Block Block |
| Grave space & Care Fund | |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 220 330 |
| Burial Container | 100 |
| landling Fees | 145 |
| lower vases - Marker setting fee | |
| Recording and filing fee | 35 |
| Sales taxes | 100 |
| ()02/2 | Total Que |
| YU Paid re | eceipt number 34945 100, 64 |
| 9 | Balance due 50600 |
| Q: | + |
| | of the above named deceder of the above named deceder of the above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment. |
| hereby authorize the interment in lot I | Dytto George |
| nold under deed. | 1407 15 Ayour Vally & |
| Signature of recorded holder of deed | Jam o en 1203 |
| | State 465-6531 20 Col |
| | 060267 |
| E 6862 | Invoice # 023-30 G |
| Work Order # UOU | Acct.# UX WAID W |

NOTE-STRAIGHT

| \$ 5060° San Diego, C | alifornia, 8-18-87 19 |
|---|--|
| | or value received, the undersigned maker(s) promise(s) to pay to |
| nt. Hope demetery of San Diego City ite | iasutet . |
| at 3751 Martin Luther King Way, San Diego | or order |
| the sum of Free freehold sex with interest from Becamber] | DOLLARS. 18-87 on the unpaid principal at the rate of |
| Should interest not be paid when due, it shall thereafter bear like it interest when due, the whole sum of principal and accrued interest sha holder of this note. Interest after maturity will accrue at the rate indicated United States. Each maker will be jointly and severally liable and consent hereof before, at or after maturity, and waives presentment, demand and p person who signs this note agrees that recourse may be had against his/action be instituted on this note, the undersigned promise(s) to pay suc | If become immediately due, without notice at the option of the sabove. Principal and interest are payable in lawful money of the its to renewals, replacements and extensions of time for payment protest and the right to assert any statute of limitations. A married their payable property for any obligation contained herein. If any |
| MAKE ALL PAYMENTS AT MT. HOPE CEMETERY | |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E686Z

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | | ISE BLACK INK-MAKE NO ALTER | ATIONS OR ERASURE | 3 | | |
|--|---|--|--|---|--|--|
| NAME OF DECEDENT Madge Harriet Hughes | | | Finale | July 8,1907 | August15, 1987 | |
| - Marie - Andrews - Andrew | | PROPERTY AND DESCRIPTION OF THE PROPERTY AND DESCRIPTION OF TH | PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIAL | | SPOUSE OR OTHER INFORMANT - Sister | |
| | | | 1424 | Jamul, CA 92035 | | |
| | TYPE OF PER/ | MIT, CHECK ONLY ONE OF THE F | OLLOWING TYPES OF | DISPOSITION | | |
| A I BURIAL IIN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND BURIAL ENTOMEMENT) | LUNCLUDES | 8 DISINTERMENT AND REMAINS (INCLUDES | HEINTERMENT OF CREMATED | |
| _ | N AND BURIAL IINCLUDES INURNMENT) | 6 DISINTERMENT, CREMATION (INCLUDES INJERNMENT) | L AND BURIAL | 9. DISINTERMENT OF O | REMATED REMAINS AND THAN IN A CEMETERY | |
| GREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE | | 7 DISINTERMENT, CREMATION OTHER THAN IN A CEMETE | | FOR CORONER'S USE ONLY 10. DISPOSITION PENDING | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | THERE REMAINS OR CHEMATED REMAINTED TO THE TENTON THE TENTON TO THE TENT | | | San Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | WHERE REMAIN ARE TO HE CHEMATED | DATE CHEMATED | SIGNATURE OF PERSON I | N CHARGE OF CREMATORY | |
| BURGAL AT SEA OR OSSPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | N/A | INE OR OTHER DESCRIPTION SUFFICI | ENT TO IDENTIFY FINAL | PLACE AND COUNTY OF D | ISPOSITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest | dent under provisions of the Healt espass and nuisance laws apply as | h and Safety Code, and understand that | SIGNATURE OF APPLICAN DATE SIGNED | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COS AUTHORITY FOR THE DISPOSITION SPECIFED I | THE PERMIT 3.00 | AUG 1 8 1987 | SIGNATURE OF LOCAL RE | CHARLES WIND CH | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | HER DATES | ven to | | ENUMBER OF CREMATED REMAINS ER, IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | | |

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

LOT OWNER

C-1836

| | D. 1207 | Belmonw, Calif. |
|--------------|----------|-----------------|
| NAME 1 CO | See Tool | ADDRESS |
| LOT 102 GR. | Sec IOOF | Blk 23 |
| 101 | Sec IOOF | Blk 23 |
| 96 | 1. | 11 |
| 107 | 10 | 11 |
| | | |
| | | |
| | | E6862 |

FORM PR. 961-REV. TAYLOR SYSTEM OF CEMETERY RECORDING

Anvoir ? Pay 100 mo.

WHITE TO CUSTOMER CANARY CEMETERY PINK ALIOITOR

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

| From: A Company of the American State of the | Address: / 4-7/5 /Am | Date: N | 1/X | weed Co | 19 |
|--|--|---|---|-------------------|-----|
| In Payment of | when I fee ma | 15 4 11 115 | oliars (\$ | 1000 | |
| Lot 96 Grave_ | Row Zen P se | ection | - | Division Block | 1 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT 20% Sales Care 60% Sales of Lots Opening/ Closing Buries Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax | 67007 77184 — 1000 77181 — 1000 77182 — 1000 77182 — 1000 77183 — 1000 7718 — 1000 771 | 100 | |
| AC-212 (Rev. 11-86) | ISSUED BY | TOTAL PAID | 1 | 100 | 100 |

E-6862 100 072 H

09/03/87 023207 1 DOETE MILO

01/20/88 CK 3588 77181 000072 77182 000072 77183 000072 77185 000072 78390 106.00 46.09 20.95 7.33 30.38 1.25

PAID IN FULL

174 30

40.00.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/17

| You are hereby outhorized and instruct | ted, subject to your rules and regulations, to inter the remains |
|--|--|
| seelly a | Morley, (X) |
| na and Vault | Frineral, date, time 8/20 Thrus. |
| hurch, Chapel, Graveside 110 | Service Nitolell Mortusry. |
| All Funeral cars must arrive before 3:3 | 30 p.m. of regular work day or an extra charge will be applied |
| and billed to undersigned. War time ve | On the lair a |
| 1 | was W |
| ot Grave Row | Section///#> Division/Block |
| Grave space & Care Fund | |
| Additional spaces and care fund | |
| pening/Closing & Setup | 1 105 |
| Jurial Container (March | le lern goll Bon 40 |
| landling Fees | 60 |
| lower vases - Marker setting fee | |
| ecording and filing fee | |
| iales taxes | 2.43 |
| - a Choel | Total Due 242. 4 |
| 120 00 | Paid receipt number 3 1949 242 40 |
| | Balance due |
| 1100 | 2+ , |
| hereby certify I am the Olace | of the above named decedent of the above named decedent of remains as above indicated. I certify and represent |
| hat I have the right to make this author | Fization and I agree to hold Mt. Hope Cemetery harmless from |
| ny nabinty on account of said authori | 1 and the state of |
| hereby authorize the interment in lot | 11 Signer State & Lydon |
| old under deed. | mores Tranciscan West |
| ignature of recorded holder of deed | San Diego Ca 92116 |
| | 295-11349 E00000 |
| | |
| E 6969 | Invoice # |
| Nork Order # <u>L 6863</u> | Acct. # |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

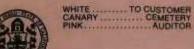
E6863 -

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | | DE DEACH HAN-WA | WE WO WELLER | ATIONS OF CRASORE | 3 | |
|---|--|----------------------|-------------------------|--|---|--|
| BERTHA BOCK | Manager Company | | | SEX FEMALE | JAN 28, 1890 | ANG 15, 1987 |
| PLACE OF DEATH—CITY OR TOWN SAN DIEGO NAME AND ADDRESS OF FUNERAL DIRECTOR FOR FERIOR ACTING AS SUCH SAN DIEGO. CAL SAN DIEGO. CA 92103 | | | TE IF NOT IN CALIFORNIA | NAME AND ADDRESS OF SPOUSE OR OTHER INFO | | |
| | | CALIFO | F-119 | SAN DIESO, CA 92116 | | |
| | TYPE OF PER | MIT, CHECK ONLY C | ONE OF THE F | OLLOWING TYPES OF | DISPOSITION | |
| ☐ 1. NURIAL IIN | ICLUDES ENTOMBMENT) | 5 DISINTERME | NT AND BUILD | LINCLUDES | II DISINTERMENT AND REMAINS (INCLUDE | REINTERMENT OF CREMATED 5 INJUNMENT) |
| XXX 2 CREMATIO | N AND BURIAL (INCLUDES INURNMENT) | | NT, CREMATION | , AND BURIAL | | CHEMATED REMAINS AND THAN IN A CEMETERY |
| D 3 CREMATIO CEMETERY 1 4 SCIENTIFIC | | | NT, CREMATION | L AND DISPOSITION | FOR CORO | NER'S USE ONLY |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | | | 6 10 | SAN DIEGO |
| CREMATION | SAN DIEGO, CA | 15" S "THOURTHE "A | WENGE MATED | AUG 18 1987 | SIGNATURE OF PERSON | N CHARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETICITY OF CREMATED REMAINS | ADDRESS. NEAREST POINT ON SHOREL | le les | IPTION SUFFICI | ENT TO IDENTIFY FINAL | PLACE AND COUNTY OF D | DISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | MIR | | | PER DE LO |
| ACKNOWLEDGMENT OF | Temoms of the above names seco | dent under provision | s of the Healt | h and Safety Code, | SIGNATURE OF APPLICAN | T |
| APPLICANT | and I hereby acknowledge that to this permit gives no right of unrest | | | | DATE SIGNED | |
| LOCAL, REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED I | DE AND IS THE | \$3.00 | AUG 1 8 1987 | Noral L. | Comes, M.D. 10 |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | CERTIFY THAT THE SPECIFIED 8/ | 30/87 S | GNACUE OF PL | willet | | E NUMBER OF CREMATED REMAINS |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAN OF | COUNTY OF DEATH | | 1 | To Tom | |

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 BEGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR

OFFICIAL RECEIPT



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

| From | 264-3151 Address: 4736 Con. | Date: 8 | 53 | 9211 | 19.87 |
|---------------------|--|---|---|-------------------|-------|
| In Payment of | The toley | Do | llars (\$ | 292.0 | 0, |
| Lot 25 Grave | Rows | ection 177/25 | | Division Block | K |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax | 67007 777184 1000 77181 1000 77182 1000 77182 1000 77183 1000 77183 63033 9022 80101 78390 | 105 | 60 |
| AC-212 (Rev. 11-86) | ISSUED BY | TOTAL PAID | * | 242 | 40 |

INTERMENT ORDER

| 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | of San Diego | 8/17 | |
|--|----------------------------|----------------------------|-----------|
| You are hereby authorized and instructed, author | nject to your rules and re | led 8/1 | remains |
| Church, Chapel, Graveside 20 Select | uca Jones | it till | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or | an extra charge will be | applied |
| and billed to undersigned. War time veteran | | | 1 |
| 1196 | 3 | | X |
| Lot 1176 Grave Row | Section | Division/ Block | 0_ |
| Grave space & Care Fund | | 2.16/10/2007 | |
| Additional spaces and care fund | | | |
| Opening/Closing & Setup | | | |
| Burial Container | | | |
| Handling Fees | | | |
| | | | |
| Flower vases - Marker setting fee | | | |
| Recording and filing fee | | | |
| Sales taxes | | | 0 |
| | Total Due | | |
| Paid re | eceipt number | | |
| | | Balance due | _ |
| I hereby certify I am the | | of the above named | decadant |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization | and lagree to hold Mt. | dicated. I certify and r | represent |
| I hereby authorize the interment in lot I | Signature | | |
| hold under deed. | 192000 | | |
| Signature of recorded holder of doed | Address | | |
| | State | | Ep Code |
| | Telephone | | |
| | Invoice # | | |
| Work Order # E 6864 | 1000000000 | ALME I | |
| PY-503 (REV. 8-85) | Acct. # | | |

Pre-need opening \$90.00 & Cement liner charges \$63.00 paid. See W.O. C-8151 dated 1/17/1970.

Mary Comment of State of the St

PNT - Pre-Need Trust Deposit \$242.40 to place cremains of Clara M. Anderson
E-6356 12/3/1986 \$105 Opening/Closing., \$40 Ash Vault, \$60 handling fee, \$35, Recording Fee.,
\$2.40 Tax on Vault

ORDER FOR CREMATION

E6864

Forest Hill Memorial Park

3201 East Forest Hill Avenue

Oak Greek, Wisconsin 53154

| | | | Date | | 19 |
|------------------------------|---|------------------|--------------------|-----------------|-------------|
| | ned hereby requests and subject to its rules a | nd regulations, | | remains of: | n accord- |
| who died at _ | Racine | on the | Z5 day of _ | Voly | 19.87 |
| agrees to hole authorization | and represents that he d FOREST HILL MEMOR and cremation. | CIAL PARK harmle | ess from any lia | bility on accou | unt of said |
| Signature of 1 | Nearest Relativeling | ma to de | where R | elationship | aughter |
| idress 49 | 927 King's | Bue Rd. | RACINE PH | none 639- | 1219 |
| Funeral Direc | tor Em | Hererly | In Mo | resh-Me | Relith F.H. |
| This order, di | uly signed and with all | blank spaces | properly filled in | , must accomp | pany re- |

This order, duly signed and with all blank spaces properly filled in, must accompany remains and be delivered to the Custodian at Crematory, together with Board of Health and Cremation Permits, before Cremation can be held.

The body of a deceased person will not be accepted for cremation unless it is encessed in a cashet or other suitable container.

| or & rest . | |
|-------------|--|
| PLACE | |
| -0 00H | |
| | |

| CASE NO. | |
|----------|--|
| | |

| and the second | | |
|----------------|---------|-----------|
| Racine | COUNTY, | WISCONSIN |
| | | |

OFFICE OF THE CORONER/MEDICAL EXAMINER

PERMISSION TO CREMATE

| Street AGE 94 DATE OF TIME OF DEATH 6 DEATH RECORD SI CAUSE OF DEATH | F BIRTH Oct. | ATE DEATH REC | ORD SIGNED 7 | July 25 1987 - 28 - 87 |
|--|-----------------|----------------|-------------------|--|
| TIME OF DEATH | GNED BY W.H | ATE DEATH REC | ORD SIGNED 7 | - 28 - 87 |
| DEATH RECORD SI | GNED BYW.H | . Williamson M | | |
| | | | .D. | |
| CAUSE OF DEATH | | | | MO/CORONER/M. |
| | | | | |
| | | | | |
| | | MARION M.D. | | |
| ATTENDING PHYSI | CIAN W.H. W | IIIIamson M.D. | | The state of the s |
| FUNERAL DIRECTO | R _ Thomas J. M | eredith Mares | sh - Meredith F.H | |
| NAME OF PERSON | REQUESTING CRE | EMATION Virgi | nia E. Leutner | |
| ADDRESS 4927 | Kings Cove Rd. | Racine | Wis | |
| ADDRESS 4927 Street | | City | Stat | e Zip |
| PHONE 639 - 12 | 19 . | RELATION TO | DECEASED Da | ughter |
| OTHER INFORMATI | DN. | | | |
| JINEN INCUMATE | uit. | | | |
| | | | | |
| | | | | |

This is to certify that I have viewed the body and made personal inquiry into the cause and manner of death of the person named above in accordance with a 979.10 of Wisconsin statutes and that I am of the opinion that no further examination or judicial inquiry concerning the same is necessary and that permission to cremate is hereby authorized after

Hour (AM) (PM) 7 27 87

Hour S-4-87

Date Signature of M. E. / Coroner/Deputy

*** THIS CERTIFICATE DOES NOT OVERRIDE THE WISHES OF THE NEXT OF ***
KIN REGARDING THE FINAL DISPOSITION OF THE REMAINS.

| TO 9000 | se . | | |
|-------------------------------|------------------------------|--------------|---|
| DATE 8/6 | | TIME 10:15 | |
| WHILE Y | OU WE | RE OUT | |
| M Mrs. F | Pox | | |
| OF | | PS613 | |
| PHONE 746-8 | 501- | EXT | |
| | / | 2000 | |
| TELEPHONED | PLEASE | | 4 |
| RETURNED YOUR CALL | and the second second second | ALL AGAIN | - |
| WAS IN TO SEE YOU | | OME IN AGAIN | _ |
| MESSAGE REG! n | no ther | to be | |
| deliveed f | | isconsin | |
| Dev 16 - Prup pa | J- 24200 | | |
| Butener- | | alvin | |
| (X) Clara | m.a | uduson | V |
| Deceard in | ohio- | X | |
| FORM BO- TO (May 8-86) RECEIV | VED BY | 3-8 | |

1196-3-8 Call When Cremain Come avange Sourie

O after delived

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/17/87

| You are hereby authorized and instructed, subje | ect to your rules and regulations, to inter the remains |
|---|---|
| of William E. M | enton & |
| in a ash Vault, Fun | eral, date, time Ralbon Cum Law |
| Church, Chapel, Graveside NONE | ; Mortuary |
| All Funeral cars must arrive before 3:30 p.m. of | f regylar work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | Mo. |
| ot 296 Grave Row | Section Division/Block /O |
| In Span with his | 2.7 |
| Grave space & Care Fund | 2097 - |
| additional spaces and care fund | |
| pening/Closing & Setup | /05 = |
| urial Container | |
| andling Fees | 603 |
| lower vases - Markey setting fee 1987 | |
| ecording and filing fee | |
| ales taxes CTY of SAN DIEGO, CALIR. | |
| | 7/942 242 343 W |
| Paid rec | eipt number 37777 att. t |
| J. 0 | Balance due |
| hereby certify I am theFuend: | + Gufuty Mg of the above named deceden |
| hat I have the right to make this authorization a | fremains as/abow indicated, I certify and represented agree to hold Mt. Hope Cemetery harmless from |
| ny liability on account of said authorization ar | nd interment. |
| hereby authorize the interment in lot I | fry K. Western |
| old under deed. | . 4086 SWIFT AVE |
| ignature of recorded holder of deed | 5-D. C.A. 92104 |
| | 563-9268 Telephone |
| | Invoice # |
| Vork Order # E 6865 | Acct. # |

E6865

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| E OF DECEDENT | | | sex male | DATE OF BIRTH | DATE OF DEATH |
|--|--|---|--|-------------------------------------|--|
| PLACE OF DEATH- | denter that the same is the method with a substitution of | | - | Aug. 22, 1909 | Aug. 14, 1987 |
| San Di | | San Diego | STATE IF NOT IN CALIFORNIA | Beulah Morton | |
| | S OF FUNERAL DIRECTOR ION PERSON AS | | LIFORNIA LICENSE NUMBER | P.O. Box 322 | ocott, oracer |
| | Services 4658 30th St.; San | | 7 1370 | New Ark, AR 72 | 562 |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | |
| 1. BURIAL IN | CLUDES ENTOMBMENT) | 5. DISINTERMENT AND BUR ENTOMBMENTO | RIAL UNCLUDES | 8. DISINTERMENT AND R | |
| 2 CREMATION | N AND BURIAL IINCLUDES INURNMENTI | B DISINTERMENT, CREMAT (INCLUDES INURNMENT) | ION, AND BURIAL | | EMATED REMAINS AND THAN IN A CEMETERY |
| 3 CREMATION CEMETERY 4 SCIENTIFIC | N AND DISPOSITION OTHER THAN IN A | 7 DISINTERMENT, CREMAT OTHER THAN IN A CEME | | FOR CORONE | ER'S USE ONLY |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W Mt. Hope Cemetery; 3 | | | COL | San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W Leneds Inc.; 1/065 Olde H | | EZOE7 | SIGNATURE OF PERSON IN | TORGE OF CREMATORY |
| BURIAL AT SEA OR POSITION OTHER IN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | INE, OR OTHER DESCRIPTION SUFF | ICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DIS | POSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | 1: 11: | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that the this permit gives no right of unrest | dent under provisions of the He espass and nuisance laws apply | alth and Safety Code, and understand that | SIGNATURE OF APPLICANT DATE SIGNED | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED | THIS PERMIT \$3.00 | AUG 1 9 196 | | CHAR ISSUING BERNIT |
| CERTIFICATION OF PERSON IN CHANGE OF DISPOSITION | | MER DATES | PERSON IN CHARGO OF | DISPOSITION LICENSE DISPOSEI | NUMBER OF CREMATED REMAIN: R. IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | | The same | |

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.

WHITE TO CUSTOMER CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| PINK AUDITOR | 264-3151 | 0/ | 100 |
|------------------------------|--|--------------------------------|-------------|
| Is win A Health | 40419 141 | Date: | 7/8/19 |
| The Hendel for | Address: 14 100 | Dolla | D 1 67 |
| In grave of An grave of | neta Morton | M 2. 1/102 | ton der (X) |
| Lot 796 Grave | Row Se | oction | Division /O |
| Invoice No. | NOT VALID FOR PLIRPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | | 184 |
| Acct. No. | | of Late 77 Opening/ | 100 /05 90 |
| W.O | THE PERSON NAMED IN | Burial Containers 77 | 100 4000 |
| BALANCE DUE | | Handling Fee 77 Recording & | 100 60 00 |
| Pre-Need Lot At Need On Acct | mann | Pre-Need 63 Trust 9 | 033 |
| AC-212 (Rev. 11-86) | ISSUMMENT CONTRACTOR | | 242 40 |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8/17/87

| You are hereby authorized and instruct | ted, subject to your rules and regulations, to inter the remains |
|---|--|
| of aaron Der | ve |
| ina Daville Culint | Funeral, date, time JPM - Tuesday 8/10 |
| Vault/Liner CO. | 1 6 0 00 |
| Church, Chapel, Graveside | the magnetic Mortuary. |
| All Funeral cars must arrive before 3:3 | 30 p.m. of regular work day or an extra charge will be applied |
| and billed to undersigned. War time ve | eteran |
| 21 6 | - 3 IV |
| Lot S & Grave Row | Section Division/Block |
| Grave space & Care Fund | |
| Additional spaces and care fund | |
| Opening/Closing & Setup | hed - Va |
| 0.078 | what action les 600 |
| Burial Container Accury () | The state of the s |
| Handling Fees | . X.V |
| Flower vases - Marker setting fee | 2/60 |
| Recording and filing fee | 30 - |
| Sales taxes | |
| | Total Due 85 2 |
| | Paid receipt number 31993 85.08 |
| | Balance due - A |
| 0. | / salance due |
| hereby certify I am the OLANG | of the above named decedent |
| and this is your authority to make disp | position of remains as above indicated. I certify and represent prization and I agree to hold Mt. Hope Cenfetery harmless from |
| any liability on account of said authori | ization and interment |
| | x Alley U hlews In |
| hereby authorize the interment in lot nold under deed. | Signaturing of the Rose Kranding |
| | Applies - Color Tour Delle |
| igneture of recorded holder of deed | STATE WORTH 14435 16113 |
| | [817] 654 0913 |
| | (Auphore |
| | Invoice # |
| Work Order # E 6866 | Acct.# |
| W CAN DECK IS OF | ACCT. # |

E6866

| | | USE BLACK INK-MAKE NO ALT | ERATIONS OR ERASURE | 5 | | |
|--|---|---|---------------------------|--|--|--|
| NAME OF DECEDEN | F | | SEX | DATE OF BIRTH | DATE OF DEATH | |
| | AARON | DEWS | Male | Feb. 6, | 1895 Aug. 9, 1987 | |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH COUNTY IOR S | TATE IF NOT IN CALIFORNIA | NAME AND ADDRE | ESS OF SPOUSE OR OTHER INFORMANT | |
| | San Diego | San Diego | | Aaron | Dews - Grandson | |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR ION PERSON A | CTING AS SUCH! CAL | FORNIA LICENSE MUMBER | 1729 1 | Rockview Court | |
| Anderson-Ra | agsdale Mort.: San D | lego, Callfornia | 1329 | Fort I | Worth, Texas 76112 | |
| | TYPE OF PER | MIT, CHECK ONLY ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | | |
| DE 1 BURIAL UN | CLUDES ENTOMBMENTI | 5 DISINTERMENT AND BUR ENTOMBMENT) | AL UNCLUDES | | IT AND REINTERMENT OF CREMATED CLUDES INURNMENT! | |
| 2 CREMATIO | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CREMATIC | ON, AND BURIAL | | OT OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY | |
| | N AND DISPOSITION OTHER THAN IN A | | Γ | | | |
| CEMETERY 4 SCIENTIFIC USE | | 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | FOR CORONER'S USE ONLY 10 DISPOSITION PENDING | | |
| | NAME AND ADDRESS OF CEMETERY V | WHERE REMAINS OR CREMATED REM | AINS ARE TO BE INTERRE | §an Die | COUNTY | |
| INTERMENT | | 3751 Martin Luther | | | | |
| Control of the contro | NAME AND ADDRESS OF CREMATORY V | | | | RSON IN CHARGE OF CREMATORY | |
| CREMATION | N/A | 0 = | 7- | | | |
| BURIAL AT SEA DR DISPUSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHORE | Blue Critical | MENT TO TOWNTHY FINAL | PLACE AND COUNT | Y OF DISPOSITION | |
| SCIENTIFIC | NAME AND ADDRESS OF FACILITY RE | ZEIVING REMAINS | | | | |
| USE | N/A | | | | | |
| ACKNOWLEDGMENT | This is to certify that I am the per remains of the above named decr | rson having the right to control | the disposition of the | SIGNATURE OF APPLICANT | | |
| OF APPLICANT | and I hereby acknowledge that to this permit gives no right of unres | espass and nuisance laws apply | and understand that | DATE SIGNED | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CAUPORNA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED, | QE AND IS THE | AUG 17 1987 | SIGNATURE LO | W. S. Canvas, M.D. Mil | |
| CERTIFICATION OF PERSON IN CHARGE OF DISUBITION | I CERTIFY THAT THE SPECIFIED 8 | SIGNATUROF | PERSON IN CHARGE OF E | | LICENSE NUMBER OF CREMATED REMAIN DISPOSER, IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | | 1 | | |

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



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| rom: Mens Curs | Address: 101 | Date: 5-17 | 85.00 |
|--------------------|---|--|----------------|
| nPayment of | | verio | |
| ot 3 G Grave | 6 Row | Section 3 | Division Block |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED TO IN THIS SPACE. | 20% Saies Care 77184 — 80% Saies 100 of Lots 77184 — Operling/ 100 Closing 77181 — Burial 100 Containers 77182 — 100 Handling Fee 77183 — Recording & 100 Misc. Fees 77183 — Pre-Need 63033 Trust 9022 — Saies Tax 60101 | 35 - |
| C-212 (Rev. 11-86) | IDSUED BY AND ME | TOTAL PAID \$ | 85 00 |

MT. HOPE CEMETERY INTERMENT ORDER City of San Diego Date 9/8

| Warlt | Funeral, date, time | richard | 8/21 1 |
|---|--|-----------------------------------|--------------------------------------|
| Church Chape Graveside Musel | 6.S. The | teles | Mortua |
| All Funeral cars must arrive before 3:30 p | Commence of the second | an extra char | ge will be applie |
| and billed to undersigned. War time veter | | | |
| 1000 | | | ,, |
| Lot 47/0 GraveRow | Section | Division/ | Block / C |
| 0 | | | 685 |
| Grave space & Care Fund | | | |
| Additional spaces and care fund | | | 220 |
| Opening/Closing & Setup | | | 220 |
| Burial Container | | | //3 |
| Handling Fees | | | //0. |
| Flower vases - Marker setting fee | | | |
| Recording and filing fee | | | 35. |
| Sales taxes | | | 10.0 |
| | Total D | e | 14/05. |
| Pa | id receipt number 34 | 95/ | 1905 |
| | | Balance o | 100 |
| - | 11 | - Daiming 1 | |
| hereby certify I am the | | | named decede |
| and this is your authority to make disposit that I have the right to make this authoriza | tion and lagree to hold M: | ndicated, I cer t. Hope Cernet | tify and represe ery harmless fro |
| | | | - |
| any liability on account of said authorizati | RG.9 | Duin | lanar |
| any liability on account of said authorizati | R.G. 9 | Bush | lanar |
| eny liability on account of said authorizati hereby authorize the interment in lot I hold under deed. | R.G.9 | Bush | st. |
| eny liability on account of said authorizati hereby authorize the interment in lot I hold under deed. | R.G. 9 Segnature JULY Address AN 1 State | Bush Diego C | |
| eny liability on account of said authorizati hereby authorize the interment in lot I hold under deed. | R.G. 9 Signature | Sush Bush Diego C 5-72 | |
| Thereby authorize the interment in lot I hold under deed. | R.G. 9 Signature | Sush Bush Diego C 5-72 | (ana) st. a. 9210. |

| | | JOE BLACK INE-W | AKE NO ALIEN | RATIONS OR ERASURE | > | | |
|--|--|---------------------------|---------------------------------|---|-----------------|-------------|---------------------------------------|
| RANON GER | ARDO QUINTANAR, JR. | | | SEX MALE | OCT 22, | 1953 | AUG 15, 1987 |
| SAN DIEGO | CITY OR TOWN | | DIEGO | GO MARTHA E. QUINT | | QUINT | ANAR, SISTER |
| "SKYLES | TELETINETURY,""385 | 5"FIFTH AVE | ILIE, CALIF | ORNIA LICENSE NUMBER | SAN DIEGO | , CA | 92103 |
| | TYPE OF PER | MIT, CHECK ONLY | ONE OF THE F | OLLOWING TYPES OF | DISPOSITION | | |
| BURIAL UN | CLUDES ENTOMBMENTI | 5. DISINTERMI ENTOMBME | | LUNCLUDES | | NT AND REI | NTERMENT OF CREMATED |
| | N AND BURIAL (INCLUDES INURNMENT) | | ENT. CREMATION | N, AND BURIAL | | | MATED REMAINS AND AN IN A CEMETERY |
| ☐ 4 SCIENTIFIC | | | ENT CREMATION | N. AND DISPOSITION | FOR DISPOSITION | | 'S USE ONLY |
| INTERMENT | NAME OF CEMETERY | " 3754 NARKI | T'STREET | INS ARE TO BE INTERRE | 0 | COUN | SAN DIEGO |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | WHERE REMAINS ARE TO | D BE CREMATED | DATE CREMATED | SIGNATURE OF F | ERSON IN CI | HARGE OF CREMATORY |
| BURIAL AT SEA OR ISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | N/A Lout O | tel | RIPTION SUFFICI | ENT TO IDENTIFY FINAL | PLACE AND COUN | TY OF DISPO | ISITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | CEIVING REMAINS | | | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the peremains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest | espass and nuisance | ns of the Healt laws apply a | th and Safety Code, and understand that ad by me. | SIGNATURE OF A | PPLICANT | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CAUTORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE | \$3.00 | AUG 1 9 1987 | SIGNATURE OF L | 2. Con | TRAP ISSUING BUTMIT |
| CERTIFICATION OF PENSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | WEH CATEL | GNA CULT OF P | in file | ISPOSITION | | MBER OF CREMATED REMAIN |
| 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 REMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR Y THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: L. L. Country | and funded file | Date: | ollars (\$ | 1905, a | 50, |
|--|--|--|--|--------------------------|-----|
| Lot 4974 Grave | Row Se | ection | - | Division Block | 10 |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burnal Containers Handling Fee Recording & Misc. Fees | 67007 77194 100 77184 100 77181 100 77182 100 77183 100 77183 | 393 393 173 170 | 00 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 11-86) | ISSUED BY CARLE VOICE | Pre-Need Trust Sales Tax TOTAL PAID | 63033 9022 — 60101 26390 — | 1465 | 50 |

MT. HOPE CEMETERY INTERMENT'ORDER

City of San Diego

Date 8-18-87

| 1 Mae 70 | eea | | ax | ue) | ures |
|---|---------------------|---|--------------|--------------------------|--------------|
| - Charles | 400.00 | neral, date, tin | 10 0 | 21 Da 00 | escap. |
| All Funeral cars must arrive before | re 3:30 p.m. | of regular wor | day or | n extra charge s | will be appl |
| ind-billed to undersigned. War tir | | | HE I WAS | | 55 544 |
| 11 11 | | | , | | 14 |
| ot Grave | Row | Section _ | / | Division /Blo | k_/ |
| Grave space & Care Fund | | | | ******** | |
| additional spaces and care fund | | | | | 320 |
| pening/Closing & Setup | | | | | 100 |
| Jurial Container | | | | | |
| landling Fees | | | | | 145 |
| lower vases - Marker setting fee | | | | | 35 |
| ecording and filing fee | | | | | |
| | | | | | 1 6. |
| | | | otal Due | A | 606. |
| | Paid re | ceipt number | 411 | 3/89 | 600 |
| | | | , | Balance due | 1 |
| 7.1 | .00 | | | - Paration San | |
| hereby certify I am the and this is your authority to make | que de la constitue | of romains as | about In | of the above no | med deced |
| hat I have the right to make this a my liability on account of said au | uthorization | and lagree to | hold Mt. | Hope Cemetery | harmless fr |
| ny hability on account of said av | Amorization : | A distance of the same of the | 1 / | 1 Anu | . 11 |
| hereby authorize the interment | in lot I | | Lub | ev un | ight |
| old under deed. | | 2 | 530 | Joyce | deal c |
| ignature of recorded holder of deed | | 2: | 34- | 2409 | 92 |
| | | State | -2- | | Zip |
| | | Telaphona | | | E-F- |
| | | Invoice | # 1 | 160de | 6 |
| | | nivalog | All Property | 4 12 -2 | 1000 |
| Work Order # L 6868 | | Aget # | - 1 | 17331 | 1 |

NOTE-STRAIGHT

| : 606.00 | San Diego, California, | lug. 18 1987 |
|---|--|--|
| | | the undersigned maker(s) promise(s) to pay to |
| Mt. Hope Cemeter | y or San Diego City Treasurer | |
| | | . or order |
| at 3751 Martin Lut | her King Way, San Diego, CA 9210 | 02 |
| the sign of Dey | undred six hallow | DOLLARS. |
| with interest from | | on the unpaid principal at the rate of |
| 12 per cent per | annum, payable on demand | |
| interest when due, the whole so holder of this note. Interest after United States. Each maker will thereof before, at or after maturity person who signs this note agree action be instituted on this note. | when due, it shall thereafter bear like interest as the prism of principal and accrued interest shall become immed maturity will accrue at the rate indicated above. Principal se jointly and severally liable and consents to renewals, re, and waives presentment, demand and protest and the riges that recourse may be had against his/her separate prof, the undersigned promise(s) to pay such sum as the Co | hately due, without notice at the option of the and interest are payable in lawful money of the placements and extensions of time for payment that to assert any statute of limitations. A married perty for any obligation contained herein, if any |
| 2530 Dry | cerial are 9210 | 2 |
| MAKE ALL PAYMENT | S AT MT. HOPE CEMETERY OFFICE | Mailing Address |
| | 30 | on Nec. 4310-20-8458 |

E6868

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | Aka Mae Reed Wr | ight | 150 | Female | March 22. | 1909 | Aug. 15. | 1987 |
|--|--|--|---------------------------------------|--|--|--|---------------------------------|-------------|
| PLACE OF DEATH- | | | COUNTY ME ST | ATE IF NOT IN CALIFORNIAL | Contract of the last of the la | and the state of t | OUSE OR OTHER | NECHMANT |
| | San Diego | | San Die | go | Herber | t Wrigh | ht - Husba | and |
| NAME AND ADDRES | SS OF FUNERAL DIRECTOR FOR PERSON ACT | ederal B | CALS | ORMA LICENSE NUMBER | 2530 1 | mperial | 1 Avenue | |
| Anderson-R | lagsdale Mort.: San Die | | ornia | 1329 | San Di | ego, Ca | allfornia | 92102 |
| 984 | TYPE OF PERM | IT, CHECK ONL | Y ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | | | |
| A SURIAL ON | ICLUDES ENTOMBMENT) | 5 DISINTE | RMENT AND BURN | AL UNCLUDES | 8 DISINTERMI | ENT AND REI | | EMATED. |
| 2 CREMATION | N AND BURIAL INCLUDES INURNMENTI | 6 DISINTERMENT, CREMATION, AND SURIAL (INCLUDES INURIMENT) | | | 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY | | | |
| 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE | | 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | | FOR CORONER'S USE ONLY 10 DISPOSITION PENDING | | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY WE NAME AND ADDRESS OF CREMATORY WE | 51 Martin | Luther K | ing Jr. Way: | Californi | a | San D | |
| CREMATION | N/A | | | | > | | | |
| BURIAL AT SEA ON DISPOSITION OTHER IN A CEMETERY MATER HEMAINS | NVA NUTA | OR OTHER DE | SCRIPTION SUFFIC | JENT TO IDENTIFY FINAL | PLACE AND COUN | TY OF DISPO | OSITION | 300 |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECE | IVING REMAINS | | | | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the pers remains of the above named deced and I hereby acknowledge that tree this permit gives no right of unrestr | ent under provi | sions of the Heal nce laws apply o | th and Safety Code, and understand that | DATE SIGNED | PPLICANT | | |
| LOCAL REGISTRAR | THE PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CAUFORINA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIED IN | AND IS THE | 3.00 | AUG 1 8 1987 | SIGNATURE OF 1 | In Can | TRAR ISSUING PER | MIT MAN |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON | ER DATE! | SIGNATURE OF I | PERSON IN CHARGE OF O | ISPOSITION | | UMBER OF CREMA IF APPLICABLE | TEO REMAINS |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF C | OUNTY OF DEATH | | | | | | |

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

MT. HOPE CEMETERY INTERMINT ORDER

City of San Diego

Date 8-18-87

| of Alexand of | subject to your rules and regulations, to inter the rema | nns |
|---|---|--------|
| in a | Funeral, date, time | |
| | ; Mortu | агу |
| All Funeral cars must arrive before 3:30 p. | m. of regular work day or an extra charge will be app | lied |
| and billed to undersigned. War time vetera | | , |
| Lot 165 Grave 7, 8 \$ 9Row | - B \$ 1/0- \$ 0/00 | |
| Grave space & Care Fund | 3 (9 7 975 7 29 / | ٥ |
| Additional spaces and care fund | *************************************** | 1 |
| Opening/Closing & Setup | | |
| Burial Container | ****************************** | |
| Handling Fees | | |
| Flower vases - Marker setting fee | *************************************** | |
| Recording and filing fee | ********** | |
| Sales taxes | # 200 | _ |
| | . Total Due | 2 |
| Pair | d receipt number | 2 |
| | Balance due 257 | 5 |
| | | |
| I hereby certify I am the and this is your authority to make dispositi that I have the right to make this authorizati any liability on account of said authorization | on of remains as above indicated. I certify and repres ion and I agree to hold Mt. Hope Cemetery harmless f on and interment. | sent |
| I hereby authorize the interment in lot I hold under deed. | Signature | |
| | Address | - |
| Signature of recorded holder of dead | State | p Code |
| | Telephone | |
| F 0000 | Invoice # | |
| Work Order # L 6869 | Acct.# | |

| OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR From John Payment of One Payme | CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 | Date: 5 | Nº 37 | 548 |
|--|--|------------|---|-----|
| Lot 64 Grave // | /-/2RowSe | ection 3 | Division Block | 12 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | MAR 3 0 1989 | Containers | 67007 77184 100 77184 100 77181 100 77182 100 77183 100 77183 63433 8022 60101 78390 | 00 |

| NAME CH | ANNELL, HIRAM | | | ACCT, NO. | E-6869 | |
|-----------------|---|---------|-------|-----------|-----------|--|
| ADDRESS -1 | 826 W. Vernon Avenue, Los Angles, Ca 90062 RATING | | | LIMIT | | |
| DATE | ITEMS | DEBIT | 1 | CHEDIT | BALANCE | |
| Aug 18 87 | Lot 64, Graves 11 & 12, Section 3, Division 12 Lot 65, Graves 7,8 &9, Section 3, Division 12 | 2475 00 | | 100 00 | 2375 00 | |
| 3-2489 | Reseipt 37548 | | ++ | 10000 | 220500 | |
| | cereif = 12/8 | | | 10000 | W. 17000 | |
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| | | | - | | | |
| | | | 11 | | | |
| AIGNER FORM NO. | 25-204 CHANNELL, HIRAM 64 - 11 & 12 - 3 | - 12, 6 | 5 - 7 | 1,8, 69 - | 3" HTEP2" | |

MT. HOPE CEMETERY

W.O. #

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at the rate of 12 percent per annum, payable on demand 3751 Market Street, San Diego, CA 92101, the sum of Thirty days after date for value received, the undersigned maker promises to pay with interest from San Diego, California San Diego City Treasurer, or order at on the unpaid principal DOLLARS

person who signs this note agrees that recourse may be held against his/her separate property for any obligation accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after may fix as attorney's fees. Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code

| FORNIA DRIVER LICENSE NIMBER X P.O 572155 | RESS X 8.0. BUX 1618 CLID California | TNAME TITOT LICETURE |
|---|--------------------------------------|----------------------|
| J P.0 | × 1619 | していると |
| 5,51213 | Chind C. | SIGNATUR |
| | 11/20-14 | THE X |
| xxxx 7 573-60-35 | 3131-80115 | SIGNATURE X |

PRIN

CAL

ADD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8 - 14 - 98

| or Harry daman | Funeral, date, time thi 8-3/ 1:00 |
|--|---|
| Type of Burial Container C. A. | arride: Dassdale Mortuary |
| All Funeral cars must arrive before 3:30 p.m. of will be applied and billed to undersigned. | of regular work day or an extra charge of \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Lot 64 Grave \\ Row | Section 3 Division/Block 13 |
| Grave space & Care Fund | <u>195.00</u> |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 375.00 |
| Burial Container | 190.00 |
| Handling Fees | 145.00 |
| Flower vases - Marker setting fee | 11 1 200 |
| Recording and filing fee | 45.00 |
| Sales taxes | 14, 73 |
| Paid n | Total Due 1569.73 R 34944 100.00 eceipt number |
| I hereby certify I am the BCHLOC | V ISA Balance due 1364.7 |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a | of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmlass from the interment. |
| I hereby authorize the interment in lot I hold under deed. | X Signature of Bux 1618 |
| Signature of recorded holder of deed | > Coly (213) 812-7449 Exp Cod |
| | Telephone |
| - 44500 | Invoice # |
| Work Order # E 14532 | Acct. # |

This information is available in alternative formats upon request.

REA-104 (7-98)

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

| To Hiran | Chan | nell | | | | | |
|----------|------|------|-------|-----|----------|----|-------|
| Address | P.O. | Box | 62115 | Los | Angeles, | CA | 90062 |

1

You and each of you are here by notified that because of default in payments on that Agreement for the purchase of a before need Lot 65, Grave 9, Row, Section 3, Block/Division 12 in Mt. Hope Cemetery, entered into on August 18, 1987, by and between Mt. Hope Cemetery and Hiram Channell 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 29 day of August , 19 96 .

CITY OF SAN DIEGO Mt. Hope Cemetery

By: Catina Turgeon

Clerical Assistant II

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

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.

Deed to be issued to: **PURCHASER** Street Address (Mail) City Zip Code State CITY OF SAN DIEGO Mt. Hope Cemetery

WITNESS our hands this day and year above written.

By:



WHITE TO CUSTOMER CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HODE CENETROY

| PINKAUDITOR | 284-3151 | Date: | -18 | 3874 | 27 |
|--|--|---|---|---------------------|----|
| From: Helm (My) | Address: 1826 0.10 | 193x | Mel | LA | |
| In Payment of | at to the | | Dollars (\$ | 10, 10 |) |
| Lot Grave | 17-/7-/1/Row Se | ection | 12 | Division / Block | 2 |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT 20% Sales Cars 20% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording A Misc. Fees Fre-Need Trust Sales Tax | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77183 — 100 77183 — 63033 — | 100 | |
| Pre-need Trust Cash Check CAC-212 (Rev. 11-86) | 15SUED TO ALL VILLE | TOTAL PAID | O ; | 100 | |



THE CITY OF

SAN DIEGO

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

February 22, 1989

Hiram Channell 1826 W. Vernon Avenue Los Angles, Ca 90062

Re: Credit Lot Purchase

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

If you have any questions please call 264-3151.

Sandra Ward

Administrative Aide II

landra Word

Mt. Hope Cemetery

MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8/19/87

| in a | Funeral, date, tim | e | |
|---|------------------------|---|---|
| Vault/Linur Church, Chapel, Graveside | | | Mortuary |
| All Funeral cars must arrive before 3:30 | n. m. of regular work | | |
| and billed to undersigned. War time vet | | | |
| | | | 10 |
| Lot Grave Row | Section | Division/I | Hock_/O |
| Grave space & Care Fund | | | |
| Additional spaces and care fund | | | |
| Opening/Closing & Setup | | | 105,00 |
| Burial Container | | | 40.00 |
| Handling Fees | | | 1-11 |
| | | | |
| lower vases - Marker setting fee | | | 350 |
| Recording and filing fee | | | 21/1 |
| Sales taxes | | *************************************** | 211211 |
| | To | otal Due | 242.40 |
| F | aid receipt number | 24/50 | 244.40 |
| | | Balance d | ue _ |
| | | | |
| hereby certify I am the | ration and lagree to h | bove indicated. I cen | named decedent tify and represent ery harmless from |
| hereby authorize the interment in lot I hold under deed. | Signature | | |
| | Address | | |
| ignature of recorded holder of deed | Stata | | Zip Code |
| | Telephone | | |
| | Invoice | # | |
| E 6870 | | | |
| Nork Order # L UO I U | Acct.# | | |

Merkley-Mitchell Mortuary

San Diego, California 92103 Telephone 295-2177

August 19, 1987

To: Mount Hope Cemetery
3751 Market Street
San Diego, CA

Dear Sirs,

This is to instruct you for Pre-Need Instructions for Eleanor Howard. Upon her death, it is her request that her Cremains be placed with her husband, "Floyd Howard", in his grave #277, Division 10 at Mt. Hope Cemetery.

We are also paying in full the total charges of \$242.40, which are as follows: \$100.00 Opening/ Closing of Grave

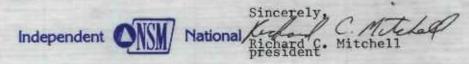
40.00 Concrete Ash Vault 2.40 Sales Tax on Vault

60.00 Vault Handling Fee

35.00 Recording Fee

\$242.40 Total

If you should have any further questions, please contact us.





WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: | Address 255 3/ | Date: | 50 50/ | 3 |
|--|--|---|---|------------|
| In Payment of | cons found | - Dolla | nrs (\$ | <u>_</u>) |
| Lot Grave | RowS | ection | Division Block | 0 |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | 80% Sales of Lots 7 Opening/ Closing 7 Buriel Containers 7 Handling Fee 7 Recording & Misc, Fees 7 Pre-Need 6 | 7007 7184 100 7184 100 7181 100 7181 100 7182 100 7183 100 7183 100 7183 | 1111 |
| Pre-need Trust Cash Check CAC-212 (Rev. 11-86) | ISSUED BY | | 8390 | 100 |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/19/87

| You are hereby authorized an | diastructed, subje | euchan | egulations, to inter | the remain |
|--|----------------------|------------------------|--|-----------------------------|
| in a Lener Vault/Limit | 10 1 | oral, date, time | i-1/Am- | - 8/2 ∮ - Mortuan |
| | | | 9 | 101010000000000 |
| All Funeral cars must arrive t and billed to undersigned. W | | | an extra charge w | III be applied |
| and billed to undersigned, vv | ar time veteran La | Zuzac = | | 10.00 |
| Lot /06 Grave 2 | Row | _Section | Division/Plan | _//_ |
| Grave space & Care Fund | | | | 25000 |
| Additional spaces and care for | Revod | 20 for 30 | Pays (3) | 100 |
| | und jerrer i i i d | Navide Committee | | 3109 |
| Opening/Closing & Setup . Burial Container | A.R. | 0 / | | 1000 |
| Burial Container | HIV. WHILLA | x army | ******** | 1110 |
| Handling FeesFlower vases - Marker settin | 11/1/1 | O Amos | | 140 |
| Flower vases - Marker settin | g fed . F. T. T. | ee 11/41-) | | 5/ |
| Recording and filing fee | | +>++++++++++++++ | | 0.5 |
| Sales taxes | | | | 6 |
| a Day wite | | Total Du | e | 856 |
| 0007 | Paid rece | eipt number | | |
| | | | Balance due | |
| | 1,1,0 | | | |
| I hereby certify I am the and this is your authority to n that I have the right to make the any liability on account of sail | his author Mation as | nd I agree to hold Mt. | of the above nam dicated. I certify a Hope Cemetery ha | nd represer |
| I hereby authorize the interm hold under deed. | nent in lot I | Significant States | BAYVIEW | HgT3 |
| Signature of recorded holder of deed | | State 26 | CA 901 3-097 | O Sip Co |
| Work Order # E 687 | 1 | Invoice # | 60265 | |

NOTE-STRAIGHT

| Mt. Hope Cemetery or | | received, the undereigned maker(s) promise(s) to pay to rer |
|--|---|---|
| | | or order |
| 3751 Martin Luther K | ing Way, San Diego, C | A 92102 |
| sum of Eighthyen | he fiftyley at | DOLLARS. |
| interest from | 20/1997 | on the unpaid principal at the rate of |
| 12 per cent per annum. | payable on demand | |
| erest when due. The whole sum of printing of this note. Interest after maturity ited States. Each maker will be jointly a reof before, at or after maturity, and wairson who signs this note agrees that re- | ncipal and accrued interest shall become will accrue at the rate indicated above and severally liable and consents to rerives presentment, demand and protest accourse may be had against his/her set | as the principal. Should default be made in payment of the immediately due, without notice, at the option of the Principal and interest are payable in lawful money of the newals, replacements and extensions of time for payment and the right to assert any statute of limitations. A married parate property for any obligation contained herein. If any as the Court may fix as attorney's fees. |

F6871

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | .0 | SE BLACK INK-MAKE NO AL | TERATIONS OR ERASORE | 3 | |
|--|--|--|--|---|--|
| NAME OF DECEDEN | n . | | SEX | DATE OF BIRTH | DATE OF DEATH Found |
| Ser . | THEODORE BU | CHANAN | Hale | Oct. 4, 1910 | Aug. 17, 1987 |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH—COUNTY 109 | STATE IF NOT IN CALIFORNIA) | NAME AND ADDRESS OF | SPOUSE OR OTHER INFORMANT |
| - | San Diego | San Dieg | 10 | Eddle Mae Buc | hanan - Wife |
| NAME AND ADDRES | SS OF FUNERAL DIRECTOR ION PESOSO | Federal Blvd. | LIFORNIA LICENSE NUMBER | 1825 Bayview | Heights #91 |
| Anderson-R | tagsdale Mort.: San D | lego, California | 1329 | | llfornia 92105 |
| | No. of the Contract of the Con | NT. CHECK ONLY ONE OF THE | FOLLOWING TYPES OF | | |
| | THE OF TERM | III, SHEER SHEET CITE OF THE | ronomino mico or | Mist Callion | |
| W & BURIAL (IN | ICLUDES ENTOMBMENT) | B. DISINTERMENT AND BUI | MAL (INCLUDES | B DISINTERMENT AND PREMAINS (INCLUDES | REINTERMENT OF CREMATED |
| 2 CREMATIO | N AND BURIAL (INCLUDES INURNMENT) | B DISINTERMENT, CREMAT INCLUDES INURNMENT) | | B DISINTERMENT OF CIT DISPOSITION OTHER | THAN IN A CEMETERY |
| ☐ 3 CREMATIO CEMETERY | N AND DISPOSITION OTHER THAN IN A | T | Г | 500 0000H | |
| 4 SCIENTIFIC | | OTHER THAN IN A CEM | ETERY | Albert . | ER'S USE ONLY |
| The Section of the | | | | 10 DISPOSITION PENDIN | IG |
| The second second | NAME AND ADDRESS OF CEMETERY WE | HERE REMAINS OR CREMATED REI | MAINS ARE TO BE INTERRE | C DI CO | UNTY |
| INTERMENT | Mt. Hope Cemetery: 37 | 751 Martin Luther | King Jr. Wy.: | San Diego; | San Diego |
| Sunday and the same of | NAME AND ADDRESS OF CREMATORY WI | AND THE PERSON AND TH | Charles and the Control of the Contr | SIGNATURE OF PERSON IN | The state of the s |
| CREMATION | N/A | | | > | |
| BURIAL AT SEA | ADDRESS, NEAREST POINT ON SHORELS | NE. OR OTHER DESCRIPTION SUFF | ICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DE | SPOSITION |
| DISPOSITION CITHER | | | | | |
| THAN IN A CEMETERY | N/A | | The second second | | |
| HENTIFIC | NAME AND ADDRESS OF FACILITY RECE | IVING BEMAINS | I I I I I I I I I I I I I I I I I I I | | |
| USE | N/A | | | | Trailing to be a first |
| | This is to certify that I am the per- | on having the right to control | the disposition of the | SIGNATURE OF APPLICANT | |
| ACKNOWLEDGMENT OF | remains of the above named deced | | THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | > | |
| APPLICANT | and I hereby acknowledge that tre this permit gives no right of unrestr | | | DATE SIGNED | |
| LOCAL | THIS PERMIT IS ISSUED IN ACCORDANCE WITH | | DATE PERMIT ISSUED | SIGNATURE OF LOCAL RED | STRAIL ISSUING PERMIT |
| REGISTRAR | OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | | AUG 21 1987 | Worall A. Vo | invas Mastimin |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | SIGNATURES | oyculty | | NUMBER OF CHEMATED REMAINS R. IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF C | DUNTY OF DEATH | 0 | | |

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

MT. HOPE COMETERY

INTERMENT ORDER

City of San Diego

Date Aug 19, 1987

| ina Drable Crypt Fu | ger) neral, date, time to | t Mon. 10 AM 98 |
|---|---------------------------|--|
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or | an extra charge will be applied |
| and billed to undersigned. War time veteran . | | |
| Lot 483 Grave Row | Section/ | Division/Black |
| Grave space & Care Fund | AID. | 595 " |
| Additional spaces and care fund | 10 4 0 1007 | 250:00 |
| | IG-1-9-1987 | 32 4 |
| Buriel Container | PE CEMETERY | 338.00 |
| Handling Fees CITY of 8 | BAN DIEGO, CALIF. | 320 '9 |
| Flower vases - Marker setting fee (DA) | | |
| Recording and filing fee . K. To W | | 35.00 |
| Sales taxes | | 19.80 |
| e ov | Total Du | e 16 19.80 |
| M Paidre | ceipt number | 161980 |
| assible Sat. Somies. | - will | Balance due |
| make arrangements. | | balance due |
| I hereby certify I am the Husband and this is your authority to make disposition that I have the right to make this authorization | of remains as above in | of the above named decedent adicated. I certify and represent |
| any liability on account of said authorization a | and interment. | |
| I hereby authorize the interment in lot I hold under deed. | Signature 2435 | Surger Sa Diego |
| Signature of recorded holder of deed | Addiss | 92110 |
| | 276 - | 2 786 Zu Code |
| | | |
| Work Order # E 6872 | Invoice # | |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY 264-3151 Address: 4

| Lot 483 Grave | The Flow | Section | 1 | Division | 8 |
|--|---|---------------------------------------|---------------------------|----------|-----|
| Invoice No. | NOT VALID FOR PURPOSES TATED UNLESS STAMPED | CREDIT 20% Sales Care | 67007 77184 — | 119 | 700 |
| Acct. No. | AUG 1 9 1987 | 80% Sales of Lots Opening/ | 100 77154 — 100 | 47 | 00 |
| w.o. E-6872 | MT. HOPE CEMETERY | Closing Buriel | 77181 - | 330 | oe |
| BALANCE DUE | CITY of SAN DIEGO, CALIF. | Containers Handling Fee | 77182 — 100 77183 — | 320 | oe |
| | 1 11 | Recording & Misc. Fees Pre-Need | 77183 — | 2 | 00 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | 0/0/11 | Trust Sales Tax | 60033 9022 - 60101 | 19 | 180 |
| AC-212 (Rev. 11-86) | issber storder Way | TOTAL PAID | 78390 — \$ | 1619 | 80 |

E 6872

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | MILDRED E. KISSIN | IGER | sex female | June 13, 1910 | Aug 18, 1987 |
|---|--|--|--|--|---|
| PLACE OF DEATH- | | San Diego | IOR STATE IF NOT IN CALIFORNIA | NAME AND ADDRESS OF Kenneth D. K | SPOUSE OR OTHER INFORMANT |
| Lewis' Col | ss of funeral director to preson a 3051 E lonial/Benbough San Di | Cajon Blvd. | P-480 | San Diego, C | |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES O | F DISPOSITION | |
| IX 1. BURNAL IIN | CLUGES ENTOMBMENT) | 5 DISINTERMENT AND ENTOMBMENT) | D BURIAL (INCLUDES | 8. DISINTERMENT AND REMAINS UNCLUDES | REINTERMENT OF CREMATED INURNMENT) |
| ☐ 2 CREMATIO | N AND BURIAL UNCLUDES INURNMENTI | 6 DISINTERMENT, CR | EMATION, AND BURIAL | 9. DISINTERIMENT OF CO | REMATED REMAINS AND THAN IN A CEMETERY |
| 3 CREMATION CEMETERY 4 SCIENTIFIC | | 7 DISINTERMENT, CR. OTHER THAN IN A | EMATION, AND DISPOSITION CEMETERY | FOR CORON | DER'S USE ONLY |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | AND ADDRESS OF THE PARTY OF THE | | THE STATE OF THE S | San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO BE CRE | MATED DATE CREMATED | SIGNATURE OF PERSON II | N CHARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | address. NEAREST POINT ON SHOREL | rlington | SUFFICIENT TO IDENTIFY FINAL | ollow O | SPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | ENJING/REMANT | 2 | ouble of | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre this permit gives no right of unrest | dent under provisions of the espass and nuisance laws of | e Health and Safety Code, apply and understand that | SIGNATURE OF APPLICANT DATE SIGNED | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CAUFORINA HEALTH AND SAFETY CUD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | E AND IS THE | AUG 21 1987 | Nord & G | STRAP ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | 2 4 SIGNATU | COYLU DONAGE OF I | | NUMBER OF CREMATED REMAINS ER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | n/a | COUNTY OF DEATH | 3 7 | | |

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



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| From: | Address: 2135 1/4 | | ollars (\$ | 1619,6 | 0 7 |
|--------------------------|---|---|--|-------------------|---|
| In Payment of Lot Grave. | RowSe | action | 1 | Division Block | Z |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77183 — | 200 | 000000000000000000000000000000000000000 |
| Pre-Need Lot | ISSUED BY CALLE Wase | Recording & Misc. Feas Pro-Need Trust Sales Tax | 77183 — 100 77183 — 63033 9022 — 50101 78390 — | 25019 | 00 |

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR MOUNT HOPE CEMETERY 264-3151 Date: 1 reserver asses of Dollars (8 Payment of Warante Division Grave. Row Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE DREDIT 57007 77184 Invoice No. 20% Sales Care 80% Sales 100 Acct. No. of Luts 27184 CITY AUBITOR Opening/ 100 Closing Buriol 100 Containers 77182 BALANCE DUE 4 1988 77185 Handling Fee Recording & Misc. Fees 100 77183 On Acct Pre-Need Lot Pro-Need 53033 9022 Trust Pre-need Trust Check Sales Tax 60101 78390 ISSUED BY TOTAL PAID AC-212 (Rev 10-87)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8/19/87

| W 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | |
|--|--|
| of United and instructed, subject | ect to your rules and regulations, to inter the remains |
| TS 16 04 | eral, date, time Set - 8/22 / 10 Am |
| Church, Chapel, Graveside Church | 8.8. Then fale Mortuary. |
| | regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | rh |
| 1 has be | 5.1 |
| Lot Grave Row | Section / W Division/Block /4 |
| Grave space & Care Fund | 595 % |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 32000 |
| Burial Container . T. S. Carrult | Voult 1750 |
| Handling Fees Box 0.T. 3.80 | + Ac 170 - 55000 |
| Flower vases - Marker setting fee | |
| Recording and filing fee | 33: |
| Sales taxes | 1000 |
| 30 day rete | Total Due/685.30 |
| | eipt number |
| N A | Balance due |
| I hereby certify I am the Wife | of the above named decedent |
| that I have the right to make this authorization a | f remains as above indicated. I certify and represent and lagree to hold Mt. Hope Cemetery harmless from |
| any liability on account of said authorization ar | nd interment. |
| I hereby authorize the interment in lot I | Delene au 71000 |
| hold under deed. | x 854 Gwen S+ |
| Signature of recorded holder at good | x San Dugo (92/14 |
| | X 2628760 |
| | 2020 |
| E como | Invoice # 060064 |
| Work Order # E 6873 | Acct. # 023303 |

NOTE-STRAIGHT

| | MOIL GIIMIGIII | |
|---|---|--|
| 168550 | San Diego, California, Que | egust 19 1987 |
| -30- | days after date, for value received, th | |
| Mt. Hope Cemetery or S | an Diego City Treasurer | |
| | | , or order |
| 3751 Martin Luther Ki | ng Way, San Diego, CA 92102 | |
| ne sum of Seiter Hund | ed Exhity ful 2 10 | DOLLARS. |
| rith interest from | 2. 19817-02 | on the unpaid principal at the rate of |
| 12 per cent per annum, p | syable on demand | |
| nterest when due, the whole sum of principles of this note, interest after maturity will nited States. Each maker will be jointly are ereof before, at or after maturity, and waivierson who signs this note agrees that reco | it shall thereafter bear like interest as the principal and accrued interest shall become immediated accrue at the rate indicated above. Principal and severally liable and consents to renewals, replaces presentment, demand and protest and the right burse may be had against his/her separate propersigned promise(s) to pay such sum as the Court | rely due, without notice, at the option of the not interest are payable in lawful money of the accements and extensions of time to: payment to assert any statute of limitations. A married my for any obligation contained herein, if any |
| MAKE ALL PAYMENTS AT M | T. HOPE CEMETERY OFFICE | Mailing Address |

Calif. Driver Lic. # 40/3/502

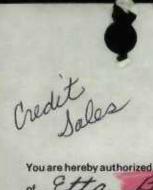
E 6873

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | | SE BLACK HAR-MAKE HO ALLE | ATTOMO ON LANGUAL | | | | |
|--|--|--|--|---|------------|--|--------------|
| NAME OF DECEDEN | TT . | | SEX | DATE OF BIRTH | | DATE OF DEA | TH |
| | WILLIE LOUIS N | ASH | Male | Aug. 17. | 1951 | Aug. 17. | 1987 |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH—COUNTY HOR ST. | ATE IF NOT IN CALIFORNIA) | NAME AND ADDR | ESS OF SPI | DUSE OR OTHER | INFORMANT |
| | San Diego | San Diego | | Dolores | A. Na: | sh - Wife | |
| NAME AND ADDRES | SS OF FUNERAL DIRECTOR TO PERSON ALL | TING AS SUCHI | ORMA LICENSE NUMBER | 854 Gwer | Street | et | |
| Anderson-F | the same of the sa | lego, California | 1329 | San Dies | o, Ca | lifornia | 92114 |
| | TYPE OF BERA | IT, CHECK ONLY ONE OF THE I | FOLLOWING TYPES OF | | - | THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW | |
| 11-76 | THE OF TERM | one of the | OLOWING TIPES OF | Distribution | | | |
| D F BURIAL UN | CLUDES ENTOMBMENTI | 5. DISINTERMENT AND BURIAL ENTOMBMENT) | L (INCLUDES | B DISINTERMEN BEMAINS IIN | | | DREMATED |
| 2 CREMATIO | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CREMATIO | N, AND BURIAL | | | MATED REMAINS | |
| D 3 CREMATION CEMETERY | N AND DISPOSITION OTHER THAN IN A | T | | ron a | | | ** |
| A SCIENTIFIC | | OTHER THAN IN A CEMETI | BY. | FOR CORONER'S USE ONLY Disposition PENDING | | | |
| The section of the | | | A STATE OF THE PARTY OF THE PAR | | PENDING | | |
| - | NAME AND ADDRESS OF CEMETERY WI | HERE REMAINS OR CREMATED REMA | INS ARE TO BE INTERRE | Can Diana | COUN | TY | |
| INTERMENT | Mt. Hope Cemetery: 3 | 751 Martin Luther K | ing Jr. Wy. | Callfornia | 1 | San Di | ego |
| CREMATION | NAME AND ADDRESS OF CHEMATORY W | WHE REMAINS ARE TO BE CREMATED | DATE CREMATED | SIGNATURE OF PE | RSON IN C | HARGE OF CREM | MATORY |
| BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY PRIMATED HEMAINS | ADDRESS, NEAREST POINT ON SHORELY | NE DROTHER DESCRIPTION SUFFICE | ENT TO IDENTIFY FINAL | PLACE AND COUNT | Y OF DISPO | SITION | |
| SCIENTIFIC | NAME AND ADDRESS OF FACILITY RECE | IVING REMAINS | | | | | PAL |
| USE | N/A | | | | | | |
| | This is to certify that I am the per- | son having the right to control th | ne disposition of the | SIGNATURE OF AP | PLICANT | 12 17 | |
| ACKNOWLEDGMENT | remains of the above named deced | | | > | | | |
| APPLICANT | and I hereby acknowledge that tre | | | DATE SIGNED | | | |
| | this permit gives no right of unrestr | icted access to property not owne | d by me. | | | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND EAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | EAND IS THE | AUG 21 198 | Wenall. | E Can | HAR ISSUING PL | HWIT . |
| CERTIFICATION OF BUILDING | DISPOSITION WAS MADE ON | TER GATES SIGNAL OF P | | ISPOSITION | | IMBER OF CREM IF APPLICABLE | ATED REMAINS |
| IF DISPOSITION S TO OCHUMA ANOTHER COURTS | INDICAL 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 8-19-87

| of Etta Bradfor | | |
|---|-------------------------------------|----------------------|
| in a Fur | neral, date, time | White Horse Co |
| Church, Chapel, Graveside | | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. o | of regular work day or an extra cha | arge will be applied |
| and billed to undersigned. War time veteran | | |
| Lot 129 Grave 8+9 Row | 3 | 12 |
| Lot Grave O Y Row | Section Division | /Bleck / L |
| 2 grave spaces & Grave spaces & Care Fund | Touble Crypt | 2 990,0 |
| Additional spaces and care fund | 2000495 | MMM == Table 1 |
| Opening/Closing & Setup | | |
| | 1 | |
| Burial Container | N/M | **** |
| Handling Fees | 124101 | **** |
| Flower vases - Marker setting fee | K 00 | |
| Recording and filing fee | | **** |
| Sales taxes | | 0000 |
| la lantalando | Total Due | 790 |
| Sales taxes Bulantal quadrum Paid re | ceipt number 34953 | 400.9 |
| we show | Balance | due 590.0 |
| 1ª wood | | |
| I hereby certify I am the and this is your authority to make disposition (| | ve named decedent |
| that I have the right to make this authorization any liability on account of said authorization a | and lagree to hold Mt. Hope Ceme | |
| any habinty on account of said authorization a | no memer. | 1/1 |
| I hereby authorize the interment in lot I | Etta Dro | drew |
| hold under deed, | 5330 ara | nge aut |
| Signature of recorded holder of deed | San Dieg | - Ca. 821 |
| | 286-41 | Zip Code |
| | Telephone | |
| | Level - H | |
| Work Order # E 6874 | Invoice # | |
| Work Order # UO 1 3 | Acct. # | |

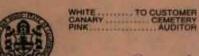
9-10-87 35027 \$ 590 300 10-20-87 38188 \$ 290 290 00



WHITE TO CUSTOMER CANARY CEMETERY PINK ALIDITOR

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

| | | Date | | | . 19 |
|--|--------------------------------|------------------------------|-------------|-------------------|------|
| From: ETTA BRADFORD | Address: 5330 | DEANGE AL | 18,130 | 5B 92 | 115 |
| THE RESERVE OF THE PARTY OF THE | | | Dolla | rs (\$ 400 · | 00 |
| In Payment of 2 | BRAUE SPACES | FOR ET | TAE | Benufoel | 0 |
| ADD SHIRLEY HO | FUDERSON | The Street Street | | | |
| Lot 129 Grave_ | 8 + 9 Row | Section | 3 | Division Block | 12 |
| Invoice No. | NOT VALID FOR PURPOSE STATED U | NLESS STAMPED CREDIT | les Care 77 | 7007 | 1 |
| Acct. No. | | 80% Sa of Lots | 77 | 100 400 | 00 |
| w.o. F6894 | | Openin Clasing Buriel | 77 | 100 | |
| BALANCE DUE _ 590,00 | THE STREET | Contain | iers 77 | 100 | |
| | | Handlir Record Mec. F. | no & | 180 | |
| Pre-Need Lot At Need On Acct | | Pro-No Trunt | od: 60 9 | 1030 | |
| Pre-need Trust Cash Check C | 4107 | Sales T | | 101 | |
| AC-212 (Rev. 11-86) | ISSUED BY | TOTAL P | AID | 400 | 100 |



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

| From the Bradford | Address:5330 | Olare Gue + | 4 5819 |
|---|---|--|--------------|
| thee 1 | underse of | Planed Pollars (\$ | 300.00 |
| Lot 129 Grave_ | 8 \$ 9 ROW_ | Section3 | Division / 2 |
| Acct. No. W.O. E 68 79 BALANCE DUE 990.00 Pre-Need Lot At Need 0 On Acct 0 | NOT VALID FOR PURPOSE STATED UNLESS "PAID" IN THIS SPACE. | 80% Sales 100 of Lots 77184 — Opening 700 Closing 77181 — Burial 100 Containers 77182 — 100 Handling Fee 77183 — Recording 6 100 Misc. Fees 77183 — Pre-Need 63033 | 300 - |
| Pre-need Trust Cash Check C | Sexdea Wo | Trust 9022 — Sales Tax 60101 78390 — TOTAL PAID \$ | 300 - |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-20-87

| of Kolles / X | winey |
|--|--|
| ina deneu F | uneral, date time wed 866 3pn |
| Church, Chapel, Graveside | siele Mayer Mortuary. |
| Il Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | |
| -d 3 | 11 - |
| ot / S Grave Row Row | Section 9 Division Block 5 |
| Grave space & Care Fund | ****************** |
| additional spaces and care fund | |
| Opening/Closing & Setup | ************ |
| lurial Container | |
| landling Fees | |
| lower vases - Marker setting fee | ************* |
| decording and filing fee | ************************* |
| Seles taxes | |
| 2 1) | Total Due |
| Paid r | receipt number |
| 4/0 | Balance due |
| hereby certify I am the | of the above named decedent |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization | n of remains as above indicated, I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from and interment. |
| hereby authorize the interment in lot I | Signature |
| iolo di del | Address |
| ignature of recorded holder of de ^{ad} | State Zin Code |
| | Tuhiphanii |
| | |
| | |
| E 6875 | Invoice # |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6875

| | U | SE BLACK INK-MAKE NO ALTE | RATIONS OR ERASURE | is . | |
|--|---|---|-----------------------|---|--|
| ME OF DECEDEN | Charles Turner H | arkey | Male SEX | January 14,1894 August 20, 1987 | |
| PLACE OF DEATH—CITY OR TOWN Greenville NAME AND ADDRESS OF FUNERAL DIRECTOR ION PERSON AS Mayer Mortuary 2859 Adams Ave. | | PLACE OF DEATH—COUNTY OR ST. Texas | | MARE AND ADDRESS OF SPOUSE OR OTHER INFORMANT Margaret Henson - Daughter | |
| | | | | Rt.#2 Box 634 Quinlan, Texas | |
| | TYPE OF PERA | NT, CHECK ONLY ONE OF THE F | OLLOWING TYPES OF | DISPOSITION | |
| XXX BURBAL DIN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND BURIA ENTOMBMENT) | L UNCLUDES | R. DISINTERMENT AND REINTERMENT OF CHEMATED REMAINS (INCLUDES INGRIMENT) | |
| 2 CREMATION | 2 CREMATION AND BURIAL (INCLUDES INURNMENT) 8. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INUINIMENT) | | N, AND BURIAL | 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY | |
| 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE | | 7. DISINTERMENT, CREMATION, AND DISPOSITION | | FOR CORONER'S USE ONLY | |
| ERMENT | NAME AND ADDRESS OF CEMETERY W. Ht. Hope Cemetery, 3 | | | s San Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO BE CHEMATED | DATE CREMATED | SIGNATURE OF PERSON IN CHARGE OF CREMATORY | |
| OR CHEETERY OF CREMATED REMAINS | N/A | | ENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DISPOSITION | |
| SCIENTIFIC | NAME AND ADDRESS OF FACILITY RECI | EIVING REMAINS | | | |
| ACKNOWLEDGMENT OF APPLICANT This is to certify that I am the person having the right to control the disposition of the above named decedent under provisions of the Health and Safety Coand I hereby acknowledge that tresposs and nuisance laws apply and understand the | | th and Safety Code, and understand that | DATE SIGNED | | |
| LOCAL REGISTRAR | This permit gives no right of unrests THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | PROVISIONS AMOUNT OF FEE PAID | DATE PERMIT ISSUED | SIGNATURE OF LOWAR RECEIVED, M.D. C. | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | | USTALL | UCENSE NUMBER OF CREMATED REMAIN DISPOSER, IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH Y | | | |

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

rellie & margaret Mark Rubanker 4-356-35

E 6875

MT, HOPE CMETERY INTERMENT ORDER

City of San Diego

Date 8/21/87

| You are hereby authorized and justructed, su | bject ov ur tule | s and regulations, | to inter the remains |
|--|-------------------|---------------------|---|
| of Bolling Jo | vione | 11Am- | 8/24/ 1/21 |
| Vault/Litter NO . A . O C | uneral date, tim | Dans | 0,00 |
| Church, Chapel, Graveside | · ~:- | or was | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | 1/0 | day or an extra chi | arge will be applied |
| and billed to undersigned. War time veteran | | | ,, |
| Lot 119 Grave 2 Row | Section | 2 Division | /Block |
| | | | 2/00 |
| Grave space & Care Fund | *********** | | gov |
| Additional spaces and care fund | | | |
| Opening/Closing & Setup | | ~ | 320 |
| Burial Container | | | 100- |
| Handling Fees | 410 | 1.1 | 14500 |
| Flower vases - Marker setting lee | 4.1097 | 1.1 | |
| | | 11 | 3500 |
| | E CEMETER | X . | 600 |
|) been CITY of SA | FLA PARTIES A | otal Due | 85600 |
| Paid Paid | receipt number 3 | 34960 | 85600 |
| Lage | | Balance | dua -O |
| hall | 10 1 | Dalance | |
| hereby certify I am the | nev | of the abo | ve named decedent |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization | n and lagree to h | old Mt. Hope Ceme | ertify and represent etery harmless from |
| hereby authorize the interment in lot I | R | und De | Tues |
| hold under deed. | Signature 343 | 7 Deeas | rheew |
| Signature of recorded finitier of deed | Address | en Dies | 101 92115 |
| | State | 15-012 | Zip Code |
| / | Tolegnana | | |
| _ V | Invoice # | * | |
| Nork Order # E 6876 | Acct.# | | |
| Y-583 (REV. 8-86) | | | |



WHITE TO CUSTOMER CANARY CEMETERY AUDITOR

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

| sex dollars on 1th | | | 256- | - |
|--|---|--|--------------------------|-----------------------|
| Row Se | ection 3_ | | | 11 |
| NOT VALID FOR PURPOSESTATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT 20% Sales Care 80% Sales of Lore Opening/ Closing Burias Containers Handling Fee Recording & Misc, Fees Pre-Nood Trust Sales Tax | 67007 77184 100 77184 100 17181 100 17181 100 77183 190 63033 9022 60101 78390 | 300 300 100 145 | 600 |
| The same of the sa | thy g. Roberts | Row Section PAID' IN THIS SPACE ROW Section CREDIT 20th Sales Care 80% Sales of Lots Opening/ Closing Buriss Containers Handling Fee Recording & Miss. Fees Pre-Need Trust Sales Tax | Row Section | Row Section Block |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

E 6876

| NAME OF DECEDEN | T | | SEX | DATE OF BIRTH | DATE OF DEATH | |
|---|---|--|--|---------------|---|--|
| | DOROTHY JEAN I | OBERTS | Female | April 24, | 1944 Aug. 19, 1987 | |
| PLACE OF DEATH- | | PLACE OF DEATH-COUNTY IC | IN STATE IF NOT IN CALFORNIA | NAME AND ADD | RESS OF SPOUSE OR OTHER INFORMANT | |
| San Diego | | San Di | ego | | e Peterson - Mother | |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR IOS PESON AC | deral Blvd. | CALIFORNIA LICENSE NUMBER | | Oceanview Blvd. | |
| Anderson-R | agsdale Mort.: San Dieg | | 1329 | San I | lego, California 92113 | |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF T | HE FOLLOWING TYPES O | F DISPOSITION | | |
| THE BURNAL BN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND B | URIAL UNCLUDES | | NT AND REINTERMENT OF CREMATED NOLUDES (NURNMENT) | |
| 2 CREMATION | N AND BURIAL UNCLUDES INURNMENT! | 6 DISINTERMENT, CHEM | | | NT OF CREMATED REMAINS AND N OTHER THAN IN A CEMETERY | |
| 3 CREMATION | N AND DISPOSITION OTHER THAN IN A | П - попительных стан | ATION AND DIFFERENCES | FOR | CODONED'S USE ONLY | |
| | 4 SCIENTIFIC USE | | 7 DISINTERMENT, CREMATION, AND DISPOSITION DITHER THAN IN A CEMETERY | | FOR CORONER'S USE ONLY 10. DISPOSITION PENDING | |
| CREMATION CREMATION CREMATION OR DISPOSITION OTHER THAN IN A CEMETRRY OF CHEMATED REMAINS | N/A ADDRESS NEARBOY POINT ON SHORED N/A | HERE REMAINS ARE TO BE CREM | 33.50.5115.00.515 | > | ERSON IN CHARGE OF CREMATORY | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECI | EIVING REMAINS | | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that tre this permit gives no right of unrest | dent under provisions of the laspass and nuisance laws app | Health and Safety Code, ply and understand that | DATE SIGNED | PPLICANT | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIEDIA | E AND IS THE | AUG 2 4 198 | SIGNATURE | M. L. Cameras, M.D. Mitthe | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | 14/87 SIGNATURE | OF PERSON IN COME OF | DISPOSITION S | LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE | |
| IF DISPOSITION IS TO DOCUM IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 9 | | | |

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/21/87

| 1100 | ject to your rules and regulations, to inter the remains |
|---|---|
| of Gerline Terr | 4 |
| in a Bell Line Fu | neral, date, time Wed-IMM - 26 |
| Church, Chapel, Graveside Chipet | P.S. : Ragsfall Mortuary. |
| All Funeral cars must 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. |
| 104 7 | Section 2 / Division/Plant 11/2 |
| | A Deputy |
| Grave space & Care Fund Concert | Sam 2p - 250°° |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 520 - |
| Burial Container | 100= |
| Handling Fees | 145= |
| Flower vases - Marker setting fee | ······ |
| Recording and filing fee | 3500 |
| Sales taxes | _ <u>6 = </u> |
| | Total Due, 8.57 = |
| Paid re | ceipt number 34959 856 - |
| | Balance due |
| I hereby certify I am the | of the above named decedent |
| and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization a | of remains as above indicated. I certify and represent and lagree to hold Mt. Hope Cemetery harmless from and interment |
| | De 1 to |
| I hereby authorize the interment in lot I hold under deed. | Some which |
| Tiold dilater dista. | House of Salnoral Do |
| Signature of recorded holder of deed | an Way Cal up Code |
| | Telephons |
| Teres I | Invoice # |
| Work Order # E 6877 | Acct.# |
| THOIR CHOIL II | ACCL. II |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6877

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | | NO TERRY | Fema le | DATE OF BIRTH | Aug. 19, 1987 |
|---|--|--|--|-----------------------------|--|
| | tional City | PLACE OF DEATH—COUNTY IOR S San Diego | | Patricia | SPOUSE OR OTHER INFORMANT |
| | SS OF FUNERAL DIRECTOR ION PERSON AC | CO DESCRIPTION AND ADDRESS OF THE PARTY OF T | FORMA LICENSE NUMBER 1329 | | Castle Court . California 9211 |
| ** | | AIT, CHECK ONLY ONE OF THE | | | Parket San |
| DOX , BURIAL (IN | NCLUDES ENTOMBMENT) | 5. DISINTERMENT AND BURI | AL INCLUDES | B DISINTERMENT AND F | REINTERMENT OF CREMATED |
| | IN AND BURIAL (INCLUDES INURNMENT) | 6. DISINTERMENT, CREMATIC UNCLUDES INUHMMENT) | ON, AND BURIAL | 9 DISINTERMENT OF CR | |
| CEMETERY 4. SCIENTIFIC | | 7 DISINTERMENT, CREMATIC OTHER THAN IN A CEMET | ERY | FOR CORONI | ER'S USE ONLY |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | | San Diego, Ca. | San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO BE CREMATED | DATE CHEMATED | SIGNATURE OF PERSON IN | |
| DURIAL AT SEA ON DISPOSITION OTHER N IN A CEMETERY EMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | OR OTHER SESCUENTION SUFFICE | DENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DIS | POSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECE | EIVING REALINESS SWILL | 9 | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named deces and I hereby acknowledge that tre this permit gives no right of unrestr | fent under provisions of the Heal spass and nuisance laws apply (| th and Safety Code, and understand that | DATE SIGNED | 4 1989 |
| LOCAL REGISTRAR | THE PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CAUHDRING HEALTH AND SAFETY COD ALITHORITY FOR THE DISPOSITION SPECIFIED IN | E AND IS THE | AUG 25 1987 | Norall & Ca | ETRAN ISSUING PENNIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON IEN | TENFORTE SIGNATION OF THE | en lotte | ISPOSITION LICENSE DISPOSER | NUMBER OF CREMATED REMAINS R, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAN 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.

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| From Miller What | her Address: Pan Diver | Date: 8 | 12 | / | 089 |
|---|---|---|--|-------------------|-----|
| in Sold Payment of In | ement of Verlen | Torry | ollars (\$ 4 | 8569 | 0 1 |
| Lot 96 Grave | 7 Row S | ection 2 | | Division Block | / |
| Invoice No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buris! | 67007 77184 — 100 77184 — 100 77181 — | 320 | 00 |
| Pre-Need Lot At Need On Acct | N h. | Containers Handling Fee Recording & Misc Fees Pre-Need Trust | 77182 — 100 77183 — 100 77183 — 83033 — 9022 — | 35 | 00 |
| Pre-need Trust Cash Check AC-212 (Rev. 11-86) | 1890ED BY Sessen Stelle | Silves Tex TOTAL PAID | 60101 78390 — | 256 | 00 |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-21-87

| ect to your rules an | dregulations to | inter the remains |
|-----------------------|---|---|
| | a regulations, to | mor trio ramania |
| | Ver 824 | 1 20.m |
| A - 17 .// | // | 2 |
| | 1 /2 | 25-9/11 |
| f regular work day | or an extra char | ge will be applied |
| - | | |
| Section C | Division 4 | aure 12 |
| | - Unital Oil | 01001 |
| ed | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 2001 |
| | | English and |
| | | 3500 |
| 21 | 1969 | 35 00 |
| eipt number 32 4 | | A |
| | Balance d | lue |
| of ramains as about | | named decedent |
| and I agree to hold I | Vit. Hope Cemete | ery harmless from |
| | | -150 |
| STATISTICS. | | |
| Address | | |
| State | | Zip Code |
| Talaphone | | |
| - | | |
| Invoice # | | |
| Acct # | | |
| | Total of remains as above and lagree to hold in dinterment. Signature Address State Total of remains as above and lagree to hold in dinterment. | Total Due Seipt number 34969 Balance of the above indicated. I cerand lagree to hold Mt. Hope Cemetrand interment. Signature Address State Telephone Invoice # |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6878

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDENT NORMAN ARDEN KLEWEL | | SEX Male | May 26, 1907 | August 20, 1987 | | |
|---|---|---------------------------------|--|---|--|--|
| San Diego | | San Die | San Diego | | POUSE OR OTHER INFORMANT el (Wife) | |
| NAME AND ADDRESS OF FUNERAL DIRECTOR ON PERSONALIZAÇÃO SUCIAL BORNAL LICENSE NUMBER HUMPHREY Chula Vista Mortuary Chula Vista, CA F-964 | | | Name of Control of Con | 5009 Bld Cliffs Road San Diego, CA 92120 | | |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES OF | DISPOSITION | | |
| 10 1 BURIAL (IN | CLUDES ENTOMBMENT) | 5. DISINTERMENT AND ENTOMBMENT) | BURIAL IINCLUDES | B DISINTERMENT AND B | | |
| | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CRE | | DISPOSITION OTHER T | EMATED REMAINS AND HAN IN A CEMETERY | |
| CEMETERY | CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE | | | FOR CORONER'S USE ONLY 10. DISPOSITION PENDING | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W Mt. Hope Cemetery - | 3751 Market St. | - San Diego, CA | 8 | an Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS ARE TO BE CHE | MATED DATE CREMATED | SIGNATURE OF PERSON IN | CHARGE OF CREMATORY | |
| BURIAL AT SEA OH SPOSITION OTHER IAN IN A CEMETERY OF CHEMATED REMAINS | M/A CLASSI POINT ON SHOREL | HUL — 3/4 | RIFFICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DIS | POSITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS JOOLAN | / | | | |
| ACKNOWLEDGMENT OF | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre | dent under provisions of the | Health and Safety Code, | > | | |
| APPLICANT | this permit gives no right of unrest | | owned by me. | | , | |
| REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COC AUTHORITY FOR THE DISPOSITION SPECIFIED II | CHIS PERMIT \$3.00 | AUG 2 1 198 | تماسوناه جندشان الا | THAN ISSUING PERMIT | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | SY/P7 SIGNATUR | e or Person in Change of | POSITION LICENSE I | NUMBER OF CREMATED REMAINS I, IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | | |

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

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| From: | Address: 5 009 100 | Date: | 1 1 | 1 | 19 |
|---------------|---|--|--|-------------------|------|
| In Payment of | Todoring wood for | J / D | ollars (\$ | Nec . | ind) |
| Lot Grave | A RowS | ection | | Division Block | 21 |
| Pre-Need Lot | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlat Containers Handling Fee Pecording & Misc, Fees Pre-Need Trust Sales Tax TOTAL PAID | 67007 77184 100 77164 200 77181 100 77182 100 77182 100 77183 100 7718 100 700 700 700 700 700 700 700 700 700 | 25 | 00 |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-24-87

| You are hereby authorized and instructed, subje | ect to your sules and regulations, to inter the remains |
|--|--|
| in a Top Dueble Cueff | |
| All Funeral cars must arrive before 3:30 p.m. o | f regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | |
| Grave space & Care Fund | |
| Additional spaces and care fund | 220 0 |
| Opening/Closing & Setup | |
| Burial Container | & Overtine 386.a |
| Flower vases - Marker setting fee | |
| Recording and filing fee | 35.00 |
| Sales taxes | Total Due 785.00 |
| Paid rec | Balance due Balance due |
| I hereby certify I am the | of the above named decedent of remains as above indicated, I certify and represent and I agree to hold Mt. Hope Cemetery harmless from |
| any liability on account of said authorization as | nd interment. |
| I hereby authorize the interment in lot I hold under deed. | Wendylm Hashiguch |
| Signature of recorded holder of deed | State (619) 277-9(603) Zip Code |
| | Telephone Michael 3 |
| Work Order # E 6879 | Acct. # 02330 2 |

SHIPPED IN FOR INTERMENT

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6879

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| THE PART OF THE PARTY NAMED IN | | | Teser | I W. CONTROL CONTROL | Turi turi senera senera | |
|--|--|--|--|---|---|--|
| NAME OF DECEDEN | Annual Printer of the Parish States of the Parish S | | SEX | DATE OF BIRTH | DATE OF DEATH | |
| 2000 | HELEN SUMIYE MUK | | female | May 21, 1934 | Aug 22, 1987 | |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH COUNTY | FOR STATE IF NOT IN CALIFORNIA | NAME AND ADDRESS OF | SPOUSE OR OTHER INFORMANT | |
| Reno | | Nevada | | Caren Ong - da | aughter | |
| Levis Co | ss of funeral diaector of 3051 A | iego, CA 92104 | P-480 | 1926 Old Canyon Drive Hacienda Heights, CA 91745 | | |
| | TYPE OF PER | MIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES O | OF DISPOSITION | | |
| BURIAL IIN | CLUDES ENTOMBMENT) | 5. DISINTERMENT AND ENTOMBMENTI | BURIAL INCLUDES | B DISINTERMENT AND F | REINTERMENT OF CREMATED INURNMENT) | |
| | N AND BURIAL (INCLUDES INURNMENT) | DISINTERMENT, CRE | | DISINTERMENT OF CR | EMATED REMAINS AND THAN IN A CEMETERY | |
| 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE | | 7 DISINTERMENT, CRE | MATION, AND DISPOSITION | FOR CORONI | ER'S USE ONLY | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | The Company of the Co | | ED COL | unty an Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | | A COUNTY OF THE PARTY OF THE PA | SIGNATURE OF PERSON IN | | |
| BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY MATED REMAINS | ADDRESS, NEAREST PONCEN, MORE | AND THE DESCRIPTION | DEFIDIENT TO IDENTIFY FINA | Set Ser of Dis | - | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | TIVING REMAINS | | Went | Sa de Stille | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the pe remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest | dent under provisions of the espass and nuisance laws a | e Health and Safety Code, apply and understand that | SIGNATURE OF APPLICANT DATE SIGNED | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COLAUTHORITY FOR THE DISPOSITION SPECIFIED I | DE AND IS THE 83.00 | AUG 2 5 198 | SIGNATURE OF LOCAL REG | THAN ISSUING PERMIT | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON | 29/8 SIGNATUR | COYUNTURE OF | DISPOSITION LICENSE DISPOSER | NUMBER OF CHEMATED HEMAINS I IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 9 | | S. Santa | |

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

ITY OF SAN DIEGO UDITOR & COMPTROLLER EPORT NO. C65-102 E-6879 PAID INVOICE REPORT BY DEPARTMENT

DATE: 09/16/87 TIME: 004829 PAGE: 4

EPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

| INV | DATE | ACCT | CUSTOMER NAME FUND DEPT DRG | ACCT | J/O PAYM OATE OPER | PO PAYM BY REF NO BN/EQ FACILI | AMOUNT PAID AMOUNT APPLIED | AMOUNT BILLED | UNPAID BALANCE |
|-------|----------|--------|--|----------------|-----------------------------|--------------------------------------|-------------------------------|---------------|-------------------|
| 60263 | 09/03/87 | 023302 | #ENDYLN HASHIGUCHI 100 072 100 072 | 77181 77183 | 09/10/8 000072 000072 | 7 CK #115 | 735.00 320.00 415.00 | 735.00 | PAID IN FULL |

JMBER OF INVOICES PAID

735.00

MJ. HOPE SEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 25, 1987

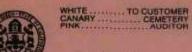
| You are hereby authorized and instructed, subje | ect to your rules an | d regulations, to inte | the remains |
|--|----------------------|--|-------------------|
| of teo, alexhungton | Jon. Wa | mantras | ellesse |
| ina NONE Fun | eral, date, time | F.M. Hug. | 27 Than |
| Church, Chapel, Graveside Thavese | de la | gsdale. | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. o | f regular work day | or an extra charge w | vill be applied |
| and billed to undersigned. War time veteran _ | NO. | | |
| 1518 | , | | a |
| Lot 1568 Grave Row | Section / | Division/Black | *-/- |
| Grave space & Care Fund | | | 100.00 |
| Additional spaces and care fund | | NE | |
| Opening/Closing & Setup | 4 | | \$4.00 |
| Burial Container | |) | - |
| Handling Fees | V. ST. | | |
| Flower vases - Marker setting fee | | | |
| Recording and filing fee | A made | P. 12. | 35.00 |
| Sales taxes | W. MAN. | 5. | - |
| note | Total | Due | 199 = |
| Paid rec | ceipt humber | | 20 = |
| | | Balance due | 179 00 |
| 1.70 | | 1 | Maria Constantino |
| I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization as | and lagree to hold | of the above nar e indicated, I certify a Mt. Hope Cemetery h | and represent |
| | 21 | 1.0- t | _ |
| I hereby authorize the interment in lot I hold under deed. | Signature | Jan majo | 24 |
| | Address A | Sumitar | |
| Signature of recorded holder of deed | State G | Constant of the Constant of th | 92114 Zip Code |
| | Talephone | 1454 | |
| | - | B6B 26 | 2) |
| E coon | Invoice # | 2220 | - |
| Work Order # E 6880 | Acct. # | 10000 | |

| | NOT | E-STRAIGH | The second | |
|---|--|--|---|--|
| : 179 = | San Die | ego, California, | august 25 | 1987 |
| | -90 - days | The second secon | red, the undersigned maker(s | promise(s) to pay to |
| Mt. Hope Cem | etery or San Diego | | | |
| | | | Car Project | or order |
| at 3751 Martin | Luther King Way, | | | |
| the sum of | | Eventy Neul | D /100 - | DOLLARS. |
| with interest from | Nov 25, | 19875 | on the unpaid p | ormcipal at the rate of - |
| 12per | cent per annum, payable on | demand | | |
| interest when due, the sholder of this note, ligher United States, Each make hereof before, at or after person who signs this note. | be paid when due, it shall thereas whole sum of principal and accru- est after maturity will accrue at the ker will be jointly and severally lial maturity, and waives presentment ote agrees that recourse may be ho his note, the undersigned promis | ed interest shall become im e rate indicated above. Print ble and consents to renewals demand and protest and the ad against his/her separate e(s) to pay such sum as the | mediately due, without notice ipal and interest are payable is replacements and extension e right to assert any statute of property for any obligation co | at the option of the in lawful money of the is of time for payment limitations. A married intained herein. If any fees |
| THE WA | | | | |
| MAKE ALL PAY | MENTS AT MT. HOPE | CEMETERY OFFICE | Mailing | Address |
| Doup - | | Cn246 | Duduan Ida # # | 10097628 |

PERMIT FOR DISPOSITION OF HUMAN REMAINS E 6880

| NAME OF DECEDEN | | E BLACK HAN MAKE 140 | SEX | DATE OF BIRTH | DATE OF DEATH |
|--|---|-------------------------------|--|--|---|
| | Dezman LaKel | Washington | Male | Aug. 21,198 | |
| PLACE OF DEATH- | | PLACE OF DEATH COUNTY | and the second s | The second secon | F SPOUSE OR OTHER INFORMANT |
| Sa | n Diego | San Dieg | 0 | LaTanya D | udley - Mother |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR OR PURSON ACT | Federal Blvd. | CACIFORNIA LICENSE NUMBER | 3969± 32n | d Street |
| Anderson-R | agsdale Mort.: San DI | ego, Callfornia | 1329 | San Diego | , Callfornia 92104 |
| | TYPE OF PERM | T, CHECK ONLY ONE OF | THE FOLLOWING TYPES OF | DISPOSITION | |
| , IX 1 BURIAL IIN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND ENTOMBMENT | BURIAL IINCLUDES | 8 DISINTERMENT AN | D REINTERMENT OF CREMATED |
| - | N AND BURIAL IINCLUDES INURNMENT) | 6 DISINTERMENT, CREM | | | CREMATED REMAINS AND IT THAN IN A CEMETERY |
| CEMETERY | | | MATION, AND DISPOSITION | FOR CORC | NER'S USE ONLY |
| A SCIENTIFIC | USE | OTHER THAN IN A CI | EMETERY | ☐ 10 DISPOSITION PEND | DING |
| INTERMENT | NAME AND ADDRESS OF CEMETERY WE | ERE REMAINS OR CREMATED | REMAINS ARE TO BE INTERRE | D) | DOUNTY |
| INTERMENT | Mt. Hope Cemetery: 37 | 51 Martin Luther | Charles of the Party State of the Party of t | Diego, Calif. | San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY WI | THE CHARLES OF THE PROPERTY. | | | IN CHARGE OF CREMATORY |
| RURIAL AT SEA OR SPOSITION OTHER AN IN A CEMETERY CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHORELIN | He Gelle | UFFICE COLORITY FINAL | PLACE AND COUNTY OF | DISPOSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECE | VINGREMAINS | | | |
| ACKNOWLEDGMENT | This is to certify that I was the pers | | | SIGNATURE OF APPLICA | NT. |
| OF APPLICANT | and I hereby acknowledge that tres this permit gives no right of unrestri | pass and nuisance laws ap | ply and understand that | DATE SIGNED | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CAUFORNIA HEALTH AND SAFETY CODE AUTHORITY FOR THE DISPOSITION SPECIFIC IN | AND ID THE | AUG 27 198 | SIGNATURE OF COLAR | A Change M.D. mil |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DESTRUCTION SPECIFIE \$\\ \alpha\rangle ON \\ \ | A DATE | CONCULTED | | SE NUMBER OF CREMATED REMAINS SER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUB IN ANOTHER COUNTY | INDICATE ADDINESS OF REGISTRAR OF C | DUNTY OF DEATH | 0 | | |

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



CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| From: Leo Washenston | 264-3151 Address: 62-35 &c | Date: 8 | (25) | 187 | 19 |
|--|---|--|---|-------------------|----|
| In Part Payment of Aul | ternent of (IB) Wash | heyton. | ollars (\$ _ | 200 |) |
| Lot 1568 Grave | Row Se | ection / | 195 | Division Block | 9 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE. | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Crossing Burtal Containers Handling Fee Recording & Misc. Feee Pre-Need Trust Sales Tax | 67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77183 — 100 | 20 | 90 |
| AC-212 (Rev. 11-86) | ISSUED BY COULD WINE TO | TOTAL PAID | | 20 | 00 |

060262 09/03/87 023301 LEG WASHINGTON JR. 100 072 100 072 100 072 100 072 67007

NUMBER OF INVOICES PAID FOTAL AMOUNT PAID

925.00

10/0/87 CA 000072 000072

THIN IN FULL

179.00

PARTIAL PAYMENT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

264-3151

E 6880 Nº 35100

| From: | Address: 2029 1/2 | Date: | 7. 2. 18. |
|--|--|---|---|
| InPayment of | Manager St. | Do | ollars (\$ |
| Lot Grave_ | Row S | ection | Division Block |
| Acct. No | - NOTVALIDEOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CITY AUBITOR OCT 9 1987 | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtal Containers Handling Fee Recording & Misc. Fees | \$7007 77184 100 27184 100 27181 100 27182 100 77183 100 77183 |
| Pre-Need Lot At Need Con Acct Pre-need Trust Cash Check AC-212 (Rev. 11-86) | ISSUED BY | Pre-Need Trust Sales Tax FOTAL PAID | 9072 60101 78390 |

MT. HOPE CEMETERY

City of San Diego

Date 82587

| of Cherroll | Frontlen | |
|---|--|---|
| ina lines | Funeral, date, time | Friday, 828 10.m |
| yautreman / | unustido Ci | 11:108:00 |
| Church, Chapel, Graveside | 1 | Mortuary. |
| All Funeral cars must arrive befor | e 3:30 p.m. of regular work di | ay or an extra charge will be applied |
| and billed to undersigned. War tin | me veteran | |
| 270 | Row Section | Division/Block 10 |
| Lor Grave | Now Section | DivisionZECIST |
| Grave space & Care Fund | A | |
| Additional spaces and care fund | ~00 | |
| Opening/Closing & Setup | 260100 | San Carlotte Million |
| Burial Container | 198 | |
| V | next is we | *************************************** |
| Handling Fees | The state of | |
| Flower vases - Marker setting fee | 8 | 2500 |
| Recording and filing fee | | all of |
| | 1 | |
| Sales taxes | | |
| Sales taxes | Tota | 35 00 |
| Sales taxes | Total | 3500 34971 3500 |
| Sales taxes | | 35.00 Balance due |
|) | | 8497 / 35 <i>0</i> 0 Balance due |
| I hereby certify I am the and this is your authority to make | Paid receipt number a | Balance due 35.00 Balance due of the above named decedent |
| I hereby certify I am the and this is your authority to make that I have the right to make this at | Paid receipt number and disposition of remains as about of the control of the con | 8497 / 35 <i>0</i> 0 Balance due |
| hereby certify I am the and this is your authority to make that I have the right to make this at | Paid receipt number and disposition of remains as about of the control of the con | Balance due 35.00 Balance due of the above named decedent |
| I hereby certify I am the and this is your authority to make that I have the right to make this at any liability on account of said authorize the interment in | Paid receipt number disposition of remains as abouthorization and lagree to hol thorization and interment. | Balance due 35.00 Balance due of the above named decedent |
| I hereby certify I am the and this is your authority to make that I have the right to make this at any liability on account of said authorize the interment in | Paid receipt number disposition of remains as abouthorization and lagree to hol thorization and interment. | Balance due 35.00 Balance due of the above named decedent |
| hereby certify I am the and this is your authority to make that I have the right to make this at any liability on account of said authorize the interment in hold under deed. | Paid receipt number and disposition of remains as about horization and lagree to hol thorization and interment. | Balance due O Of the above named decedent ove indicated. I certify and represent d Mt. Hope Cemetery harmiess from |
| hereby certify I am the and this is your authority to make that I have the right to make this at any liability on account of said authorize the interment in old under deed. | Paid receipt number disposition of remains as abouthorization and lagree to hol thorization and interment. | Balance due 35.00 Balance due of the above named decedent |
| hereby certify I am the and this is your authority to make that I have the right to make this at any liability on account of said authorize the interment in fold under deed. | Paid receipt number and disposition of remains as about horization and lagree to hol thorization and interment. | Balance due O Of the above named decedent ove indicated. I certify and represent d Mt. Hope Cemetery harmiess from |
| hereby certify I am the and this is your authority to make that I have the right to make this at any liability on account of said authorize the interment in old under deed. | Paid receipt number disposition of remains as abouthorization and lagree to hol thorization and interment. I g g g g g g g g g g g g g g g g g g | Balance due O Of the above named decedent ove indicated. I certify and represent d Mt. Hope Cemetery harmless from |
| hereby certify I am the and this is your authority to make that I have the right to make this at any liability on account of said authorize the interment in hold under deed. | Paid receipt number disposition of remains as abouthorization and lagree to hol thorization and interment. | Balance due O Of the above named decedent ove indicated. I certify and represent d Mt. Hope Cemetery harmiess from |

MOUNT HOPE CEMETERY

E6881

Sept. 3, 1980 19 80

| | in Lot 270 Gr | Row | Sec |
|--|----------------------|--------------------|-------------------|
| Block Division <u>10</u> in accordan | ace with and subject | to the rules a | and regulations |
| poverning said interment in | Mount Hope Cemeter | y, and certifie | es and represents |
| that he or ohe has the laws | l right to make suc | h authorization | and agrees to |
| that he or she has the lega | | | |
| hold Mount Hope Cemetery ha | | all liability | 0 000 000 |
| hold Mount Hope Cemetery has | armless from any and | all liability | 0 000 000 |
| hold Mount Hope Cemetery ha | armless from any and | all liability Self | 0 000 000 |
| nold Mount Hope Cemetery has authorization and interment **Corroll Tra | irmless from any and | Self | on account of sai |
| hold Mount Hope Cemetery has | egal Addre | Self | on account of sai |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6881

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURE

| P. T | | DE BENCK HAR MAKE NO | ALIERATIONS ON ENASOR | to se | | |
|---|---|---|---|--|--|--|
| NAME OF DECEDEN | T . | | SEX | DATE OF BIRTH | DATE OF DEATH | |
| Carroll Le | nore Franklin | | Femle | 12/31/1907 | 8/25/1987 | |
| PLACE OF DEATH— | CITY OR TOWN | PLACE OF DEATH—COUNTY San Diego | OR STATE # NOT IN CALIFORNIA | Pre-Need Records | | |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR FOR PERSON AS | | CALIFORNIA LICENSE NUMBER F-816 | Beardsley-Mitchell Funeral Home 1818 Sunset Cliffs Blwt. San Diego, CA 92107 | | |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES O | F DISPOSITION | | |
| • | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND ENTOMBMENT) | BURIAL (INCLUDES | 8 DISINTERMENT AN REMAINS (INCLUDE | D REINTERMENT OF CREMATED ES INURNMENT) | |
| EJ 2 CREMATION | N AND BURIAL (INCLUDES INURNMENT) | 6. DISINTERMENT, CREATING INCLUDES INVANME | | | CREMATED REMAINS AND EL THAN IN A CEMETERY | |
| ☐ 3 CREMATION CEMETERY | | Z DISINTERMENT, CREM | MATION, AND DISPOSITION EMETERY | FOR CORD | ONER'S USE ONLY | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | | ED S | San Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | At O. Vac | / N/A | W/A | IN CHARGE OF CHEMATORY | |
| RUBIAL AT SEA OR DISPOSITION OTHER IAN IN A CEMETERY CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHORE | 111/4 | W DENTIFY FINAL | PLACEDAND COOMIN OF | DISPOSITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | | |
| ACKNOWLEDGMENT DF ARPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest | dent under provisions of the esposs and nuisance laws ap | Health and Safety Code, oply and understand that | SIGNATURE OF APPLICA DATE SIGNED | NT | |
| LOCAL REGISTRAR | THIS FERRIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COS AUTHORITY FOR THE DISPOSITION SPECIFIED IS | PE AND IS THE \$3.00 | AUG 2 7 198 | | Carrol, M.D. Ca | |
| GERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON BE | 8/87 SIGNATURE | OF PERSON IN CHAPGE OF | | SE NUMBER OF CREMATED REMAINS SER, IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 1 | | | |

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



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| Dollars (\$ Division Blook Division Division Blook Division Division | | 4111 | Date; | -0.6 | . , 19 |
|--|---|---------------|---|--|--------|
| Lot Grave Row Section Division Blook | From: 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 | Address | Do Do | ollars (\$ | 20) |
| Division Block | In Payment of | Tourses a les | 100 | (12 1 5 6 0 | |
| Acct. No | Lot Grave_ | | ection | | 10 |
| Pre-need Trust L. Cash L. Check L. Issued BY Total Paid 8 | Acct. No | West I had | 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax | 100 77184 100 77181 100 77182 100 77183 100 77183 83033 8022 80101 | -100 |

Bury OA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/25/87

| _ [48 | 100 | |
|--|---|-------------------------------|
| You are hereby authorized and instructed, sub | ject to your rules and regulations, to inte | r the remains |
| of John Not | # 81-410 | 1 |
| in aFu | neral, date, time 10 Am/ Well | 8726 |
| Church, Chapel, Graveside | Clasimont | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge w | ill be applied |
| | | п ис пррпои |
| and billed to undersigned. War time veteran | | |
| Lot 150 Grave Row | Section Division/Block | k_//_ |
| 4. | ilco. | 05 |
| Grave space & Care Fund | VECav | 00 |
| Additional spaces and care fund | No | |
| Opening/Closing & Setup | | 70 |
| Burial Container | | |
| Handling Fees | | |
| Flower vases - Marker setting fee | | |
| Recording and filing fee | | |
| The state of the s | | |
| rach Hosty | Total Due | 1450 |
| | THE RESERVE AND ADDRESS OF THE PARTY OF THE | |
| Paid re | eceipt number | |
| | Balance due | - |
| I hereby certify I am the | of the above nar | ned decedent |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization | and lagree to hold Mt. Hope Cemetery h | and represent armless from |
| I hereby authorize the interment in lot I hold under deed. | Signature | |
| Tierro di late docu. | Address | |
| Signature of recorded holder of deed | State | Zip Code |
| | | an code |
| | Telephone | |
| | Invoice # 06026 | 0 |
| Work Order # E 6882 | Act. # 000950 | |
| PY-SB2 (REV. 8-86) | AGUL # | - |

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 688Z

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDENT | | | SEX | DATE OF BIRTH | DATE OF DEATH |
|---|--|--|--|--------------------------|---|
| John Doe CC#87-470 | | | Hale | Unic. | April 8. |
| CACE OF DEATH—CITY OR TOWN | | PLACE OF DEATH—COUNTY IOR S | TATE IF NOT IN CALIFORNIAL | NAME AND ADDR | ESS OF SPOUSE OR OTHER INFORM |
| | | San Die | | Public | Administrator |
| SAUTPORNIC | A CREMATION & BURI ajon Blyd. Saa Die | AL CHAPEL | F-1357 | | Ruffin Road Lego, CA 92123 |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | |
| II I BURIAL (IN | CLUDES ENTOMBMENT) | 5. DISINTERMENT AND BURI | AL UNCLUDES | B DISINTERMEN | NT AND REINTERMENT OF CHEMATED |
| AND THE PROPERTY OF | N AND BURIAL (INCLUDES INURNMENT) | B DISINTERMENT, CREMATII | ON, AND BURIAL | DISPOSITION | NT OF CREMATED REMAINS AND OTHER THAN IN A CEMETERY |
| 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY. 4 SCIENTIFIC USE | | 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | FOR CORONER'S USE ONLY . | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY WITH A HODE COMMETTERY WITH AND ADDRESS OF CREMATORY WITH A HODER O | 3751 Market St | reet San D | iego, CA | San Diago |
| REMATION | N/A | 0 | | > | |
| BURIAL AT SEA OR OISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREY | extension current Co | nutel D | Cha Cha | mul 8) |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY AFE | TVING REMAINS " | | | |
| ACKNOWLEDGMENT * OF APPLICANT | This is to certify that I am the per remains of the above named deco and I hereby acknowledge that tre this permit gives no right of unrest | dent under provisions of the Hea espass and nuisance laws apply | alth and Safety Code, and understand that | DATE SIGNED | PLICANT |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COT AUTHORITY FOR THE DISPOSITION SPECIFIED IN | EANOIS SHE CO OO | DATE PERMIT ISSUED | atorall & | AL PEGISTRAR ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON THE | 56/87 SIGNATURE OF | en There | | LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE |
| IF DISPOSITION IS TO OCCUP 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

Puhed

MT. HOPE CEMETERY

, INTERMENT ORDER

| 1 | City of San Diego | 1/ |
|---|----------------------------------|--------------------------------------|
| Trust | | Date 8/25/87 |
| You are hereby authorized and instr | ructed, subject to your rules ar | od regulations, to inter the remains |
| of Gorfereo E | Salinos 7 | Enriquela) |
| in a | Funeral, date, time | |
| Church, Chapel, Graveside | | Mortuary. |
| All Funeral cars must arrive before | 1/0 | or an extra charge will be applied |
| and billed to undersigned. War time | e veteran | |
| Lot 131 Grave 3 R | ow Section | Division/Block |
| Grave space & Care Fund | | 250- |
| Additional spaces and care fund . | Double Cryp | 3500 |
| Opening/Closing & Setup | | 320 - 320 |
| Burial Container | eble Cuggy | 330- |
| Handling Fees | | 320- |
| Flower vases - Marker setting fee | | yyo |
| Recording and filing fee | | 35- 35,00 |
| Sales jaxes | 100 | 35500 19.80 |
| rust 1379.80 | Total | Bue 14 > 1274.80 |
| x 250.00 | Paid receipt number 3 | 4966 1629.80 |
| #16 29.80 | | Balance due |
| · · · · · · · · · · · · · · · · | olien - | |
| I hereby certify I am the QUU A and this is your authority to make d | | |
| that I have the right to make this aut any liability on account of said auth | | Mt. Hope Cemetery harmless from |
| | - A Court | + 71 Cli |
| I hereby authorize the interment in hold under deed. | ot 1 Spranger | - national ane |
| Signature of recorded typical windows 5 1987 | Address | Dugo 92113 |
| | Talephone | |
| MT. HOPE CEMETEI | DV I | |
| E 0000 | Invoice # _ | |
| Work Order # 0000 | Acct. # | |



August 18, 1987

Porfirio E. Salinas Enriqueta A. Salinas 1855 National Avenue San Diego, CA 92113

PROPERTY: Graves 2 & 3, Lot 3680, Lupine Lawn Rose Hills Current Selling Price \$ 692.00 each

Rose Hills does not have a Resale Department. If you wish to dispose of your Memorial Property, it will be necessary for you to find your own buyer or use the services of a Cemetery Property Broker licensed with the State of California. The following procedures will be required to transfer ownership of paid in full property where the Certificate of Ownership has been issued.

- The Transfer Agreement will be prepared by Rose Hills.
 It must be signed before a Notary Public by all owners
 named on the Certificate of Ownership, their spouses
 and the new owners.
- 2) The Certificate of Ownership must be endorsed on the reverse side by all named owners and their spouses. Rose Hills will prepare an Affidavit of Loss if the Certificate of Ownership cannot be found.
- 3) A Certified Death Certificate and written verification of Disposition must be presented if a Registered owner is deceased and not interred at Rose Hills.
- 4) A \$40 fee will be required for transfer and recording.

Further questions should be directed to our Business Office, Monday through Friday, 8:00 a.m. to 5:00 p.m.

ROSE HILLS MEMORIAL PARK ASSOCIATION

Business Office

WHITE TO CUSTOMER CANAATY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

| | 264-3151 | 0/2 | Man | |
|---------------------------------|--|---|-------------------|-----|
| 000 | 1 10-11 | _ Date: _ 0/d. | 3/87 | 19 |
| From Jorgeres E Laker | Address 155 Natio | and from it to | 1-92113 | |
| Lesteent hundred twee | to year ait 3/100 | Dollar | s 1629-3 | 0 |
| In Sull Palment of For | Home I don - Double Cu | est - and | two | |
| Antements - all. | charged inc. | | 90 13 | MAL |
| Lot 13/ Grave | 3 Row s | Section 2 | Division Block | 11 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 670 20% Sales Cere 771 | 50 | 00 |
| Acct. No. | | 80% Sales 11 of Lots 771 | 84 200 | 00 |
| w.o. F 6883 | THE REAL PROPERTY AND ADDRESS OF THE PERSON | Closing 271 | 00 81 00 | |
| BALANCE DUE | A STATE OF THE PARTY OF THE PAR | Containers 77.1 | | |
| BALANCE DOE | The Party of the P | Handling Fee 771 Recording ± 1 | 83 | |
| Pre-Need Lot At Need On Acct | m 1 1 | Misc Fees 771 Pre-Need 630 Trust 95 | | 80 |
| Pre-need Trust D Cash D Check D | P 1000 | Sales Tax 501 783 | 01 | |
| AC-212 (Rev. 11-80) | ISSUED BY CHILLIAM | TOTAL PAID | 1629 | 80 |

Grenood

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-26-87

| ina analyticano t | Purieral, Male Prime Sta | ich man |
|---|--|--|
| Church, Chapel, Graveside | runeral place, mile | Mortuary |
| All Funeral cars must arrive before 3:30 p.r | m, of regular work day or an extra | |
| and billed to undersigned. War time vetera | AND DESCRIPTION OF THE PARTY OF | ASSOCIATE TO THE SECOND |
| - 2 | 7 | 12/ |
| Lot // Grave Row | Section Divi | sion/Block |
| | | 195- |
| 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 | 1195 |
| O O Paid | f receipt number | |
| | weststean Ball | |
| La VIno l'au | Dall | ance due |
| he Phone Can | | |
| I hereby certify I am the | of the | above named decedent |
| I hereby certify I am theand this is your authority to make disposition | on of remains as above indicated | I certify and represent |
| I hereby certify I am the | on of remains as above indicated ion and I agree to hold Mt. Hope C | l. I certify and represent emetery parmiess from |
| I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization | on of remains as above indicated ion and I agree to hold Mt. Hope C | l. I certify and represent emetery parmises from |
| I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization | on of remains as above indicated ion and I agree to hold Mt. Hope C | l. I certify and represent emetery parmiess from |
| I hereby certify I am the | on of remains as above indicated ion and I agree to hold Mt. Hope C | l. I certify and represent emetery parmiess from |
| I hereby certify I am the | on of remains as above indicated ion and I agree to hold Mt. Hope C | I certify and represent |
| I hereby certify I am the | on of remains as above indicated ion and I agree to hold Mt. Hope C | l. I certify and represent emetery parmises from |
| I hereby certify I am the | on of remains as above indicated ion and I agree to hold Mt. Hope of the and interment. Superior 330 00 5 19 19 19 19 19 19 19 19 19 19 19 19 19 | l. I certify and represent emetery parmisss from |
| I hereby certify I am the | on of remains as above indicated ion and I agree to hold Mt. Hope of the and interment. Superior 330 00 5 19 19 19 19 19 19 19 19 19 19 19 19 19 | l. I certify and represent emetery parmiess from |

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

| DIA | 03 | 79 | 0 | - | 0 | |
|-----|----|----|-----|---|---|--|
| NO | 3 | м | -35 | b | ы | |
| INT | ~ | м | * | * | ~ | |
| | | | | | | |

| From 1996 Chal | Address: S | 330 6 | Date: | 4-16 | JUB. | 5D |
|--|--------------------------|---------------------|---|--|------------|-------------|
| nPayment of | and to | 9 Ju | 10 | ollars (\$ _ | 100-0 | 90, |
| Lot Grave | 3 | _ Row Se | ection | 2 | Division / | 2 |
| Acct. No | NOT VALID FOR PURPOSE ST | ATED UNLESS STAMPED | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriel Containers Handling Fee Recording & Mac. Fees | 87007 77184 100 77184 100 77181 100 77182 100 77185 100 77183 | EB 21 | TOR 1989 |
| Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-87) | ISSUED BY 1994 | he Were | Pre-Need Trust Sales Tax TOTAL PAID | 63033 9022 — 60101 78390 — | 100 | 60 |

BLACKMAN, ARGUVURN Rev. Or. V. M. NAME

E 6884

ACCT. NO. E-6884

| ADDRESS 533 | 30 Orange Avenue, Ste 2B, San Diego, Ca 92115 | RATING | LIMIT | |
|-----------------------------|--|--------|----------------|---------|
| DATE | DATE ITEMS DEBIT | | CREDIT | BALANCE |
| Au 87 2-16 89 3-14 89 | Lot 115, Grave 3, Section 2, Division 12 Receipt 37366 Receipt 37509 | 495 00 | 10000 39500 | 39500 |
| | | | | |
| | | | | |
| | | | | |
| • | | | | |
| | | | | |



Invoice No. Acct. No.

BALANCE DUE

Pre-Need Lot Pre-need Trust Cash

From

WHITE TO CUSTOMER CANARY CEMETERY

Grave.

On Aggt

ISSUED BY

Check

Payment of

At Need

AD-212 (Bey, 10-87)

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

How.

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

| 7 | Date: | 30 | 2 2 2 | 8,5 |
|-----|--------------------------|------------------|------------------|---------|
| 100 | Tele all | ollars (\$ | 375 | <u></u> |
| S | ection | 2 | Division Stock 2 | 2 |
| 0 | CREDIT 20% Sales Care | 67007 77184 — | 99 | 0 |
| ۱ | 80% Sains | 100 77184 — | 296 | 00 |
| K | Closing Closing | 77181 - | | |
| | Burial Containers | 100 77182 — | | - 10 |
| 3 | 0 19gging Fee | 100 77185 — | | |
| | Mist. Fees | 77183 — | W. T. W. | - |
| | Pre-Need Trust | 63033 9022 — | | |
| 4 | Sales Tax | 60101 76390 — | 2 | - |
| 20 | TOTAL PAID | | 313 | 00 |

Credit

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-27-87

| | Funeral, date, time |
|--|--|
| Vautt/Uner | |
| | ; Mortuary |
| All Funeral cars must arrive before 3:30 p | .m. of regular work day or an extra charge will be applied |
| nd billed to undersigned. War time veter | an |
| 96 - 9 | Section Division/Bleek // |
| ot Grave How | Section Division/ Block / |
| Grave space & Care Fund | 250 |
| | ********** |
| Opening/Closing & Setup | *********** |
| | |
| | |
| | |
| and the Control of th | |
| Percerding and filling fee | |
| | *********** |
| | Defin |
| Sales taxes | Total Due |
| Sales taxes | Total Due |
| Sales taxes | Total Due |
| Pa | id receipt number |
| hereby certify I am the | Total Due |
| hereby certify I am the | id receipt number |
| hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization liability on account of said authorization. | Total Due |
| hereby certify I am the ind this is your authority to make disposithat I have the right to make this authority in liability on account of said authority hereby authorize the hereby authorize the hereby authorize | Total Due |
| hereby certify I am the nd this is your authority to make disposithat I have the right to make this authority in liability on account of said authority hereby authorize the Nterment in local old under deed. | Total Due |
| hereby certify I am the nd this is your authority to make disposithat I have the right to make this authority in liability on account of said authority hereby authorize the Nterment in local old under deed. | Total Due |
| hereby certify I am the nd this is your authority to make disposithat I have the right to make this authority in liability on account of said authority hereby authorize the Nterment in local old under deed. | Total Due |
| hereby certify I am the and this is your authority to make disposit hat I have the right to make this authorization liability on account it said authorization hereby authorize the librarment in local hold under deed. | Total Due |
| hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization I said authorization. | Total Due |

Alan Christopher Washam.

Rivel

MT. HOPE CEMETERY INTERMENT ORDER

€688b

City of San Diego

Date 8/27/87

| You are hereby authorized and instructed | | askan | nter the remains |
|---|--------------------------|-------------------|-------------------|
| in a Toplan Count Van | Funeral, date, time _ | | |
| Church, Chapel, Graveside | | | Mortuary. |
| All Funeral cars must arrive before 3:30 | p.m. of regular work day | or an extra charg | e will be applied |
| and billed to undersigned. War time vete | ran 16 | | |
| Lot 96 Grave 9 Row_ | Section 2 | Division/® | |
| Grave space & Care Fund | Single - | | 250° |
| Additional spaces and care fund | | - mon | - |
| Opening/Closing & Setup | | | 32000 |
| Burial Container Courte Top | Leal Vault | | 175 : |
| Handling Fees Lebov fee | | 50 | 170 : |
| Flower vases - Marker setting fee | 7.10 |)). | |
| Recording and filing fee | | | 350 |
| Sales taxes | | | 10.50 |
| | Total | 1910 | 760.50 |
| Pi | sid receipt number 9 | 7 168 | 76020 |
| | 0 1/0 . | Balance du | . — |
| I hereby certify I am the and this is your authority to make dispos | her (the here | of the above | named decedent |
| that I have the right to make this authorize | ation and lagree to hold | | |
| Seed to be Issued to a | C.W.) | 6 |) |
| hereby authorize the interment in lot I hold under deed. | Signature | 22 Abili | Jane |
| Signature of restricted solder angoed | Aucon | 06 05 | 114 |
| TRAID | 50000) [4] [| 0737 | Zip Code |
| AUG 2 7 1987 | Temphone | -0001 | V |
| MUU & 7 1307 | Invoice # | | |
| WOT OTHER TALL AND THE STATE OF ALLE | Acct.# | | Total Line |
| PY-553(SR) 4 95) | | | |

Rosa Payne does not want son Name on Pre Need Anymore. Owner name revest to Rosa Payne who is Auchaser at lot.:

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

PINK AUDITOR 264-3151 en Dollars () Payment of Division Grave. Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 77184 Invoice No 20% Sales Care 80% Sales 77184 of Lots Acct No. Opening/ Closing 100 77181 Burlai 100 Containers 77182 BALANCE DUE 100 Handling Fee 77183 Recording & Misc. Fees 77183 Pre-Need 63033 Pre-Need Lot At Need On Acct Trust Pre-need Trust Sales Tax 60101 Cash Check 78390 TOTAL PAID AC-212 (Rev. 11-86)



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY E6886

Vº 11442

Dead

| OWNERSHIP | AND | INTERMENT | PRIVIL | EGES |
|-----------|-----|-----------|--------|------|
|-----------|-----|-----------|--------|------|

TO Alan Christopher Washam for the sum of \$ 250.00 (DOLLARS)

LEGAL DESCRIPTION Lot 96, Grave 9, Section 2, Bivision 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-6886

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:

Cemetery Manager

Property Director

This deed replaces Deed 11442.

CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY E6886 12231



OWNERSHIP AND INTERMENT PRIVILEGES

| TO | ROSA M. PAYNE | | for the sum of \$_ | \$250.00 | (DOLLARS) |
|--------------------------------|--|---|--|---|--|
| | L DESCRIPTION | ** | ction 2, Division 11 6886 | | |
| Accordi endowe essenti | ing to a map of said Cemeter ed care. Subject to all rules a als for care and operation of | y filed in the office of the Cou and regulations now in force the Cemetery. The rights her | nty Recorder of San Diego Cou or may hereafter be adopted, i eby conveyed for interment pr ast be recorded in the office of l | ncluding the right to i ivileges shall not be re | ingress and egress with elinquished without the |
| stone, v be assu vandali | vaults or other improvement | s of like nature that is already esentatives of plot. In no case leterioration, but reserves th | does not undertake or agree , or may hereafter be erected o will the Cemetery Division be e right to remove any object | r placed on said lot or e responsible for dama | plot. Cost of same shall age, malicious mischief, |
| | Preneed Trus | t - \$710.50 | Flat marker | 12x24x3 only | |
| | Doller | Write | L | T, She | Jan |
| | // Cemetery N | lanager | () R | eal Estate Assets Dir | rector |

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/27/87

| You are hereby authorized and inste | ucted, subject t | o your rules and re | egulations, to inter | the remains |
|--|------------------|--|---|---------------|
| of La Shoute. | Dean | - Lowe | in . | |
| ina Comute | Funeral | date, time | mu IDAM | - 8/31 |
| Church, Chapel, Graveside | avesile | Rag | salle | _ Mortuary. |
| All Funeral cars must arrive before | 3:30 n.m. of rec | ular work day or | an extra charge wi | Il be applied |
| and billed to undersigned. War time | | 6 | *************************************** | писоррион |
| 1 10110 | | | | 0 |
| Lot 1941 Grave Ro | ow: | Section | Division/Biock | _7 |
| | | | | 10000 |
| Grave space & Care Fund | ************ | | | 100 |
| Additional spaces and care fund | | *********** | | 10000 |
| Opening/Closing & Setup | , | | | 100 - |
| Burial Container . Concell . | rene- | | y | 50- |
| Handling Fees | D/ | ······································ | | 11 = |
| Flower vases - Marker setting fee . | | 119 | | 7-00 |
| Recording and filing fee | erp | 11987 | | US = |
| Sales taxes | OLI | - 1501 | | 3.00 |
| o day acc | MT. HOP | CEMETERY | 4 \$ | 299.00 |
| 1/4 | CALL OF MEN | N DIEGO, CALT | 75 | 299.00 |
| NAVY, | | | Balance due | 0 |
| <i>t</i> | -00 | | | |
| I hereby certify I am the and this is your authority to make di | the of the | naine se abous in | of the above nam | |
| that I have the right to make this auti | horization and I | agree to hold Mt. | | |
| any liability on account of said auth | orization and ir | nterment. | | , |
| I hereby authorize the interment in | lot I | Law | you of I | eur? |
| hold under deed. | | 4060 m | at/borova | 4 # 8 |
| Signature of recorded holder of deed | | JAN D | Pegg Li | 9, 92105 |
| | | 283- | 0895 | Zip Code |
| | | Telephone | | |
| THE PARTY OF THE P | | In case of | | |
| Work Order # E 6887 | | Invoice # | | |
| Work Order # L UOO (| - | Acct. # | | |

| 234 | NOTE-STRAIGHT | , |
|---|---|--|
| , 299° | San Diego, California, 8/27 | 7/87 |
| Mt. Hope Cemetery | days after date, for value received, the un | ndersigned maker(s) promise(s) to pay to |
| at 3751 Martin Luthe | r King Way, San Diego, CA 92102 | , or order |
| the sum of | Jul hentymul 2000 +28, 1984 - num. payable on demand | on the unpaid principal at the rate of |
| Should interest not be paid withterest when due, the whole sum holder of this note. Interest after munited States. Each maker will be hereof before, at or after maturity, a person who signs this note agrees. | tien due, it shall thereafter bear like interest as the principal of principal and accrued interest shall become immediately sturity will accrue at the rate indicated above. Principal and interest years are severally liable and consents to renewals, replaced the waives presentment, demand and protest and the right to a that recourse may be had against his/her separate property the undersigned promise(s) to pay such sum as the Court may | due, without notice at the option of the interest are payable in lawful money of the ments and extensions of time for payment assert any statute of limitations. A married for any obligation contained herein. If any |
| | 4060 mu | of Lengo +16000-5 h H& S.O.CA.71 |
| MAKE ALL PAYMENTS | AT MT. HOPE CEMETERY OFFICE | Mailing Address er Lic. # 5621374 |

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | rr. | | SEX | DATE OF BIRTH | DATE OF DEATH |
|--|---|---|------------------------|--|---|
| LaShonte Diane Lewis | | ne Lewis | Female | Aug. 26, 1987 | Aug. 26, 1987 |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH-COUNTY 108 5 | | | SPOUSE OR OTHER INFORMANT |
| | San Diego | San Dieg | 0 | | in Lewis - Father |
| The state of the s | S OF FUNERAL DIRECTOR FOR PERSON AC | | AFORNIA LICENSE NUMBER | 4060 Marlboro | |
| Anderson-R | agsdale Mort.: San D | lego, California | 1329 | San Diego, Ca | lifornia 92105 |
| 4 | TYPE OF PERM | IT, CHECK ONLY ONE OF THE | FOLLOWING TYPES OF | FDISPOSITION | |
| EX 1. BURNAL IIN | CLUDES ENTOMEMENT) | 5 DISINTERMENT AND BUR ENTOMBMENT) | HAL INCLUDES | B DISINTERMENT AND F | IEINTERMENT OF CREMATED |
| 2 CREMATIO | N AND BURIAL (INCLUDES INURNMENT) | D 6 DISINTERMENT, CREMATI | ION. AND BUHIAL | DISINTERMENT OF CRUDESPOSITION OTHER | EMATED REMAINS AND THAN IN A CEMETERY |
| 3. CREMATIO | N AND DISPOSITION OTHER THAN IN A | ☐ 7 DISINTERMENT, CREMATI | ON AND DIEDGETTON | FOR CORON | EDIC LICE ONLY |
| _ 4 SCIENTIFIC | USE | OTHER THAN IN A CEME | | FOR CORONER'S USE ONLY D 10 DISPOSITION PENDING | |
| | | | I DA | | 0 |
| INTERMENT | NAME AND ADDRESS OF CEMETERY WI | HERE REMAINS OR CREMATED REN 751 Martin Luther | King Way: Ca | Dlego; co | San Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY WI | HERE REMAINS ARE TO BE CREMATE | DATE CREMATED | SIGNATURE OF PERSON IN | CHARGE OF CREMATORY |
| BURIAL AT SEA OR DISPOSITION OTHER ON IN A CEMETERY HUMATED REMAINS | ADDRESS, NEAREST POINT ON SHORELI | NE. OR OTHER DESCRIPTION SUFFI | | PLACE AND COUNTY OF DE | POSITION |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECE | | | | |
| ACKNOWLEDGMENT OF | This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that tre | lent under provisions of the Hea | alth and Safety Code, | SIGNATURE OF APPLICANT DATE SIGNED | 17270-2 |
| APPLICANT | this permit gives no right of unrestr | | | MATE STORED | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAPETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED IN | E AND IS THE | AUG 3 1 1987 | SIGNATURE COCAL BE | L Campas M. DAY |
| CERTIFICATION OF PERSON IN CHARGE OF DISPONITION | DISPOSITION WAS MADE ON | SI/87 SIGNATURE OF | PERSON IN CHAPME OF I | | NUMBER OF CREMATED REMAINS IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | P. | 0. Box 85222 | ornia 92138-52 | 22 |

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

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



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

| | | Date: _// | 11/10 | | 8 |
|--------------------------------------|--|--------------------------|--|---------------------|-----|
| From: L. F. Laures | Address: 4660 3 Williams | week-#8- | 20 | 92,100 | - |
| Town Hundred heat | True godino | Do. | llars (\$ _ | 2993 | y W |
| in full Payment of A | Turney of Indhorte | blane hew | TOTAL PROPERTY. | Rece | |
| , aymani or | 000507 | | TEH | | |
| Lot 1947 Grave | Row Si | ection / | | Division S Block | 7 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 20% Sales Care | 67007 77184 | 301 | 30 |
| Acct. No | POD IN THIS PROPERTY. | 80% Sales | 100 | 80 | 00 |
| W.O. E6887 | ORTY AUDITOR | Opening/ Closing | 77181 | 100 | 00 |
| 0 | Dept 4, 1987 | Burial Containers | 77182 | 50 | 00 |
| BALANCE DUE | Dept 4, 1901 | | 77183 | -11 | 00 |
| | The State of the Late of the L | | 77183 ———————————————————————————————————— | 40 | 00 |
| Pre-Need Lot At Need On Acct O | no had | Trust | 9022 | 2 | -0 |
| Pre-need Trust Cash Check | Lose end litter | VIEWE 25/1 | 78390 | 0.00 | 000 |
| AC-212 (Rev. 11-86) | ISSUED BY | TOTAL PAID | | 29 | 00 |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8/97/

| You are hereby authorized and instructed, sub | last to your substantial | ulations to leter the complete |
|--|---------------------------|--|
| of Flores Go | A A A | 13 CAN |
| | F. | . 8/28 2:00 |
| Church, Chapel, Graveside | neral, date, time | nguery Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an | extra charge will be applied |
| and billed to undersigned. War time veteran . | | Drop of |
| Lot 50 Grave 7 Row | Section | Division/Block |
| Grave space & Care Fund | 0 ; | 38.00 |
| Additional spaces and care fund | , Jun | 67.00 |
| Opening/Closing & Setup | 1.7/ | ******* |
| Burial Container | | |
| Handling Fees | | |
| Flower vases - Marker setting fee | | |
| Recording and filing fee | | |
| Sales taxes | | |
| 103/2017 | Total Due . | 1050 |
| D. 1036221 | ceipt number | |
| 10 -04 | 1-525-5843 | Ralance due |
| Mory Sugar | | balance due |
| I hereby certify I amy the | o | f the above named decedent |
| and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization | and lagree to hold Mt. Ho | cated. I certify and represent ope Cemetery harmless from |
| I hereby authorize the interment in lot I | Signature | |
| hold under deed. | (1111/1001) | |
| Signature of recorded holder of deed | Acktrona | |
| | State | Zip Code |
| | Telephone | |
| | Invoice # 0 | 60261 |
| Work Order # E 6888 | 1914 | 2952 |
| Work Order # | Acct. # | |

E 6888

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| | | DE BLACK INK-MAKE ING | ALIERATIONS OR ERASURE | | | |
|---|--|--|--|--|--|--|
| NAME OF DECEDEN | NDA FLORES | | SEX Female | July 29, 1974 | August 27, 1987 | |
| | onal City | PLACE OF DEATH COUNTY IS | | Indigent Buri | al Officer | |
| NAME AND ADDRESS OF FUNERAL DIRECTOR ON PERSON SET HUmphrey Chule Vista Mortuary Ch | | 50 Broadway Chula Vista, CA F-964 | | 5201-A Ruffin Road San Diego, CA 92123 | | |
| | TYPE OF PER | MIT, CHECK ONLY ONE OF T | HE FOLLOWING TYPES OF | F DISPOSITION | | |
| E I BURIAL IIN | CLUDES ENTOMBMENT) | 5 DISINTERMENT AND E ENTOMBMENT) | PURIAL (INCLUDES | B DISINTERMENT AND REMAINS UNCLUDE | REINTERMENT OF CREMATED S INURNMENT) | |
| | N AND BURIAL IINCLUDES INURNMENT) | 6 DISINTERMENT, CREM | | | CREMATED REMAINS AND IL THAN IN A CEMETERY | |
| ☐ 4 SCIENTIFIC | | 7 DISINTERMENT, CREM OTHER THAN IN A CE | ATION, AND DISPOSITION METERY | FOR CORO | NER'S USE ONLY | |
| TERMENT | NAME AND ADDRESS OF CEMETERY W | HERE HEMAINS OR CREMATED A | San Diego, CA | | Gan Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | CHERE REMAINS ARE TO BE CHEM | ili week | SIGNATURE OF PERSON | IN CHARGE OF CREMATORY | |
| DR STRONG OTHER THAN IN A CEMETERY OF CREMATED REMAINS | ADDRESS, NEAREST POINT ON SHOPEL | | LINE CHAIR TO RENTIFY FORM | ter Carl | | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | CEIVING REMAINS | From Po | | 3/ | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the pe remains of the above named dece and I hereby acknowledge that to this permit gives no right of unrest | dent under provisions of the l espass and nuisance laws app | Health and Safety Code, ply and understand that | Mamphrey Cho DATE SIGNED August 28, 19 | alla Vista Mortuary | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED IS | DE AND IS THE | MIG 2 8 198 | | PARAH ISSUING PRIMIT CO | |
| CERTIFICATION OF PSESON IN CHARGE OF DISPOSITION | 1001011 | VITER (DATE) | of Pekson in Charge py a | DISPOSITION LICENS DISPOS | NUMBER OF CREMATED HEMAINS SER, IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | | |

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/3/87

| of vicinia of | ud , |
|---|---|
| ina 0 — Fu | neral, date, time Jues 9/1 /53 |
| Veut/Liner Church, Chapel, Graveside | Markey-Metales Morris |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or anyextra charge will be appli |
| and billed to undersigned. War time veteran . | 10 -1 10 10 |
| 100 | 0 // 11 |
| Lot Grave Row | Section Division/Block |
| Grave space & Care Fund | 550 |
| 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 | |
| . 38 | Total Due |
| All Paidre | ceipt number |
| Sales taxes | Balance due |
| 1. 10 | |
| I hereby certify I am the | of the above named decede of remains as above indicated. I certify and represe |
| that I have the right to make this authorization any liability on account of said authorization a | and I agree to hold Mt. Hope Cemetery harmless from |
| any manney on account of said authorization of | no internett. |
| I hereby authorize the interment in lot I | Signature |
| hold under deed. | |
| Signature of recorded holder of deed | Address |
| | State Zp (|
| | |
| | Telephone |
| | 060201 |
| Work Order # E 6890 | Invoice # 06080/ |

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

SEX

| F | 1 | 10 | 1 | - |
|---|----|-----|----|---|
| 8 | 6 | 8 | 9 | 0 |
| 1 | 10 | De. | -1 | - |

DATE OF DEATH

DATE OF BIRTH

| STATE OF THE PARTY | | | FEMALE | NOV 26, 1908 | AUG 27, 1987 |
|--|--|---|--|--|--------------------------------|
| PLACE OF DEATH—CITY OR TOWN SAN DIEGO NAME OF CHEEN TOWN SAN DIEGO. CA 92103 | | PLACE OF DEATH—COUNTY YOR SAN 1 | and the state of t | PUBLIC ADMINISTRATOR | |
| | | 555 FIFTH AVENUE, | F-119 | SAN DIEGO, CA 92123 | |
| | TYPE OF PER | MIT, CHECK ONLY ONE OF TH | FOLLOWING TYPES OF | DISPOSITION | |
| XXX BURIAL UN | CLUDES ENTOMBMENTI | 5. DISINTERMENT AND BUI | HAL INCLUDES | 8 DISINTERMENT AND RE REMAINS (INCLUDES IN | INTERMENT OF CREMATED URNMENT) |
| 2. CREMATIO | N AND BURIAL (INCLUDES INURNMENT) | G DISINTERMENT, CREMAT INCLUDES INURNMENT! | ION, AND BURIAL | DISINTERMENT OF CREMENT OF CREMEN | |
| 3 CREMATIO CEMETERY 4 SCIENTIFIC | | 7 DISINTERMENT, CREMAT OTHER THAN IN A CEM | | FOR CORONES | R'S USE ONLY |
| INTERMENT | MT HOPE CEMETERY | WHERE REMAINS ON CREMATED RE 3751 MARKET STREET | The state of the s | 20 | SAN DIEGO |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | | | SIGNATURE OF PERSON IN C | HARSE OF CREMATORY |
| | | | | | |
| BURNAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS | N/A Co | THE OR OTHER SECRIPTION SUFF | ICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DISP | OSITION |
| OR DISPOSITION OTHER THAN IN A CEMETERY | (~ | unty) | ICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DISP | os(flon |
| OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS SCIENTIFIC USE ACKNOWLEDGMENT OF | N/A NAME AND ADDRESS OF FACILITY RECOVERY N/A This is to certify that I am the peremains of the above named deceand I hereby acknowledge that to | rson having the right to control adent under provisions of the He aspass and nuisance laws appl | the disposition of the alth and Safety Code, and understand that | PLACE AND COUNTY OF DISP | OSÍTIÓN |
| DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS SCIENTIFIC USE ACKNOWLEDGMENT | N/A NAME AND ADDRESS OF FACILITY HER N/A This is to certify that I am the peremains of the above named decound I hereby advanced that the this permit gives no right of unrestriction to the CALIFORNIA HEALTH AND SAFETY CO | reon having the right to control adent under provisions of the He resposs and nuisance laws apply tricted access to property not own a PROVISIONS AMOUNT OF FEE PAIR OR AND 15 THE | the disposition of the alth and Safety Code, and understand that ned by me. | SIGNATURE OF APPLICANT | |
| OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS SCIENTIFIC USE ACKNOWLEDGMENT OF APPLICANT | N/A NAME AND ADDRESS OF FACILITY BEE N/A This is to certify that I am the peremains of the above named deceand I hereby admowledge that to this permit gives no right of unrestrict permit gives no right of un | rison having the right to control adent under provisions of the He risposs and nuisance laws apply tricted access to property not ow a provisions of the AMOUNT OF FEE PAIR IN 1196 PERMIT \$3.90 | the disposition of the alth and Safety Code, and understand that ned by me. | SIGNATURE OF APPLICANT DATE SIGNED SIGNATURE OF LOCAL DEGIS SIGNATURE OF LOCAL DEGIS LICENSE NI | |

BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

NAME OF DECEDENT

CHEMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

| Trest | Date 8-28-87 |
|--|---|
| The server | Johnson |
| in aFunera | date, time |
| Church, Chapel, Graveside | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. of re | gular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | |
| Lot 24 Grave 12 Row | Section 2 Division/Block 12 |
| Grave space & Care Fund | 495 |
| Additional spaces and care fund | |
| Opening/Closing & Setup | (320 |
| Burial Container | 100 |
| Handling Fees | A 245 |
| Flower vases - Marker setting fee | 4606 |
| Recording and filling fee | Julie 35 |
| Sales taxes | 0 |
| 11 1 | Total Due/-/-// |
| Paid receip | t number |
| | Balance due |
| I hereby certify I am the | of the above named decedent |
| and this is your authority to make disposition of re that I have the right to make this authorization and any liability on account of said authorization and | mains as above indicated. I certify and represent |
| I hereby authorize the interment in lot-I hold under deed. | Elsrence J. Johnson |
| | Address O' |
| Signature of recorded holder of deed | State 5 39 / 520 Zip Code |
| | Telaphona |
| | Invoice # |
| Work Order # E 6889 | Acct.# |
| PY-583 (REV. 8-85) | |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/31/87

| | | , |
|--|---|-----------------|
| You are hereby authorized and instructed, sub | ject to your rules and regulations, to inte | er the remains |
| of Republican Co | paral data tima Tuesday-9/1- | 1/Am |
| Vault/Liner Maria Of - Of - | Herai, vate, tillious | multin. |
| Church, Chapel, Graveside | 1 N | www. |
| All Funeral cars must arrive before 3:30 p.m. | 1/- 274-3771 | will be applied |
| and billed to undersigned. War time veteran | 100 | |
| Lot /804 Grave Row | Section Division/Bac | -9 |
| Grave space & Care Fund | * | 10000 |
| Additional spaces and care fund | none | |
| Opening/Closing & Serup | | 10000 |
| Burial Container P. A |) | _50° |
| Handling Fees | | -11 oc |
| Flower vases - Marker setting fee 1.1987 | | |
| Recording and filling FF. HOPE CEMETER | RY. | 3500 |
| Sales taxes CITY of SAN DIEGO, CA | LIP. | 3.00 |
| Loyedo granente Works. | Total Due | 299- |
| Paid re | ceipt number 34974 | 29909 |
| 32 | Balance due | -6 |
| I hereby certify I am the Mather | of the above na | med decedent |
| and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization as | of remains as above indicated. I certify and I agree to hold Mt. Hope Cemetery | and represent |
| I hereby authorize the interment in lot I | XI Spilamona Tu | nten |
| hold under deed. | x 4861 200110 # | ±5 |
| Signature of recorded holder of deed | X San Dieso CA | 92115 |
| | ¥ 563 - 4900 | Aip Code |
| | Invoice # | NA. |
| Work Order # E 6891 | Acct. # | |

E 6891

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| 200 - 1 | | THE SECOND PROPERTY OF THE PARTY OF THE PART | | | |
|---|--|--|--------------------------------|---------------------------|----------------------------|
| NAME OF DECEDENT | | | \$EX | DATE OF BIRTH | DATE OF DEATH |
| Laticia C. Haykins | | | Female | 5-22-1987 | 8-26-1987 |
| PLACE OF DEATH | CITY OR TOWN | PLACE OF DEATH—COUNTY 10 | STATE IF NOT IN CALIFORNIA | NAME AND ADDRESS OF S | POUSE OR OTHER INFORMANT |
| San | Diego | San Dies | 10 | Lee V. Havk | ins (Father) |
| MAKE AND ADDRES | S OF EUNERAL DIRECTOR FOR PERSONAN | | ALIFORNIA LICENSE NUMBER | 4261 Euclid | |
| 5602 E1 C | | Lego. WA | F-1357 | San Diego. | |
| | | | | | |
| | TYPE OF PERI | MIT, CHECK ONLY ONE OF TH | HE FOLLOWING TYPES OF | DISPOSITION | |
| To a partial on | CLUDES ENTOMBMENT) | ☐ 5 DISINTERMENT AND BE | ORIAL DEPLEMENT | B DISINTERMENT AND R | CHATCHARD OF COLLEGES |
| 421 I Brilling ma | CLUDES ENTOMOMENT) | ENTOMBMENT) | DHIME INSCRIPTION | REMAINS (INCLUDES I | |
| ☐ 2 CREMATION | N AND BURIAL (INCLUDES INURNMENT) | П с роздержите соли | | D | |
| | | 6 DISINTERMENT, CREMA (INCLUDES INURNMENT) | | DISPOSITION OTHER 1 | |
| ☐ 3 CREMATION CEMETERY | N AND DISPOSITION OTHER THAN IN A | | | | |
| 4 SCIENTIFIC | | OTHER THAN IN A CEN | ATION, AND DISPOSITION | | ER'S USE ONLY |
| a scientific | USE | | SELE. | 10. DISPOSITION PENDING | |
| | NAME AND ADDRESS OF CEMETERY W | THERE REMAINS OR CREMATED R | EMAINS ARE TO BE INTERRE | 0 00 | INTY |
| INTERMENT | The state of the s | A STATE OF THE PARTY OF THE PAR | MANAGER STATE OF THE RESIDENCE | | |
| | NAME AND ADDRESS OF CREMATORY W | | | Diego, CA | CHARGE DE CREMATORY |
| CREMATION | | THE DESIGNATION OF THE OF STREET | THE SHEETEN | South of Leading to | enche et ellellenen |
| BURIAL AT SEA | ADDRESS, NEAREST POINT ON SHOREL | INE OR OTHER DESCRIPTION SHE | ENCIENT TO IDENTIFY EINAL | PLACE AND COUNTY DE DIS | POSITION |
| DISPOSITION OTHER | heine | Of overa | - | TORRE MIND COUNTY OF MIND | COSHINIA |
| DIAN IN A CEMETERY | 2011 | Of overa | I Lamb | | |
| MATER REMAINS | NAME AND ADDRESS OF FACILITY REC | The same beautiful and the same | aramo | | |
| CIENTIFIC | CONTRACTOR DE CONTRACTOR DE LA CONTRACTOR DE | CIAIMO LIEMMANS | | | |
| OUL | N/A | | | SIGNATURE OF APPLICANT | |
| ACKNOWLEDGMENT | This is to certify that I am the per | | | SIGNATURE OF AFFLICANT | |
| OF | | dent under provisions of the Health and Safety Code, espass and nuisance laws apply and understand that | | DATE SIGNED | |
| APPLICANT | this permit gives no right of unrest | U ************************************ | * | DATE SIGNED | |
| * | THIS PERMIT IS ISSUED IN ACCORDANCE WITH | | | SIGNATURE OF LINCAL REM | CTO+D ICCUING DEGLAT |
| LOCAL REGISTRAR | OF THE CALIFORNIA HEALTH AND SAFETY COL | EAND IS THE CO. | AUG 3 1 1987 | 12-11/16 | -and MA mon |
| CERTIFICACION | AUTHORITY FOR THE DISPOSITION SPECIFIED II | Transportation of the second | PERSON IN CHARGE SE D | and the second | NUMBER OF CREMATED REMAINS |
| DE PERSON IN CHARGE | DISPOSITION WAS MADE ON | 10/ 10 | 1 () () | DISPOSER | I IF APPLICABLE |
| OF DISPOSITION | 1047 / | OCCUMENT OF DEATH | oy wx le | CC | |
| IF DISPOSITION IS | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH - 4 | U | | |
| ANOTHER COUNTY | A CONTRACTOR OF THE PARTY OF TH | | | | |
| | THE RESERVE THE PARTY NAMED IN | | | | |

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

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

| CANARY CEMETERY PINK AUDITOR | MOUNT HOPE CEMETERY 284-3151 | 2/2 | 100 |
|---|--|---|------------|
| From: E Worten | Address: A2618a | edick #5 | - DA 92115 |
| In Level Payment of And | threw to fan for Las | ticea C. How | Rim- Lee |
| Lot 1804 Grave_ | Rows S | ection/~ | Division 9 |
| Invoice No. | NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE | CREDIT 67007 Shies Care 77184 50% Shies 100 of Lobi Opening/ 100 | 2000 |
| W.O. E 6891 BALANCE DUE | 002032 SEP | 2 Containers 77187 100 Containers 77182 100 Handling Fee 77183 | 5000 |
| Pre-Need Lot At Need O On Acct D | m her | Recording & 100 Misc. Fises 77183 Pre-Nited 53033 Trust 9022 | 3000 |
| Pre-need Trust Cash Check Ac-212 (Rev. 11-86) | issues a couple Steller | Sales Tax 80101 18390 - TOTAL PAID \$ | 299 00 |

3659

MT_HOPE GEMETERY

INTERMENT ORDER

City of San Diego

| 1110 | Date 1/04° |
|--|---|
| You are hereby authorized and instructed, sub- | ject to your rules and regulations, to inter the remains |
| of Wille That | Laws dil |
| in a Fur | neral, date, time Mulls 919 gm |
| Church, Chapel, Graveside | : Hayes Mortuary |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran _ | Deap off |
| 190 3-4 | 2 //// |
| Lot Q Grave T Row | Section Division/Black |
| Graya space & Core Fund | 530 |
| 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 |
| Paid re | ceipt number |
| | Balance due 245.0 |
| I hereby certify I am the | of the above named decedent |
| and this is your authority to make disposition of | of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from |
| hereby authorize the interment in lot I hold under deed. | Signature |
| | Address |
| Signature of recorded holder of dead | Sizee Zip Cod |
| | Telephone |
| | DAZADA |
| F 9999 | Invoice # 060000 |
| Work Order # E 6892 | |

E 6892

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | Willie Mae Den | un . | SEX Male | Sept.9,1917 | August 30,1987 | |
|---|--|---|---|-------------------------------------|---|--|
| PLACE OF DEATH | CITY OR TOWN San Diego | PLACE OF DEATH—COUNTY San Die | | Public Administrator | | |
| Mayer Mortuary 2859 Adams Av. | | | | jSan Diego, CA 92123 | | |
| 111 | TYPE OF PER | MIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES O | F DISPOSITION | | |
| 1 BURIAL UN | CLUDES ENTOMBMENT) | 5. DISINTERMENT AND ENTOMBMENT) | BURIAL (INCLUDES | DISINTERMENT AND REMAINS (INCLUDES) | REINTERMENT OF CREMATED | |
| | N AND BURIAL (INCLUDES INURNMENT) | B DISINTERMENT, CRE HINCLUDES INURNAME | | | REMATED REMAINS AND THAN IN A CEMETERY | |
| 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE | | 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | FOR CORONER'S USE ONLY | | |
| TERMENT | NAME AND ADDRESS OF CEMETERY V Mt. Hope Cemetery. | WHERE REMAINS OR CREMATED | MANUFACTURE OF THE PROPERTY OF THE PARTY. | ED CO | San Diego | |
| CREMATION | NAME AND ADDRESS OF CREMATORY V | Flatchina | 100-1 | > | N CHARGE OF CREMATORY | |
| HURIAL AT SEA OR SITION DTHEA V & CEMETRAY OF MATED REMAINS | ADDRESS, NEAREST POINT ON SHORE | Blastic faith | Board Fina | LE AND EQUINTY OF D | POSITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY REC | CEIVING REMAINS | Bollo | | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named deco and I hereby acknowledge that to this permit gives no right of unres | edent under provisions of the resposs and nuisance laws a | Health and Safety Code, oply and understand that | SIGNATURE OF APPLICANT | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE 3.00 | SFP 2 1987 | SIGNATURE OF LOCAL | PAR ISSUING PERMIT | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WALKED ON | SIGNATURE SIGNATURE | OF PERSON CHARGE OF | DISPOSITION LICENSE DISPOSI | NUMBER OF CREMATED REMAINS ER, IF APPLICABLE | |
| IF DISPOSITION IS TO DOCUM IN ANOTHER COUNTY | MIDICALE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 9 | | | |

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

MT. HOPE CEMETERY INTERMENT ORDER

| your rules and regulations, to inter the remain |
|---|
| HI I ALOND II WILL WAR |
| way |
| date, time Full bey 9/4 W |
| Thodood Mortuan |
| lar work dev or an extra charge will be applied |
| . Dead all |
| ection 2 Division/Block // |
| ection Division/Block |
| _55.0 |
| *************************************** |
| 90.00 |
| *************************************** |
| |
| ************* |
| |
| |
| Total Due |
| number |
| Balance due |
| |
| of the above named deceder ains as above indicated. I certify and represer |
| gree to hold Mt. Hope Cemetery harmless fro erment. |
| Signature |
| Activass |
| Stees Zip Co |
| Telephone |
| * Armod |
| Invoice # 060198 |
| Acct. # 000952 |
| |

| | | JSE BLACK INK-MAKE NO ALT | ERATIONS OR ERASURE | S | | |
|--|--|---|--|--|--|--|
| NAME OF DECEDENT SEX | | | SEX | DATE OF BIRTH | DATE OF DEATH | |
| Kenneth Mortimer Walley | | | Male | Feb. 12, 1947 | | |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH—COUNTY 108.5 | TATE IF NOT IN CALIFORNIA) | | SPOUSE OR OTHER INFORMANT | |
| San D | | San Diego | | | ep. Public Adm. | |
| NAME AND ADDRESS OF FUNERAL DIRECTOR ICH PERSON ACT GOODBOOK MORTHURY 5027 E1 Cajon Blvd., San Die | | CAL | F-790 | 5201-A Ruffin Rd. San Diego, CA 92123 | | |
| • | | and the second second second second | | | 26,4,6,0 | |
| | TYPE OF PER/ | MIT, CHECK ONLY ONE OF THE | FOLLOWING TYPES OF | DISPOSITION | | |
| XX 1 BURIAL (IN | ICLUDES ENTOMBMENT) | 5 DISINTERMENT AND BUR ENTOMBMENT) | IAL (INCLUDES | B DISINTERMENT AND I | REINTERMENT OF CHEMATED INURNMENT! | |
| 245 | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CREMATI | ON, AND BURIAL | 9 DISINTERMENT OF CH DISPOSITION OTHER | EMATED REMAINS AND THAN IN A CEMETERY | |
| CEMETERY | N AND DISPOSITION OTHER THAN IN A | T 7 DISINTERMENT CREMATI | ON AND DISPOSITION | EOR CORON | ED'S LISE ONLY | |
| A SCIENTIFIC | USE | 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | FOR CORONER'S USE ONLY 10 DISPOSITION PENDING | | |
| CREMATION BURIAL AT SEA OR VISITION OTHER IN A CEMETHRY OF CREMATED HEMAINS SCIENTIFIC USE | NAME AND ADDRESS OF CREMATORY WANTED BY A MANUAL PROPERTY OF SHOREL NAME AND ADDRESS OF FACILITY RECONSTRUCTION OF SHOREL NAME AND ADDRESS OF FACILITY RECONSTRUCTION OF SACRETY AND ADDRESS OF SACRETY AND | THE REMAINS ARE TO BE CREMATE | D DATE CREMATED | SIGNATURE OF PERSON IN | 1 | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece and I hereby acknowledge that tre this permit gives no right of unrest | dent under provisions of the Hea espass and nuisance laws apply | alth and Safety Code, and understand that | SIGNATURE OF APPLICANT DATE SIGNED | | |
| LOCAL REGISTRAR | THE PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CAUFORNIA HEALTH AND SAFETY COC AUTHORITY FOR THE DESPOSITION SPECIFIED IS | DE AND IS THE | SEP /3 1987 | SIGNATURE OF LOCAL REM | STRAR ISSUING PERMIT | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DISPOSITION WAS MADE ON 9/1 | | YERSON IN CHARGE | | NUMBER OF CREMATED REMAINS H, IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDIFATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | | |

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

INTERMENT ORDER

City of San Diego

Date Sept 4, 1987

| | , , |
|--|--|
| You are hereby authorized and instructed, sub | pject to your rules and regulations, to inter the remains |
| of Elegabeth Doirs | Miller |
| ina Vault Fu | ineral, date, time huss 9/10 2:00 |
| Church Chapet Graveside Chafeol | Leacade Ragsdale Mortusty. |
| All Funeral cars must arrive before 3:30 p.m. | of regular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran . | |
| - 4/11 - | " 7 |
| Lot 144 Grave 2 Row | Section /4 Division/Plack / |
| Grave space & Care Fund | Preneed 0 |
| Additional spaces and care fund | mprossition and the control of the c |
| Opening/Closing & Setup | 320.€ |
| A | 175.00 |
| Burial Container | 120 00 |
| landling Fees | 7 |
| lower vases - Marker setting fee | 1ERY 35.0 |
| Recording and filing fee | CALIF |
| Sales taxes | 70.5 |
| | 71/097 210 T |
| Paid re | eceipt number 77702 |
| | 2 / Belence due 500.00 |
| hereby certify I am the Nepher | of the above named decedent |
| and this is your authority to make disposition | of remains as above indicated. I certify and represent and lagree to hold Mt. Hope Cemetery harmless from |
| any liability on account of said authorization a | |
| hereby authorize the interment in lot I | x Expene near |
| hold under deed. | Signature 803 KSD. |
| Signature of recorded holder of deed | Addres San Dies n. CA |
| | State Ca . Sp Code |
| | Tolephone 232-0669 |
| | Invoice # |
| Nork Order # E 6894 | Acct. # |
| Work Order # | Acct. # |

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDENT | | SEX | DATE OF BIRTH | | DATE OF DEATH | | |
|---|---|---|--|-----------------------------|---------------|--|------------|
| | ELIZABETH NMN | MILLER | Female | June 6, 1 | 1889 | Sept. 3, | 1987 |
| PLACE OF DEATH- | EMMETAL SEMIN | PLACE OF DEATH—COUNTY | | | | DUSE OR OTHER IN | FORMANT |
| San Diego | | San Die | ago . | | | - Nephew | |
| NAME AND ADDRES | SS OF FUNERAL DIRECTOR FOR PHISON AS | Federal Blvd. | CALIFORNIA LICENSE NUMBER | | 'K" Str | COURSE STATE OF THE PARTY OF TH | |
| Anderson-R | agsdale Mort.: San Die | igo, California | 1329 | San D | lego, C | allfornia | 92102 |
| | TYPE OF PERA | AIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES OF | DISPOSITION | | | |
| IX 1 BURIAL IIN | ICLUDES ENTOMBMENT) | 5 DISINTERMENT AND ENTOMBMENTI | BURIAL IINCLUDES | | ENT AND REI | NTERMENT OF CREE | MATED |
| 2 CREMATIO | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CREM | | | | NATED REMAINS AN | |
| 3 CREMATIO | N AND DISPOSITION OTHER THAN IN A | П | Г | FOR | | | |
| 4 SCIENTIFIC | | 7 DISINTERMENT, CREM | EMETERY | _ | | S USE ONLY | |
| Hallo Saladarina | | | | 10. DISPOSITION PENDING | | | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | HERE REMAINS AND TO BE CREM | ATED DATE CREMATED | SIGNATURE OF P | ERSON IN CI | San Die | |
| BURIAL AT SEA OR SIPOSITION OTHER IN IN A CEMETERY CREMATED REMAINS | ADDRESS NEAREST POINT ON STORE | WE OF THE DESCRIPTION S | UFFICIENT TO IDENTIFY FINAL | PLACE AND COUN | TY OF DISPO | DITION | |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY RECI | EIVING REMAINS | | | A 8 | | |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the per remains of the above named dece- and I hereby acknowledge that tre this permit gives no right of unrest | dent under provisions of the espass and nuisance laws ap | Health and Safety Code, ply and understand that | SIGNATURE OF A DATE SIGNED | PPLICANT | | |
| LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALIFORNIA HEALTH AND SAFETY COD AUTHORITY FOR THE DISPOSITION SPECIFIED I | SAND IS THE | SEP 9 1987 | SIGNATURE OF L | A Past | HAR ISSUING PERM | m |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | 111121111 | 10/87 SIGNATURE | yeux lella | ISPOSITION | | MBER OF CREMATE F APPLICABLE | ED REMAINS |
| IF DISPOSITION IS TO OCCUP IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | | | |
| | | | | | | | |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR 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 Payment of Division Grave Row Section Block NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 77184 Invoice No ... 20% Sales Care 00% Sales 77184 Acct. No. of Lots 100 Opening/ 77151 Closing Burial Containers 77182 BALANCE DUE Handling Fee Recording & Misc. Fees 100 Pre-Need 63033 Pre-Need Lot At Need I On Acct Trust Pre-need Trust Check -Sales Tax 60101 Cash 78390 TOTAL PAID 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 | 0 | 11 04 |
|---------------------|--|--|--|
| From Letter Med | Address: 3003 K 2 | Bech S | 5 92/02 |
| fine beneficed | - 1.44. D 1111 | | ors (\$ 500.00) |
| In Payment of | 2 | 11/ | Division -7 |
| Lot Grave | RowS | ection / / | Block |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | 80% Selen of Lats 7 Opening 7 Burtal Containers 7 Handling Fee 7 Recording & Misc. Fees 7 Pre-Need 6 Trust | 7007 7184 100 7184 100 7185 100 7185 100 7183 100 7183 100 7183 100 7183 100 7183 100 7183 100 7183 100 7183 100 7183 |
| AG-212 (Rev. 11-86) | ISSUED BY THE WOOLS | TOTAL PAID | 1 500 po |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran . Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container . Handling Fees Flower vases Marker setting fee ... Recording and filing fee Sales taxes P. (1.9.1987. Total Due ... MI. HOPE CEMETERY Paid receipt number CITY of SAN DIEGO, CALIF. 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 Signature hold under dead. Address Signature of recorded holder of deed Zip Code Invoice # Acct.# PY-583 (REV. 8-85)

| | | ISE BLACK INK-MAKE NO | ALTERATIONS OR ERASURI | ES . | |
|---|--|---|--|---|--|
| OF DECEDEN | T/s | | SEX | DATE OF BIRTH | DATE OF DEATH |
| | ROBERT EDWAR | DHINDS | Male | March 8, 1886 | Sept. 3, 1987 |
| PLACE OF DEATH CITY OR TOWN | | PLACE OF DEATH—COUNTY San Diego | IOR STATE IF NOT IN CALIFORNIA | Gladys Penney | |
| NAME AND ADDRES | SS OF FUNERAL DIRECTOR (OR PERSON A) | Federal Blvd. | CALIFORNIA LICENSE NUMBER | Los Angeles, C | |
| 4 | . 0811 | Diego, CA KIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES O | F DISPOSITION | |
| BURIAL ON | CLUDES ENTOMBMENT) | 5. DISINTERMENT AND ENTOMBMENTI | BURIAL (INCLUDES | 8 DISINTERMENT AND REMAINS INCLUDES IN | INTERMENT OF CREMATED |
| 2 CREMATION | N AND BURIAL (INCLUDES INURNMENT) | G DISINTERMENT, CRE | | DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY | |
| 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE | | 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | FOR CORONER'S USE ONLY 10. DISPOSITION PENDING | |
| NTERMENT | NAME AND ADDRESS OF CEMETERY W | | | | Ban Diego |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | | 00 | SIGNATURE OF PERSON IN | ay Held |
| OR OSITION OTHER THAN IN A CEMETERY OF CHEMATED REMAINS | N/A | 1 hourt | HOLEHOLEN TO PROPERTY LINA | PLACE AND COUNTY OF DISE | ostruki) |
| SCIENTIFIC USE | NAME AND ADDRESS OF FACILITY BEC | EIVING REMAIN | Live | - dat | Cherry |
| ACKNOWLEDGMENT OF APPLICANT | This is to certify that I am the peremains of the above named deceand I hereby acknowledge that to this permit gives no right of unres | dent under provisions of the espass and nuisance laws o | e Health and Safety Code, apply and understand that | SIGNATURE OF APPLICANT | |
| LOCAL REGISTRAR | THIS FERMIT IS ISSUED IN ACCORDANCE WIT OF THE CALIFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE \$3.00) | SEP 8 198 | · stonall & | PART ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | CERTIFY HAT THE STECIFIED 9/2 | SIGNATURE SIGNATURE | of Land House | PSPOSITION LICENSE I | NUMBER OF CREMATED REMAINS. IF APPLICABLE |
| # DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE AD THESS OF HEGISTRAR OF | COUNTY OF DEATH | 0 | | |

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY

284-3151

| | (1) | Date: 9-3 | 1987 |
|----------------|---|---|------------|
| From: The face | Address: The Address | Dollars (\$ | 35.00 |
| In Payment of | I Securio | feel | |
| Lot | 12 | ection 14 | Division 7 |
| Acct. No | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 67007 20% Sales Care 77184 60% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182 Handling Fee 77183 | |
| Pre-Need Lot | ISSUED BY SENSER X W | Recording 8 100 Misc. Fees 77183 - Pra-Need 39033 Trust 9022 - Salas Tax 60101 78390 - TOTAL PAID 8 | 35 - |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-8-87

| You are hereby adjhorized and instructed, subject to your rules and regulations, to inter the remains of Bell Car Ham Funeral, date, fine III 10 23 C Church, Chapel Graveside III 10 23 C C C C C C C C C C C C C C C C C C | |) |
|--|--|---|
| Church, Chapel Graveside Substitute Statistics of the above named decedent and this is your authority to make disposition and large to hold Mt. Hope Cemetry harmless from any liability on account of said authorization and interment. | NAME 10 | abject to your rules and regulations, to inter the remains |
| Church, Chape 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 2 Grave Row Section Division/Bit 2 Grave space & Care Fund Row Section Spivision/Bit 2 Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filling fee Sales taxes 3 Down to Flow Flower in the Sale taxes Total Due Balance due I hereby certify I am the Addition and lagree to hold Mt. Hope Cermetery harmless from any liability on account of said authorization and lagree to hold Mt. Hope Cermetery harmless from any liability on account of said authorization and lagree to hold Mt. Hope Cermetery harmless from any liability on account of said authorization and lagree to hold Mt. Hope Cermetery harmless from any liability on account of said authorization and lagree to hold Mt. Hope Cermetery harmless from any liability on account of said authorization and lagree to hold Mt. Hope Cermetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I | Pona V | Funeral date free Miles 9/10 1230 |
| All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No. Lot 2 Grave Row Section Division/Black Grave space & Care Fund Row Moule only 495°2 Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filling fee Recording and filling fee Sales taxes Total Due I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and lagree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I | Ventrager of a second | sile dether "00 |
| Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filling fee Sales taxes I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I | | |
| Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes OCT 15 1987 Total Due I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and lagree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Thereby authorize the interment in lot I | | ./a |
| Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes OCT 15 1987 Total Due I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and lagree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Thereby authorize the interment in lot I | 1. 12 - 1 | 5 2 |
| 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 and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I | Lot 62 Grave Row | Section Division/Black |
| 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 and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I | Grave space & Care Fund Lax | - Marker only 4952 |
| Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee CITY of SAN DIEGO, CALIF. Sales taxes Total Due I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Thereby authorize the interment in lot I Backlet Casamer I hereby authorize the interment in lot I | Additional spaces and care fund | no - 0 |
| Handling Fees Flower vases - Marker setting fee Recording and filling fee Sales taxes Total Due Total Due I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Thereby authorize the interment in lot I account the latest and the said authorization and interment. | Opening/Closing & Setup | 320 |
| Recording and filing fee Recording and filing fee Sales taxes Total Due Paid receipt number Balance due I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Att. Hope Cemetery harmless from any liability on account of said authorization and interment. Thereby authorize the interment in lot I | Burial Container | TAIL 100- |
| Recording and filing fee Recording and filing fee Sales taxes Total Due Paid receipt number Balance due I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Thereby authorize the interment in lot I | | OCT 15 1987 75 |
| Sales taxes Total Due | THE RESERVE OF THE PROPERTY OF | 127 |
| Paid receipt number | ers | Y al SAN DIEGO, CALIR. |
| I hereby certify I am the | Odies taxes | 111119 |
| I hereby certify I am the | 30 day nou | |
| and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. [hereby authorize the interment in lot I | | |
| and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. [hereby authorize the interment in lot I | A | tee |
| I hereby authorize the interment in lot I | and this is your authority to make disposition | of remains as above indicated. I certify and represent |
| End water dans dans dans dans dans dans dans dans | any liability on account of said authorization | on and lagree to hold Mt. Hope Cemetery harmless from n and interment. |
| End water dans dans dans dans dans dans dans dans | I have be a substitute of the feature of the fact of | Achell Jasmen |
| Adjust a ' a see a comment | | 5001992 Avoca So toe #3 |
| Signature of recorded holder of deed EL CASUD CA - 93020 | Signature of recorded holder of deed | El CAID 14. 92020 |
| 519-8372 10 Code | | 579-8372 Zip Code |
| Telephone | | Telephone |
| Invoice # 060790 | F 2002 | Invoice # 060190 |
| Work Order # E 6896 Acct. # 023493 | ANOLK OLDER # | Acct. # _023473 |

W.O. NO. E-6896

| NO. | TE-STF | RAIGHT | 7 -1 | |
|---|--|--|---|---|
| s //0100 San | Diego, .C | alifornia. | ht 8 | 1087 |
| ~ 70- | | | undersigned maker(s) pr | romise(s) to pay to |
| Mt. Hope Cemetery or San Di | | | | |
| | Later Street | | | or order |
| at 3751 Martin Luther King Wa | y, San Dieg | o, CA 92102 | San Laboratoria | |
| the sum of Cleven Hundre | One a | 211/00 | | DOLLARS. |
| with interest from October | 8, 1987 | | on the unpaid prin | cipal at the rate of |
| per cent per annum, payable | on demand | | | |
| Should interest not be paid when due, it shall interest when due, the whole sum of principal and holder of this note, interest after maturity will accrue United States. Each maker will be jointly and severa hereof before, at or after maturity, and waives presen person who signs this note agrees that recourse ma action be instituted on this note, the undersigned p | accrued interest sha e at the rate indicated ity liable and consen- tment, demand and p y be had against his | all become immediated above. Principal and its to renewals, replay protest and the right/her separate proper | ely due, without notice a d interest are payable in li- cements and extensions of the assert any statute of limity by for any obligation contains | If the option of the awful money of the if time for payment litations. A married inned herein, if any |
| | | | Wastern v | 110000 |
| MAKE ALL PAYMENTS AT MT. HO | PE CEMETERY | OFFICE | Mailing A | guress |
| | | Calif. Dri | ver Lic. # NO | 1925039 |

E 6896

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURE

| | | SE BLACK INK-MAKE NO AL | TERATIONS OR ERASONE | 9) | The state of the s |
|---|---|--|----------------------------|---|--|
| NAME OF DECEDEN | | AND DESCRIPTION OF STREET | SEX | DATE OF SIRTH | DATE OF DEATH |
| GLORIA RU | TH ARMSTRONG | | Female | Dec. 27, 1924 | Sept.7, 1987 |
| PLACE OF DEATH- | CITY OR TOWN | PLACE OF DEATH-COUNTY ION | STATE IF NOT IN CAUFORNIAL | NAME AND ADDRESS OF ST | POUSE OR OTHER INFORMANT |
| San Diego | | San Diego | | Loretta Y. Meel | ker, daughter |
| NAME AND ADDRES | S OF FUNERAL DIRECTOR (OR PERSON A | | LIFORNIA LICENSE NUMBER | 11061 Plum Tre | e Lane |
| FEATHERIN | GILL HORTUARY | | 1083 | Spring Valley, | Ca. 92077 |
| | TYPE OF PER/ | MIT, CHECK ONLY ONE OF THE | E FOLLOWING TYPES OF | DISPOSITION | |
| 1 BURKAL ON | CLUDES ENTOMRMENTI | 5 DISINTERMENT AND BU | RIAL (INCLIDES | 8 DISINTERMENT AND REMAINS (INCLUDES IT | |
| | N AND BURIAL (INCLUDES INURNMENT) | 6 DISINTERMENT, CREMAT | | DISINTERMENT OF CREDISPOSITION OTHER TO | |
| CEMETERY | | DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | | FOR CORONER'S USE ONLY 10. DISPOSITION PENDING | |
| SCIENTIFIC | USE | | | | |
| INTERMENT | NAME AND ADDRESS OF CEMETERY W | | | | an Diego |
| CREMATION | NAME AND ADDRESS OF CHMATORY W | 166 | | SIGNATURE OF PERSON IN I | CHARGE OF CREMATORY |
| BURIAL AT SEA OF DISPOSITION OTHER THAN IN A CEMETERY WATED REMAINS | n/a | ON CITICAL SESCONTION SUFF | FICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DISP | POSITION |
| CIENTIFIC | NAME AND ADDRESS OF FACILITY 200 | TVING REMAINS | THE BUT | | |
| ACKNOWLEDGMENT | | erson having the right to control the disposition of the | | SIGNATURE OF APPLICANT | |
| OF and I hereby acknowledge that to | | espass and nuisance laws apply and understand that ricted access to property not owned by me. | | DATE SIGNED | |
| LOCAL * | THIS PERMIT IS ISSUED IN ACCORDANCE WITH DE THE CAL FORMA HEALTH AND SAFETY COL AUTHORITY FOR THE DISPOSITION SPECIFIED | DE AND IS THE | SEP 9 198 | SIGNATURE OF MELLE | THAP ISSUING PERMIT |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DESTINATINE SPECIFIED 9 | 10/87 SATE) | SUN HARSE | LICENSE N DISPOSER | NUMBER OF CREMATED REMAINS , IF APPLICABLE |
| # DISPOSITION IS TO DECUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTHAR OF | COUNTY OF DEATH | | | |

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

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

DEPARTMENT 072

PAID INVOICE REPORT BY DEPARTMENT AS OF 10/22/87

DATE: 10/22/87 TIME: 222329 PAGE: 5

| INV | INV | ACCT | CUSTOMER NAME FUND DEPT | ORG | ACCT | J/O PAYM DATE OPER | PO PAYM BY REF NO BN/EQ FACILI | AMOUNT PAID |
|---------|----------|----------|--|-----|---|---|--------------------------------------|--|
| 060 790 | 09/24/87 | 023493 | RACHELL DSSMAN 100 072 100 072 100 072 100 072 100 072 100 072 60101 67007 | | 77181 77182 77183 77184 77185 78390 77184 | 10/15/87 0000 72 0000 72 0000 72 0000 72 0000 72 | CK 1608 | 1.116.90 320.00 105.00 35.00 396.00 155.60 6.30 99.00 |
| NUMBER | OF INVOI | CES PAID | 1,116.90 | | | | | |

PROPERTY DEPT-MT HOPE CEMETERY

AMOUNT BILLED BALANCE 1.116.90 0.00 PAID IN FULL

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9/7/87

| You are hereby Authorized and instruction of Was | subject to your rules and regulations | ulations, to inter the remains |
|--|---|--|
| ina herieu | Funeral, date, time Fix | 9/11/1P.M. |
| Church, Chapel, Graveside | 1 40 10 11 | am - Meldel Mortuary |
| All Funeral cars must arrive before 3:30 | p.m. of regular work day or an | extra charge will be applied |
| and billed to undersigned. War time vete | eran | |
| Lot 443 Grave - Row | Section 3 | Division/Block |
| The state of the s | hed B-1282 | ~~ |
| Additional spaces and care fund | No | ne - |
| Opening/Closing & Setup | | 320° |
| Burial Container Bell | love Compute | 10000 |
| Handling Fees | AIDI | 14500 |
| Flower vases - Marker setting fee | | - |
| Recording and filing feeSE | P T / E 1987 | 35,00 |
| | CEMETERY | 605 |
| levening Buy Ch. CITY of | ANDUNGO, CALIR. | La 60602 |
| 106 P | aid receipt number | 0-0 1790 |
| THE STATE OF THE S | 357 | Balance due 1/88 |
| TO THE REAL PROPERTY. | | -0 |
| Thereby certify I am the and this is your authority to make dispos that I have the right to make this authoriz any liability on account of said authoriza | ition of remains as above indi- ation and I agree to hold Mt. He | f the above named deceden cated. I certify and represen ope Cemetery harmless from |
| I hereby authorize the interment in lot I hold under deed. | Signature | |
| | Address | |
| Signature of recorded holder of deed | on Sinte | Zip Cod |
| 2 200 | Tulaghana | |
| 25/0/20 - | Invoice # | |
| Work Order # E 6897 | Acct. # | |
| PY-683 (REV. 8-85) | 7 3341 11 | |

| | | ISE BLACK INK-MAKE NO | ALTERATIONS OR ERASURE | 9 | | |
|---|---|--|-----------------------------|--|--|--|
| JOHN GASPA | | | SEX | JUN 5, 1910 | SEP 7, 1987 | |
| CORONADO | CITY ON TOWN | PLACE OF DEATH—COUNTY SAN | DIEGO | MATTIE SUE GASPARICH, WIFE 856 B AVENUE CORONADO, CA 92118 | | |
| | TCHELL MORTUARY "808" EACH, CA 92032 | 13TH STREET, | F-1178 | | | |
| | TYPE OF PER | MIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES OF | DISPOSITION | | |
| XXXI BURIAL IIN | CLUDES ENTOMBMENTI | 5 DISINTERMENT AND ENTOMEMENT) | BURIAL INCLUDES | D & DISINTERMENT AND REMAINS INCLUDES | REINTERMENT OF CREMATED INURNMENT) | |
| 2 CREMATION | N AND BURIAL IINCLUDES INURNMENT) | G DISINTERMENT, CREI | | | REMATED REMAINS AND THAN IN A CEMETERY | |
| 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE | | 7 DISINTERMENT, CREMATION, AND DISPOSITION | | FOR CORONER'S USE ONLY | | |
| ERMENT | NAME AND ADDRESS OF CEMETERY W | | | | SAN DIEGO | |
| CREMATION | NAME AND ADDRESS OF CREMATORY W | WHERE REMAINS ARE TO BE CHE | MATED DATE CREMATED | SIGNATURE OF PERSON IN | CHARGE OF CREMATORY | |
| OF CHEMATED REMAINS | ADDRESS, NEAREST POINT ON SHOREL | INE. OR OTHER DESCRIPTION S | UFFICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DI | SPOSITION | |
| SCIENTIFIC | NAME AND ADDRESS OF FACILITY REC | EIVING REMAINS | | | | |
| ACKNOWLEDGMENT remains of the above named dece of applicant and I hereby acknowledge that to | | rson having the right to control the disposition of the ident under provisions of the Health and Safety Code, espass and nuisance laws apply and understand that tricted access to property not owned by me. | | > | | |
| ALOCAL REGIŞTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CALFORNIA HEALTH AND SAFETY CO AUTHORITY FOR THE DISPOSITION SPECIFIED. | DE AND IL THE | SEP 9 1987 | SHOWATURDE LOUIS | Comos M.D. V | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | DESPOSITION WAS MADE ON | MER DATES SIGNATURE | SI PERSONAL EHANGS OF C | DISPOSITION DISPOSE | NUMBER OF CREMATED REMAINS IT IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTRAR OF | COUNTY OF DEATH | 0 | | | |

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

OFFICIAL RECEIPT

AC-212 (Rev. 11-86)

| From: Payment of Payment of | Address Addres | Date: 9 | J 5 J | 187. | te |
|-------------------------------------|--|--|--|--------------------------|---|
| Lot 443 Grave | Row | ection 3 | 33 | Division S | 3 |
| Acct. No. W.O. F - 6897 BALANCE DUE | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE | CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burier Containers Handling Fee Recording & Misc. Fees | 67007 77184 — 100 77164 — 100 77181 — 100 77182 — 100 77183 — 100 77183 — | 320 100 145 214 | 000000000000000000000000000000000000000 |
| Pre-Need Lot | ISSUED BY Searce | Pre-Need Trust Sales Tax | 63033 9022 — 60101 78390 — | 700 | 00 |

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-8-87

| at Val | en | Dex | 1116 | pulations, to inter | TO THE WATER OF THE PARTY OF TH |
|--|--------------|---------------|---------------|------------------------------|--|
| - Lenois | | | 1/1/04 | 1 9/8 | 2'00 |
| in a Vente Lymyy / | 110 | uneral, date, | vimp Comp | a Dalla | ۵,00 |
| Church, Chapel, Graveside | cson, | More | - 70 | Jan 12 | - Mortuary |
| All Funeral cars must arrive before | e 3:30 p.m. | of regular w | ork day or a | fextra charge w | ill be applied |
| and billed to undersigned. War tim | ne veteran | NO. | | | |
| Lot 101 Grave 5 | | - | 2 | | 11 |
| Lot / D Grave V | Row | Section | - | _ Division/ Olosi | 11 |
| Grave space & Care Fund | | | | | 050, |
| Additional spaces and care fund | Francis | W. Y | 700 | | |
| Opening/Closing & Setup | IP | AI | | | 320. |
| | - | | | | 100 |
| Burial Container | 31 | EP-0-8-19 | 8/ | | 1115 |
| Handling Fees | MT H | OPE CEM | ETERV | | 740 |
| Flower vases - Marker setting fee | | SAN DIEGO | | | 20 |
| Recording and filing fee | | | ********* | ********* | 00 |
| Sales taxes | | ******** | ******** | ******* | 0 |
| | | | Total Due | | 200 |
| | Paid r | eceipt numbe | er 350 | 02 | 856 |
| | | | | Balance due | -6- |
| b | | / | | | |
| hereby certify I am the and this is your authority to make | disposition | of remains | as above ind | of the above nan | ned decedent |
| that I have the right to make this au | thorization | n and lagree | to hold Mt. H | | |
| any nabinty on account of said dut | 110112311011 | | 7 | . 0 | |
| hereby authorize the interment in | n lot l | (4 | uca | rIac | zy. |
| hold under deed. | | | 0648 | 50 /he | Stevi |
| Signature of recorded holder of deed | _ | Address | a | 93725 | - |
| | | Sinte | 200- | 934500 | Zip Cod |
| | | friegho | ne / | 1 | |
| | | | | | |
| | | | | | |
| E 6898 | | Invoi | | | |

E-6898

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| JOHN HENRY | | | | |
|--|---|---|---|---|
| | LACY | Hale | July 19,1909 | Sept. 2, 1987 |
| PLACE OF DEATH—CITY OR TOWN | PLACE OF DEATH—COUNTY | OR STATE IF NOT IN CALIFORNIAL | NAME AND ADDRESS OF S | POUSE OR OTHER INFORMANT |
| San Diego | San Dieg | 0 | Juanita La | cy - Wife |
| NAME AND ADDRESS OF FUNERAL DIRECTOR ION PERSON | O Federal Blvd. | CALIFORNIA LICENSE NUMBER | 515 South | 65th Street |
| | Diego, Callfornia | 1329 | San Diego, | California 9211 |
| TYPE OF PE | RMIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES OF | DISPOSITION | |
| BURIAL INCLUDES ENTOMBMENTI | 5 DISINTERMENT AND ENTOMBMENT) | BURIAL ONCLUDES | B DISINTERMENT AND R | EINTERMENT OF CREMATED NURNMENT) |
| 2 CREMATION AND BURBAL (INCLUDES INURNMENT | INCLUDES INVENME | | U DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY | |
| 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 4 SCIENTIFIC USE | 7 DISINTERMENT, CREM | | | ER'S USE ONLY |
| TRIERMENT NAME AND ADDRESS OF CEMETERY Ht. Hope Genetery: NAME AND ADDRESS OF CREMATORY NAME AND ADDRESS OF CREMATORY NAME AND ADDRESS OF CREMATORY | 3751 Martin Luth WHERE REMAINS ARE TO BE CREM | MATED DATE CREMATED | San Diego, Sanifornia SIGNATURE OF PERSON IN | |
| BURIAL AT SEA ON DISPOSITION OTHER IN A CEMETERY MATERIAL REMAINS | Daly Lephin | UPPICIENT TO IDENTIFY FINAL | PLACE AND COUNTY OF DIS | POSITION |
| SCIENTIFIC NAME AND ADDRESS OF FACILITY R | ECEIVING REMAINS | | | |
| ACKNOWLEDGMENT OF APPLICANT This is to certify that I om the premains of the above named de and I hereby acknowledge that this permit gives no right of unreleased. | cedent under provisions of the trespass and nuisance laws ap | Health and Safety Code, oply and understand that | SIGNATURE OF APPLICANT DATE SIGNED | |
| REGISTRAR THE PERMIT IS ISSUED IN ACCORDANCE WITH OF THE CAUFORNIA HEALTH AND SAFETY CAUFORNIA HEALTH AND SAFETY OF THE DISPOSITION SPECIFIES | CODE AND IS THE | SEP 9 1987 | SIGNATURE OF LOCAL REGIO | STRAR ISSUING PERMIT |
| OF PERSON IN CHARGE OF DISPOSITION OF PERSON IN CHARGE OF DISPOSITION OF DISPOSIT | 9/9/87 SIGNATOR | PERSON IN LURIS OF | | NUMBER OF CREMATED REMAINS I IF APPLICABLE |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | F COUNTY OF DEATH | 9 | | |

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

CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

| ent But | From Jean Lange | 264-3151 Address: 10648 & Che | Date: Sept | 8 1987 19705 Ca |
|-------------------|---|---|--|--|
| # - F | Eight hundred fifty si | Henry Facey | Dollars (| \$ 856 =) |
| à | Lot 101 Grave | S Row S | ection | Division // |
| Esomo - ake promi | Pre-Need Lot At Need On Acct Pre-need Trust Cash Check | NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. | CREDIT 87007 20% Sales Care 77184 90% Sales 100 of Lots 77184 Opening 100 Closing 7181 Burial 100 Containers 77182 Handling Fee 77183 Recording 8 100 Misc Fees 77183 Pre-Need 8303 Trust 9022 Sales Tax 60101 | 300 - 320 - 100 - 195 - 35 - |
| 1000 | AC-212 (Rev. 11-86) | ISSUED BY LOW YOUNGY | TOTAL PAID 8 | 856 00 |

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-8-87

| | | Date | |
|--|-----------------------------|-------------------------|--|
| You are hereby authorized and instruc | ted, subject to your rules- | end regulations, to it | nter the remains |
| of Mae N | ell Sale | stow | |
| ina Bell Lewin | Funeral, date, time | wed 91 | 9 11:00 |
| Church, Chapel, Graveside | rel & Grandes | 100 00 | Mortuary. |
| All Funeral cars must arrive before 3:3 | 30 p.m. of regular work d | ay or an extra charg | e will be applied |
| and billed to undersigned. War time v | eteran | | |
| 97 - 1 | Section | 2 | 11 |
| Lot Grave Row | Section | Division/B | lock |
| Grave space & Care Fund | | | 250 |
| Additional spaces and care fund | | *********** | |
| Opening/Closing & Setup | | | 320 |
| Burial Container | | | . 100 |
| Handling Fees | | | 145 |
| Flower vases - Marker setting fee | ***************** | | |
| Recording and filing fee | | | 35 |
| Sales taxes | | | 6_ |
| 30 Bay 120 | Tot | al Due | . 256 |
| 20. 2 | Paid receipt number | 11-3-87 | 856 |
| | | See Balance du | ie - |
| day | ahte. | | |
| I hereby certify I am the and this is your authority to make disp that I have the right to make this authority to make the authority to make the south | rization and I agree to ho | ove indicated. I certi | named decedent fy and represent ry harmless from |
| any liability on account of said author | ization and interment. | 0 | 0 1 |
| I hereby authorize the interment in lo | 11 San | dra W. | Lead |
| hold under deed. | 5480 | Universi | ty Ane +210 |
| Signature of recorded holder of deed | - Address | lif. | 8 92/03 |
| | 5 | 881033 | Zip Colle |
| | Telephone | - | |
| 100000000000000000000000000000000000000 | Invoice # | 06079 | 2 |
| Work Order # E 6899 | Acct. # | 02349 | 7 |
| PY-593 (REV. 8-85) | | the same of the same of | |

NOTE-STRAIGHT

| . 85600 | San Diego, | , California, | 9-8 | 19 87 |
|--|--|---|---|--|
| Mt. Hope Cemetery or | days after dat | e, for value received, th | ne undersigned maker(s) p | promise(s) to pay to |
| | | | | or order |
| at 3751 Martin Luther ! | | ego, CA 92102 | | |
| the sum of want 1 | expled of | to Dex | 40/ | DOLLARS |
| with interest from | 7/ | 1 | on the unpaid pri | ncipal at the rate of |
| 12 per cent per annum | payable on demand | | | |
| Should interest not be paid when of interest when due, the whole sum of p holder of this note, interest after maturity. Unned States, Each maker will be jointly hereof before, at or after maturity, and w person who signs this note agrees that action be instituted on this note, the un | rincipal and accrued interest y will accrue at the rate indic y and severally liable and con aives presentment, demand a recourse may be had against | shall become immedia ated above. Principal at sents to renewals, replind protest and the right his /her separate prope such sum as the Cour | tely due, without notice not interest are payable in accements and extensions to assert any statute of lirery for any obligation contit may fix as attorney's telegraphic and the statute of the statute | at the option of the lawful money of the of time for payment mitations. A married lained herein. If any es |
| | | 5480 W | neversity An | e#210 |
| MAKE ALL PAYMENTS AT | MT. HOPE CEMETE | RY OFFICE | Mailing A | Address |
| | A PROPERTY OF | Calif. Dri | lver Lic. # N9 | 418523 |

E-6899

USE BLACK INK-MAKE NO ALTERATIONS OR ERASURES

| NAME OF DECEDEN | 7 | | SEX | DATE OF BIRTH | DATE OF DEATH | |
|---|---|---|--|----------------|---|--|
| | Mae Dell (| alston | Female | Oct. 15, | 1932 Sept. 3, 1987 | |
| - | San Diego PLACE OF DEATH—COUNTY YOR STATE IF NOT IN CALIFORNIA | | NAME AND ADDRESS OF SPOUSE OF OTHER INFORMANT Sandra Bee Reed - Daughter | | | |
| NAME AND ADDRESS OF FUNERAL DIRECTOR TOP PERSONAL | | 5050 Federal Blud | G AS SUCH CALIFORNIA LICENSE MANBER | | 5480 University Ave. Apt. 210 | |
| Anderson- | Ragsdale Mortuary | San Diego, CA | 1329 | San Diego | , CA 92105 | |
| | TYPE C | OF PERMIT, CHECK ONLY ONE OF | THE FOLLOWING TYPES O | F DISPOSITION | | |
| 1 BURIAL (INCLUDES ENTOMBMENT) | | 5 DISINTERMENT AND ENTOMBMENT) | 5 DISINTERMENT AND BURIAL BINCLUDES ENTOMBMENT) | | 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) | |
| 2 CREMATIO | N AND BURIAL IINCLUDES INURN | MENTI G DISINTERMENT, CRE | | | ENT OF CREMATED REMAINS AND N OTHER THAN IN A CEMETERY | |
| 3 CREMATIO CEMETERY | N AND DISPOSITION OTHER THAN | | MATION, AND DISPOSITION | FOR | CORONER'S USE ONLY | |
| ☐ 4 SCIENTIFIC USE | | | OTHER THAN IN A CEMETERY | | ☐ 10. DISPOSITION PENDING | |
| CREMATION BURIAL AT SEA OR DISTINON OTHER OF CREMATERY OF CREMATED REMAINS SCIENTIFIC | NAME AND ADDRESS OF CREMA | TERY WHERE REMAINS OR CHEMATER TORY WHERE REMAINS ARE TO BE CRE SHORELINE, OR OTHER DESCRIPTION TY RECEIVING REMAINS | MATED DATE CREMATED: | n Diego, C | ERSON IN CHARGE OF CREMATORY | |
| USE | N/A | | | SIGNATURE OF A | mini tera set | |
| ACKNOWLEDGMENT OF APPLICANT | remains of the above name and I hereby acknowledge | the person having the right to co ad decedent under provisions of the that trespass and nuisance laws a unrestricted access to property no | e Health and Safety Code, apply and understand that | DATE SIGNED | | |
| REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDA OF THE CALIFORNIA HEALTH AND SA AUTHORITY FOR THE DISPOSITION SP | FETY CODE AND IS THE | SEP 9 198 | 7 Grall | A. Pannas M. DmM | |
| CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION | CERTIFY THAT THE SPECIFIED | / ENTER DATE! | gulletta. | DISPOSITION | LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE | |
| IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY | INDICATE ADDRESS OF REGISTY | IAR OF COUNTY OF DEATH | , | | | |

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

E-6899

CITY OF SAN DIEGO AUDITOR & COMPTROLLER REPORT NO. C65-102 PAID INVOICE REPORT BY DEPARTMENT AS OF 11/13/87

DATE: 11/13 TIME: 19565 PAGE: 5

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY ACCT PAYM INV PD PAYM REF NO INV CUSTOMER NAME FUND DEPT NO DATE AMOUNT PAID NO UNPAID BALANC AMOUNT BILLED 1/0 BN/EQ FACILI DRG ACCT OPER SANDRA D. REED 100 072 100 072 100 072 100 072 100 072 100 072 60101 67007 060795 09/24/87 023497 11/03/87 CK 165658 856.00 856.00 77181 77182 77183 77184 77185 78390 77184 0000 72 0000 72 0000 72 0000 72 320.00 PAID IN FULL 35.00 200.00 145.00 000072 50.00

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID 856-00

-6899

| MT. HOPE | CEMETERY |
|--|---|
| I GINTERME | NT ORDER |
| 100 | an Diego |
| UH 100 Cayons | 9887 |
| 0 | Date |
| | |
| 1 260 1100 | t to your rules and regulations, to inter the remains |
| of Automotion | Marko 9/10 1/a |
| in a Vault/Uner Funer | ral, date, time filled. |
| Church, Chapel, Graveside | Mortuary. |
| All Funeral cars must arrive before 3:30 p.m. of r | egular work day or an extra charge will be applied |
| and billed to undersigned. War time veteran | - case of |
| Lot 09 Grave / Row | Sasting 2 Division (Black 11 |
| Log - S Grave - NOW - | |
| Grave space & Care Fund | 09-10:15'Am 55 |
| Additional spaces and care fund | P.X- |
| Opening/Closing & Setup | 790 |
| Burial Container | |
| Handling Fees | |
| Flower vases - Marker setting fee | |
| Recording and filing fee | |
| | |
| ad lloss | Total Due |
| Paid recei | ipt number |
| The Contraction of the Contracti | Balance due |
| | Datance due |
| I hereby certify I am the | of the above named decedent |
| that I have the right to make this authorization an | emains as above indicated. I certify and represent d I agree to hold Mt. Hope 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 direct | Address |
| Separature of recorded holder of dood Beverly - 233-2564 Nounal P. A. 5494-Lusan 565-5494 | State Zip Code |
| Navel P. A. 1994 - Susan | Telephone |
| 565-5 | Invoice # |
| Work Order # E 6900 | Acct. # |
| PY-593 (NEV. 8-85) | |