

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 06-02-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Whitney Mc Gregor in a Wad. 6/3 Funeral, date, time Delmery; Mayer Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran     

✓ Lot 99 Grave 2 Row      Section 2 Division/Block 11

Grave space & Care Fund Single Burial 55

Additional spaces and care fund Reg. Depth 90

Opening/Closing & Setup     

Burial Container     

Handling Fees     

Flower vases - Marker setting fee     

Recording and filing fee     

Sales taxes     

Total Due 145.00

Paid receipt number     

Balance due     

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

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

Signature of recorded holder of deed     

Signature County of SD

Address     

State      Zip Code     

Telephone     

Invoice # 057216

Acct. # 000952

Work Order # E 6701

PY-503 (REV. 5-85)

Legal Typed

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 6701

NAME OF DECEDENT <b>Whitney A. McGregor</b>		SEX <b>Female</b>	DATE OF BIRTH <b>May 13, 1960</b>	DATE OF DEATH <b>May 14, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Public Administrator 5201-A Ruffin Road San Diego, CA. 92123</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mayer Mortuary 2859 Adams Av. San Diego, CA.</b>		CALIFORNIA LICENSE NUMBER <b>1424</b>		

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

- ☒ 1 BURIAL (INCLUDES ENTOMBMENT)

☐ 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, San Diego, CA.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>Portugal Beach Square Box 4 Plastic handles</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUN 03 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/3/87</b>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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



**MT. HOPE CEMETERY**  
**INTERMENT ORDER**

City of San Diego

Date 06-02-87

AKA Simpson

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

in a Casket Vault/Line Funeral, date, time Wed 6/3 1:30

Church, Chapel, Graveside Upon Delivery Leadbody Mortuary.

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

Lot 25 Grave 7 Row \_\_\_\_\_ Section 16 Division/Block 7

Grave space & Care Fund Proceed

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes 24.00

Total Due 242.40

Paid receipt number 34638 242.42

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature [Signature]

Address 118 SW 28th St

City Orlando State FL Zip Code 32801

Telephone 503-6672319

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 6702**

RY-503 (REV. 8-85)

E6702

Size 12' - 6' 3" 582-1700  
1' -  
George  
Need to call  
Monty @ Goodbody  
mort. w/ inside  
dimensions of Ash Vault  
ASAP - before he  
delivers today

8" Hole





## OFFICIAL RECEIPT

No 34638


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

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

Date: 06-02, 1917

From: San Diego Address: 1418 S.W. 23rd St. San Diego, Cal. 92108

Prop number 1418 S.W. 23rd St. and 40/100 Dollars (\$ 242.40 )

In: full Payment of Frank M. Green's improvement notice

Lot 25 Grave 7 Row Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E6702

BALANCE DUE 0

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

AC-212 (Rev. 11-35)

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

ISSUED BY R. J. Long

CREDIT	67007	
50% Sales Com	77184	
50% Sales	100	
of Lots	77184	
Opening/	100	115.00
Closing	77181	
Burial	100	40.00
Containers	77182	
	100	66.00
Handling Fee	77185	
Recording &	100	35.00
Misc. Fees	77183	
Pre-Need	63083	
Trust	6022	
Sales Tax	80101	2.40
	78390	
TOTAL PAID	\$	242.40



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 06-02-87

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

of Simpson, Clifford Wm.

in a \_\_\_\_\_ Funeral, date, time 07-8-1969

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 25 Grave 7 Row \_\_\_\_\_ Section 16 Division/Block 7

Grave space & Care Fund \_\_\_\_\_ 120.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 85.00

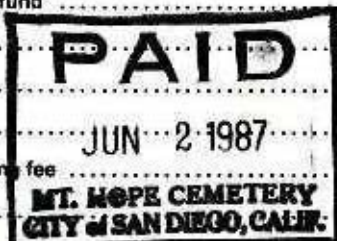
Burial Container \_\_\_\_\_ 52.50

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_



Total Due \$257.50

Paid receipt number 34637 257.50

Balance due 00

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

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

Signature of recorded holder of deed \_\_\_\_\_

James Haden  
Signature  
1414 SW 23rd Ct  
Address  
Oreshaw One 9700  
State  
503-667-2315  
Telephone  
283-8167 Here in Town  
Zip Code

Work Order # **E 6703**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

PV-693 (REV. 8-86)

(over)

Jan Hughes.

Daughter to

Clifford Simpson

paid this bill -

it was not

paid in 1969

---

Also wants to

know where marker

is she brought over

in 1969 - Management

wouldnt install because

bill not paid



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6703

NAME OF DECEDENT <b>LEAH M. GREINER</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>11/11/19</b>	DATE OF DEATH <b>5/26/87</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>JAN HUGHES DAUGHTER 1418 SOUTHWEST 23RD COURT GRESHAM, OREGON 97080</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>GOODBODY MORT. 5027 EL CAJON BLVD. SAN DIEGO, CA</b>			CALIFORNIA LICENSE NUMBER <b>F 790</b>	

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                       |   |   |

## FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>GREENWOOD CREMATORY SAN DIEGO, CA</b>	DATE CREMATED <b>JUN 2 1987</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>D. W. Hallansrud</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Steel Urn (Round) In Plastic &amp; Buried in Place Vault (Cement) "mild concrete"</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>MAY 28 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/3/87</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramos, M.D. mm</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>George Sletten</i>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

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


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

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

No 34637

Date: 06-02, 1987From: Van Hughes Address: 1418 S.W. 23rd Ct. Tualatin, Or. 97060In Full Payment of Two hundred sixty seven and 50/100 - Dollars (\$ 257.50)Payment of Eligard Wm - Simpson Services01-08-1969Lot 25 Grave 7 Row      Section 16 Division 7Invoice No.     Acct. No.     W.O. C-6696 + E670BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☒Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-88)

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

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	120.00
Opening/Closing	77181	85.00
Burial Containers	100	52.50
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	80033	
	9022	
Sales Tax	80101	
	78380	

TOTAL PAID \$ 257.50



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 06-03-87

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

of Harriett Sugg 2:30  
in a Belle Tower Funeral, date, time Thurs 6-4-87 HAM

Church, Chapel, Graveside Delivery only; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 4238 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund D-364 (1971) Preneed

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Called by Harry **PAID** JUN 4 1987 **MT. HOPE CEMETERY** **CITY of SAN DIEGO, CALIF.** Total Due 346.58 35.00

Balance due 8

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 6704 ✓  
PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6704

NAME OF DECEDENT <b>HARRIET MARIE SUGG</b>		SEX <b>Female</b>	DATE OF BIRTH <b>April 03, 1896</b>	DATE OF DEATH <b>June 02, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>James S. Sugg (Son) 4580 Niagara Avenue San Diego, CA 92107</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary—855 Broadway Chula Vista, CA</b>		CALIFORNIA LICENSE NUMBER <b>P-964</b>		

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

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 4. SCIENTIFIC USE

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery - 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT 
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 04 1987</b>
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/4/87</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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



## OFFICIAL RECEIPT


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

Via Humphreys

No 34658

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

From:

Carol L. Sugg

Address:

4580 Niagara Ave - # 92107

Date: 6/4/87, 19

In

full

Payment of

Recording & filing fees for  
Harriet Marie Sugg dec'd

Dollars (\$ 35.00 )

Lot

4238

Grave

2

Row

2

Section

2

Division  
Block

10

Invoice No.

2

Acct. No.

2

W.O.

E6704

BALANCE DUE

0

Pre-Need Lot

☐

At Need

☒

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 11-85)

147

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

ISSUED BY

Loay

CREDIT

20% Sales Com

87037

77184

60% Sales

100

of Lots

77184

Opening/

100

Closing

77181

Burial

100

Containers

77182

Handling Fee

100

Recording &amp;

77183

Misc. Fees

77183

Pre-Need

83033

Trust

6022

Sales Tax

80101

76300

TOTAL PAID

\$

35.00

**MT. HOPE CEMETERY**  
**INTERMENT ORDER**

City of San Diego

Date

06-04-87

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

in a Beall Lener Funeral, date, time Thu 6/5 1:00

Church, Chapel, Graveside Ch + 415 : Rogers Mortuary.

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

Lot 723 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division/Block 8

Grave space & Care Fund C-0260(1963) Preneed

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 320<sup>00</sup>

Burial Container Lener \_\_\_\_\_ 100<sup>00</sup>

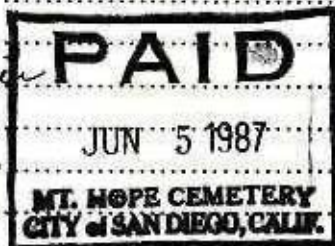
Handling Fees \_\_\_\_\_ 145<sup>00</sup>

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35<sup>00</sup>

Sales taxes \_\_\_\_\_ 6<sup>00</sup>

Via Wren Bishop



Total Due \_\_\_\_\_ 606<sup>00</sup>

Paid receipt number 34665 606<sup>00</sup>

Balance due 0-

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order #

**E 6705**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

PY-533 (REV. 8-85)

*Legal Typed*



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6705

NAME OF DECEDENT <b>ARVILLA LILLY BROYLES</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 31, 1907</b>	DATE OF DEATH <b>June 2, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Marty Henderson - Daughter</b> <b>4085 Kenwood Dr.</b> <b>Spring Valley, CA 92077</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Rogers Mortuary-4094 University Ave.-San Diego</b>		CALIFORNIA LICENSE NUMBER <b>GA 92105</b>	CALIFORNIA LICENSE NUMBER <b>69</b>	

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

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

FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery - 3751 Martin Luther King - San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$ 3.00</b>	DATE PERMIT ISSUED <b>JUN 4 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/5/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Georgina Little</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald E. Ramos M.D.M.M.</b>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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



## OFFICIAL RECEIPT


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

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

No 34665

Date: 06-05, 1987From: Marty Henderson Address: 1427 Fern St La Jolla 92037
Six hundred and six and no/100 — Dollars (\$) 666.00
In full Payment of Funeral Service
 Lot 723 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division Block 8

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E6705BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

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

ISSUED BY

CREDIT	67007	
50% Sales Com	77184	
50% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	<u>320.00</u>
Burial	100	
Containers	77182	<u>160.00</u>
	77185	<u>145.00</u>
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	<u>35.00</u>
Pre-Need	65033	
Trust	8022	
Sales Tax	80101	<u>6.02</u>
	75360	
TOTAL PAID	\$	<u>666.02</u>

*Credit Sale*  
MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date

6/4/87

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

of Obie Brown

in a NONE arranged for Vault/Urns 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 127 Grave 10 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund sp & care - 395.00

Additional spaces and care fund none

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 395.00

Tyson 10/10/87 See  
Paid receipt number 34654 10.00

Balance due 385.00

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

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

Signature of recorded holder of deed \_\_\_\_\_

7.77  
Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6706**

PV-583 (REV. 8-85)

7-287 34764

8-587 34882

9/18 35050

9/30 35078

10/22 35199

385<sup>00</sup>  
50<sup>00</sup>

335<sup>00</sup>  
70<sup>00</sup>

265<sup>00</sup>  
75<sup>00</sup>

190<sup>00</sup>  
85<sup>00</sup>

105<sup>00</sup>

105<sup>00</sup>

0



## OFFICIAL RECEIPT


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

*Credit Sale*

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

No. 34654

Date: 6/4/87, 19\_\_

From: Obie Brown Address: \_\_\_\_\_

Pen and Ink Dollars (\$ 10<sup>00</sup>)

In Deposit Payment of Credit Sale - Single Sp

Lot 127 Grave 10 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-6706BALANCE DUE 385<sup>00</sup>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	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>10<sup>00</sup></u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77185	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78360	
TOTAL PAID		<u>10<sup>00</sup></u>

ISSUED BY Rayen [Signature]

## OFFICIAL RECEIPT


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

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

No 34764

From:

Alice Brown

Address:

3264 Lillette Street, SD 92113

Date:

7-2-87

In

Payment of

Fifty Dollars  
Coupons 1-3 Credit for Sales

Dollars \$ 50.-

Lot

127

Grave

10

Row

Section

1

Division

Block

12

Invoice No

Acct. No

W.O.

E-6706

BALANCE DUE

335.00

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

## CREDIT

20% Sales Care	57007	
80% Sales	77184	50 -
of Lots	100	
Opening/	77184	
Closing	100	
Burial	77181	
Containers	100	
	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78380	

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

ISSUED BY

TOTAL PAID

\$

50 -

Send or bring one coupon with each remittance

**COUPON**

**3**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6706** Credit Lot

**Obie Brown**  
**3264 Gillette St.**  
**San Diego, Ca 92113**

*E6706*

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
						10				<i>7-1-85</i>	<i>Due</i>

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

*20.00*  
\$ ~~15.00~~

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

\$ ~~1.00~~

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



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

**2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6706** Credit Lot Sales

*E-6706*

**Obie Brown**  
**3264 Gillette St., SD 92113**

**Month and Day Due Indicated Below**

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

Amount due, paid on, or before, due date above  \$ 15.00

Amount due, paid more than days after due date above.  \$ 1.00

\$ 16.00

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

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

**1**


DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6706** Credit Lot

**Obie Brown**  
**3264 Gillette St.,**  
**San Diego, Ca 92113**

**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.  \$ 15.00

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

\$ 16.00

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 34882

Date: 8-5, 1987

From: OBie Brown Address: SD.

 Seventy dollars Dollars (\$ 70.00 )  
 In Coupon Payment of Credit Sale - Coupons #4, 5, 6, 7, 8.  
 E-6706

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

w.o. E-6706

BALANCE DUE \_\_\_\_\_

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

AC-212 (Rev. 11-86)

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

ISSUED BY JD.

CREDIT	57007		
20% Sales Com	77184		
80% Sales of Lots	100	70	00
Opening/Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77183		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78360		
TOTAL PAID		70	00



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

**4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6706** **Credit Lot Sales**

*E6706*

**Obie Brown**

**3264 Gillette St., SD 92113**

**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



\$ 10.00

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



\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 10.00

NAME Obie Brown

ADDRESS 3264 Gillette St. Sp.

CITY San Diego . STATE CA ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6706** Credit Lot

**Obie Brown**

**3264 Gillette St.**

**San Diego, Ca 92113**

Month and Day Due Indicated Below

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

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

\$ **15.00**

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

\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **15.00**

NAME **Obie Brown**

ADDRESS **3264 Gillette St.**

CITY **S.D.**

STATE **CA.** ZIP **92113**

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**6**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6706**

**Credit Lot  
Sales**

**Obie Brown**

**3264 Gillette St., SD 92113**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					<b>10</b>						

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

\$ **15.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above:

\$ **1.00**

\$ \_\_\_\_\_

NAME **Obie Brown** Amount Received \$ **15.00**

ADDRESS **3264 Gillette Street**

CITY **S.D.** STATE **CA** ZIP **92113**

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6706** **Credit Lot**

**Obie Brown**

**3264 Gillette St.**

**San Diego, Ca 92113**

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.

\$ **15.00**

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

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ **15.00**

NAME **Obie Brown**

ADDRESS **3264 Gillette St.**

CITY **SD.** STATE **CA** ZIP **92113**

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6706**

**Credit Lot  
Sales**

**Obie Brown**

**3264 Gillette St., SD 92113**

**Month and Day Due Indicated Below**

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

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

**\$ 15.00**

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

**\$ 1.00**

\$ \_\_\_\_\_

**\$ 15.00**

NAME **Obie Brown**

ADDRESS **3264 Gillette St.**

CITY **SD,** STATE **CA.** ZIP **92113**

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


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

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

No 35078

From:

T. Brown

Address:

3264 Hellette St # 92113

Date:

9/30/87

19

In

Eighty five and 00/100

Payment of

Coupon # 14 th 18 -

Dollars (\$

85<sup>00</sup>/<sub>100</sub>)

Lot

127

Grave

10

Row

Section

1

Division

12

Invoice No.

Acct. No.

W.O.

BALANCE DUE

E6706

85<sup>00</sup>/<sub>100</sub>NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

CREDIT

20% Sales Care

67007

77184

80% Sales  
of Lots

100

77184

Opening/  
Closing

100

77181

Burial

100

Containers

77182

Handling Fee

100

Recording &  
Misc. Fees

77183

Pre-Need  
Trust

83033

Sales Tax

9022

60101

78360

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



ISSUED BY

TOTAL PAID

\$

85<sup>00</sup>/<sub>100</sub>

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6706

Credit Let  
Sales

E6706

Obie Brown

3264 Gillette St., SD 92113

Month and Day Due Indicated Below

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

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

\$ 15.00

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

\$ 1.00

9/30 - 2nd

\$ 85.00

Amount Received

\$

NAME

Cash -

ADDRESS

the #18

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6706 Credit Lot**

**Obba Brown**  
**3264 Gillette St.**  
**San Diego, Ca 92113**

*E 6706*

Month and Day Due Indicated Below

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

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

\$ **15.00**

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

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**16**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6706**

**Credit Lot  
Sales**

**Obia Brown**

**3264 Gillette St., SD 92113**

**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.

\$ **15.00**

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

\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**17**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6706** Credit Lot

**Obba Brown**

**3264 Gillette St.**

**San Diego, Ca 92113**

Month and Day Due Indicated Below

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

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

\$ **15.00**

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

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**18**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6706**

**Credit Lot  
Sales**

**Obie Brown**

**3264 Gillette St., SD 57211**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					<b>19</b>						

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

**\$ 15.00**

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

**\$ 1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


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

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

No 35050

From:

*Steve L. Brown*

Address:

*3261 S. Melrose St.*

Date:

*9-18*, 19*87*

In

Payment of

*Seventy Five Dollars (\$ 75.00)*  
*1 Casket # 9, 10, 11, 12 & 13*  
*Set*

Lot

*107*

Grave

*10*

Row

Section

*1*

Division Block

*12*

Invoice No.

Acct. No.

W.O.

*E-6706*

BALANCE DUE

*150.00*
NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

## CREDIT

20% Sales Com.	87007	
80% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77184	<i>75.00</i>
	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78360	
TOTAL PAID		<i>75.00</i>

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



ISSUED BY

*[Signature]*

TOTAL PAID

\$

*75.00*

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6706 Credit Let**

**Obie Brown**  
**3264 Gillette St.**  
**San Diego, Ca 92113**

*E 6706*

**Month and Day Due Indicated Below**

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

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

▶ \$ **15.00**

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

▶ \$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**10**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6706**

**Credit Lot  
Sales**

*E-6706*

**Obie Brown**

**3264 Gillette St., SD 92113**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					<b>10</b>						

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



\$ **15.00**

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



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6706 Credit Loc**

**Obie Brown  
3264 Gillette St.  
San Diego, Ca 92113**

*E-6706*

**Month and Day Due Indicated Below**

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

Amount due when paid on or before,  
due date above



\$ **15.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above,



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**12**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6706**

**Credit Lot  
Sales**

*E-6706*

**Obie Brown**

**3264 Gillette St., SD 92113**

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					<b>10</b>						

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



\$ **15.00**

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



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6706 Credit Let**

**Obie Brown**  
**3264 Gillgate St.**  
**San Diego, Ca 92113**

**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.

\$ **15.00**

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

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


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

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

No 35199

Date: Oct. 22, 1987From: Oliver BrownAddress: 3264 N. Ellette St # 92113
One hundred five dollars and <sup>00</sup>/<sub>100</sub> Dollars (\$ 105.00)
In full Payment of Oliver Brown
 Lot 127 Grave 10 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E6706BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 11-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY Dave Lowney

CREDIT	57007	
20% Sales Tax	77184	<u>25.00</u>
80% Sales of Lots	100	<u>80.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	75380	
TOTAL PAID	\$	<u>105.00</u>

or bring one coupon with each remittance

**COUPON**

**19**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6706 Credit Lot**

**Obie Brown  
3264 Gillette St.  
San Diego, Ca 92113**

*E6706*

**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

 \$ **15.00**

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

 \$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**21**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **K-6796** Credit Lot

**Obie Brown**  
**3264 Gillette St.**  
**San Diego, Ca 92113**

*E6706*

**Month and Day Due Indicated Below**

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

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

\$ **15.00**

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

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**23**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6706 Credit Loc**

**Obie Brown  
3264 Gillette St.  
San Diego, Ca 92113**

*E6706*

**Month and Day Due Indicated Below**

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

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



\$ **15.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above:



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**20**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6706**

**Credit Let  
Sales**

**Obie Brown**

**3264 Gillette St., SD 92113**

**Month and Day Due Indicated Below**

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

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



\$ **15.00**

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



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**22**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6706**

**Credit Let  
Sales**

**Obie Brown**

**3264 Gillette St., SD 92113**

**Month and Day Due Indicated Below**

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

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



\$ **15.00**

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



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**24**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No.**

**E-6706**

**Credit Let  
Sales**

**Obie Brown**

**3264 Gillette St., SD 92113**

**Month and Day Due Indicated Below**

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

Amount due when paid on or before,  
due date above

\$ 40.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above

\$ 1.00

\$ 41.00

Amount Received \$ \_\_\_\_\_

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

☐ check (✓) if this is new address

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date

6/4/87

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

of LODIENA MOORE

in a Graveside Funeral, date, time MON - 1PM - 6/8

Church, Chapel, Graveside Graveside; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 3778 Grave --- Row 2 Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund None

Opening/Closing & Setup 100.00

Burial Container 40.00

Handling Fees 21.60

Flower vases - Marker setting fee ---

Recording and filing fee 35.00

Sales taxes 2.40

Total Due 299.00

Paid receipt number 34655

Balance due 899.00

MT. HOPE CEMETERY  
CITY of SAN DIEGO, CALIF

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

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

Signature of recorded holder of deed

Ken W. F. Finner  
Signature  
2317 Cassin Ave  
Address  
Fontana, CA 90816  
City  
(213) 442-6959  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

E 6707

PY-583 (REV. 8-86)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

FL6707

NAME OF DECEDENT <b>J'Orlene Monette Moore</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 3, 1986</b>	DATE OF DEATH <b>June 3, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Joanetta Stephens - Mother 5167 Maranja Street San Diego, California 92114</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Bagdale Mort.: 5550 Federal Blvd. San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10 DISPOSITION PENDING                     |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                     |  |  |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street: San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b> DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUN 8 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/8/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶</b> <i>[Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald H. Ramos, M.D.</b>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

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


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

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

E6707 No 34655

Date: 6/4/87, 19\_\_From: Ora FrasierAddress: 2317 Caspian - Long BeachIn full Payment ofInterment of Baby MooreDollars (\$ 299.00 )Lot 3778 Grave

Row

Section -1-Division 9

Invoice No.

Acct. No.

W.O. E-6707BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

1312NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED Loyn

CREDIT	57007	<u>20</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100	<u>80</u>	<u>00</u>
of Lots	77184		
Opening/	100	<u>100</u>	<u>00</u>
Closing	77181		
Burial	100	<u>40</u>	<u>00</u>
Containers	77182		
	100	<u>21</u>	<u>60</u>
Handling Fee	77183		
Recording &	100	<u>35</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	8022		
Sales Tax	80101	<u>2</u>	<u>40</u>
	78090		
TOTAL PAID	\$	<u>299</u>	<u>00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/4/87

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

of Michael Edward Keller - 3 mo.

in a liner - Funeral, date, time MON-2:30- 6/8

Church, Chapel, Graveside Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran       

Lot 647 Grave        Row        Section 1 Division/Block 9

Grave space & Care Fund 20/80 100.00

Additional spaces and care fund       

Opening/Closing & Setup        100.00

Burial Container        40.00

Handling Fees        21.60

Flower vases - Marker setting fee       

Recording and filing fee        3.00

Sales taxes        2.40

Total Due 299.00

Paid receipt number 667807 299.00

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

State

Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 6708  
FY-583 (REV. 8-85)

legal typed

*Fosterchild  
Country of San Diego  
% Mrs Barbara Hanson Rd  
5454 Ruffin Rd  
S.A 92123  
495-5324*

*Mother in Burial*

*called by  
Ragsdale*

*257285  
00022*



# **PERMIT FOR DISPOSITION OF HUMAN REMAINS**

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

*EL668*

NAME OF DECEDENT <b>MICHAEL EDWARD KELLER</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Feb. 16, 1967</b>	DATE OF DEATH <b>June 3, 1967</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Angelita Jackson - Mother 2128 Oceanview Blvd. San Diego, California 92113</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5850 Federal Blvd. San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                    |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                     |  |  |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street, San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A 20 - W.L.</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b> DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND BY THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUN 8 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/8/87</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>▶ Donald E. Ramos, M.D. mm</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 06-05-87

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

of Joseph Tate

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War-time veteran \_\_\_\_\_

Lot 19 Grave (3) Row \_\_\_\_\_ Section 4 Division/Block 6

Grave space & Care Fund \_\_\_\_\_ Premised

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 320.00

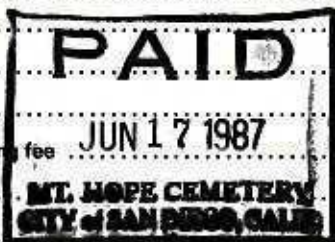
Burial Container \_\_\_\_\_ 100.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_ 35.00

Recording and filing fee \_\_\_\_\_ 6.00

Sales taxes \_\_\_\_\_ 606.00



Total Due 606.00

Paid receipt number 34437 336.00

Balance due 270.00

04-16-87  
(E6603)

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 6709

RY-693 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

LT

\$270<sup>00</sup>

06-05-87

34663

100<sup>00</sup>  

---

170<sup>00</sup>

06-17-87

34741

170<sup>00</sup>  

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~~0~~

P.O. Box 637  
Hydreville, Col. 804  
June 1, 1987

Mount Hope Cemetery  
Barbara Lang:

Enclosed is a money order for  
the Preneed Trust. Lot 19 -  
Grave 3 - Sec. 4 - Div. 6, for  
Joseph Tate.

The balance should be <sup>\$</sup>170 <sup>00</sup>  
after this money order.

Randy Maples' check for <sup>\$</sup>336 <sup>00</sup>  
was for this Trust.

Very Sincerely

Martha Walashek



## OFFICIAL RECEIPT


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

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

E 6609 No 34437

 95526 Date: 04-16-1987  
 From: Randy Maples Address: 48 Rundown Acres, Encinitas, Ca  
 Three Hundred Thirty six and no/100 Dollars (\$ 336.00)  
 In: [unclear] Payment of: Preneed trust deposit

Lot 19 Grave 3 Row Section 4 Division Block 6

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 6603

BALANCE DUE \$1024.00

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

AC-212 (Rev. 11-86)

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

ISSUED BY

B. Lang

CREDIT	87007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83083	336.00
Trust	9022	
Sales Tax	80101	
	78360	
TOTAL PAID		336.00



## OFFICIAL RECEIPT


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

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

No 34663

From: Martha Walashek Address: PO Box 637 Hesperville, Pa 15547  
One hundred and no/100 Dollars (\$ 100.00)  
 In full Payment of Preneed trust deposit  
of Joseph TATE  
 Lot 19 Grave 30 Row \_\_\_\_\_ Section 4 Division 6 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E6603 + E6709BALANCE DUE \$170.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE
ISSUED BY B. Pang

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83053	<u>100.00</u>
	9082	
Sales Tax	80101	
	76380	
TOTAL PAID	\$	<u>100.00</u>

No 34711

OFFICIAL RECEIPT



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

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

From: Mt. Hope Cemetery Address: 30 Box 637, Dept. 11, Cal  
me hundred seventy 00 Dollars (\$ 170 -)  
In: — Payment of Deceased Trust for Joseph Lute

Lot 19 Grave 31 Row — Section 4 Division 6

Invoice No. —  
Acct. No. —  
W.O. E-6709  
BALANCE DUE 0

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

CREDIT	87007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	170 -
Trust	9022	
Sales Tax	80101	
	78200	
TOTAL PAID	\$	170 -

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

AC-212 (Rev. 11-80) 37862997917

ISSUED BY Andy Ward



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/5/89

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

of Robert Earl Jenkins

in a Bell Liner Vault/Liner Funeral, date, time Tue 11Am 6/9

Church, Chapel, Graveside Chapel & S ; Daysdale Mortuary.

All Funeral cars must 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 65 Grave 10 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... 320.00

Burial Container ..... Bell Liner 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... 35.00

Recording and filing fee ..... 6.00

Sales taxes ..... 856.00

noted 30 days Total Due

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Mardetha Jenkins  
Signature 3150 1/2 Webster ave  
Address San Diego Calif 92113  
State 239.6526 Zip Code  
Telephone

Work Order #  
FY-603 (REV. 6-80)

**E 6710**

Invoice # 057140  
Acct. # 022310

E6710

## NOTE—STRAIGHT

857.00 San Diego, California, June 5, 1987

- 30 -

days

after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mt. Hope Cemetery or San Diego City Treasurer

or order

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

the sum of

Eight Hundred fifty six and no/100

DOLLARS

with interest from

July 6, 1987

on the unpaid principal at the rate of

12

per cent per annum, payable on demand

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

x Mardetha Jenkins

x 3/50 1/2 Webster and

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6710

NAME OF DECEDENT <b>ROBERT EARL JENKINS</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>OCT 04, 1952</b>	DATE OF DEATH <b>JUNE 01, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>INGLEWOOD</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>LOS ANGELES</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>MRS HARDESTHA JENKINS - MOTHER</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>RAGSDALE-5050 FEDERAL BL-SAN DIEGO, CALIFORNIA</b>		CALIFORNIA LICENSE NUMBER <b>F 1329</b>	3150 1/2 WEBSTER AVENUE <b>SAN DIEGO, CALIFORNIA 92113</b>	

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

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT HOPE CEMETERY - 3751 MARKET STREET - SAN DIEGO, CALIFORNIA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>N/A</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Blue Arlington P.C.</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>N/A</b>
			DATE SIGNED <b>N/A</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$1.00</b>	DATE PERMIT ISSUED <b>JUN 05 1987</b>
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Robert M. ...</b>	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/9/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Robert M. ...</b>	
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>05/02/11</b>		
	<b>VITAL RECORDS 313 NORTH FIGUEROA STREET LOS ANGELES, CALIFORNIA</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE 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 6/8/87

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

in a T.S. Vault Funeral, date, time 6/11/87 - AM Thur

Church, Chapel, Graveside Delany ONLY Delany - Fisher - Longates Mortuary.

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

Lot 593 Grave        Row        Section 3 Division/Block 8

Grave space & Care Fund Per need B-9319

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container Crematorium 175.00

Handling Fees 170.00

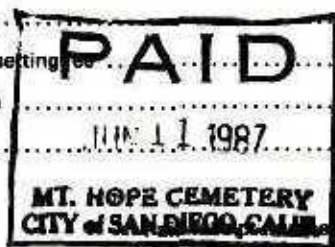
Flower vases - Marker setting fee 35.00

Recording and filing fee 10.50

Sales taxes 710.50

Total Due 346.85

Balance due 0



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

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

Signature of recorded holder of deed

Signature Shirley Mainer  
Address 195. B.N. Rd - Ep 90  
City San Juan, Ca 95127  
State 408-227-6578 Zip Code         
Telephone       

Work Order # E 6711

PY-583 (REV. 8-85)

Invoice #       

Acct. #       

*Legal Typed*



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6711

NAME OF DECEDENT <b>HOEBE PAULSON</b>		SEX <b>Female</b>	DATE OF BIRTH <b>May 21, 1893</b>	DATE OF DEATH <b>June 6, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>Los Gatos</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Santa Clara</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Shirley Miner - dght. 195 Blossom Hill Rd Sp.90 San Jose, CA 95123</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>CHapel OF THE HILLS, Los Gatos, CA 95030</b>		CALIFORNIA LICENSE NUMBER <b>F940</b>		

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

<input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> 10. DISPOSITION PENDING
<input type="checkbox"/> 4. SCIENTIFIC USE		

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, San Diego, CA</b>		COUNTY <b>San Diego Co.</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Steel Bather 7th P.C. 2080 Santa Clara</b>		DATE CREMATED <b>6/11/87</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>Steel Bather 7th P.C. 2080 Santa Clara</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 8 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/11/87</b> ENTER DATE	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Stephen A. Coray M.D.</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>Santa Clara Co. Health Dept. 2220 Moorpark Av. San Jose, CA 95128</b>		

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



## OFFICIAL RECEIPT


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

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

No 34685

From: Chapel of the Hills Address: 615 N. Santa Clara Ave., Los Angeles  
Seven Hundred Ten Dollars 54/100 Dollars (\$ 710.50)  
 In \_\_\_\_\_ Payment of \_\_\_\_\_

Lot 593 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6711BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

1038

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

ISSUED BY

CREDIT	67007		
20% Sales Tax	77184		
50% Sales	100		
of Lots	77184		
Opening/	100	320	00
Closing	77181		
Burial	100	175	00
Containers	77182		
	100	170	00
Handling Fee	77183		
Recording &	100	35	
Misc. Fees	77183		
Pre-Need	80023		
Trust	9022		
Sales Tax	80101	10	50
	75360		
TOTAL PAID		710	50

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

(P.A.)

Date 6/8/87

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

in a none Funeral, date, time 6/9/87 - Tues - 2:30

Church, Chapel, Graveside Sup By McLeod - N.C. Mortuary.

All Funeral cars must 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 StellButh

Lot 105 Grave 6 Row      Section T00F Division/Block 43

Grave space & Care Fund Stell 28

Additional spaces and care fund     

Opening/Closing & Setup 2-6 Casket - 32X14X30 45

Burial Container     

Handling Fees     

Flower vases - Marker setting fee     

Recording and filing fee     

Sales taxes     

Total Due     

Paid receipt number     

Balance due \$73.00

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # 057443

Acct. # 000752

Work Order # E 6712

PT-583 (REV. 9-85)

Legal Typed



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

66712

NAME OF DECEDENT <b>YOLANDA URIBE</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>JUNE 1, 1967</b>	DATE OF DEATH <b>JUNE 1, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>ESCONDIDO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>MARIA JESUS URIBE (MOTHER)</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>MELBOB MORTUARY ESCONDIDO CHAPEL 716 E. VALLEY VIEW #214, ESCONDIDO, CA</b>		CALIFORNIA LICENSE NUMBER <b>F299</b>	240 CHIMARRITY <b>SAN MARCOS, CA 92069</b>	

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

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY, 3751 MARKET, SAN DIEGO, CALIF.</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	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 SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>NA</b> <i>Steel Mail Box - 2-0</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUN 09 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/14/87</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Rayen Stiller</i> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

ash in Vault

Date 6/9/87

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

of Johanna E. Maschkeles

in a ash vault Funeral, date, time Mon - 6/15/1:30

Church, Chapel, Graveside Graveside; Pondhane Mortuary.

All Funeral cars must 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

Lot 3050 Grave ~ Row ~ Section ~ Division 10

Grave space & Care Fund Be Paid

Additional spaces and care fund none

Opening/Closing & Setup 105<sup>00</sup>

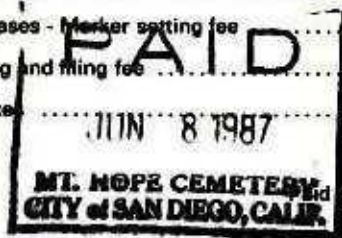
Burial Container Contrast Vault 40<sup>00</sup>

Handling Fees 60<sup>00</sup>

Flower vases - Marker setting fee ~

Recording and filing fee 35<sup>00</sup>

Sales tax 24<sup>00</sup>



Total Due 242.40

Receipt number 34677 242.40

Balance due 0

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

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

Signature of recorded holder of deed

Mon: 1-30

Gisela Hollstadt  
Signature 511 21st St.  
Address Coronado Ca.  
Date 435-3752 Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 6713

PY-693 (REV. 8-86)

LT

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 6713

NAME OF DECEDENT <b>JERMANA E. MICHENEFES</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>MAR 29, 1900</b>	DATE OF DEATH <b>JUN 8, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>CHICAGO</b>		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>GERLA HALLSTADT, DAUGHTER 811 FIRST STREET CHICAGO, CA 92118</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH: <b>FRANK W. HALLSTADT, 808 13TH STREET, CHICAGO, ILL. 60612</b>		CALIFORNIA LICENSE NUMBER <b>F-1170</b>		

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>HIGHT HOPE CEMETERY, 3711 HIGHT STREET, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>CHICAGO CEMETERY, 1-800 &amp; IMPERIAL AVENUE, SAN DIEGO, CA</b>	DATE CREMATED <b>JUN 10 1987</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>D. St. Hallstrom</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>SEA</b> <i>Cardboard in ashtray with flowers</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>SEA</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$2.00</b>	DATE PERMIT ISSUED <b>JUN 09 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Brown, M.D. CA</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/15/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>George W. Stettin</i> LICENSE NUMBER OF CREMATED REMAINS DISPOSED, IF APPLICABLE <b>SEA</b>	
# DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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



## OFFICIAL RECEIPT


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

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

No 34677

From:

Lisela Nollstett

Address:

Coronado

Date:

6/9/87

19

Two Hundred forty two at 40/100

Dollars (\$ 242<sup>40</sup>/<sub>100</sub>)

In

full

Payment of

Burialment of Johanna E. Mackhefer-de

Lot

3050

Grave

Row

Section

Division Block

10

Invoice No.

Acct. No.

W.O.

E-6713

BALANCE DUE

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

CREDIT

67007

20% Sales Com

77184

80% Sales

100

of Lots

77184

Opening/

100

Closing

77181

Burial

100

Containers

77182

Handling Fee

100

Recording &amp;

77183

Misc. Fees

100

Pre-Need

63033

Trust

9022

Sales Tax

60101

28380

Pre-Need Lot

☐

At Need

☒

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 11-86)

1253

ISSUED BY

TOTAL PAID

\$

242 40



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/9/87

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

of Flossie Pradd

in a Not arranged 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

Lot 21 Grave 2 Row \_\_\_\_\_ Section 2 Division/11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund Rev Sp 3 for yr. -

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... \*250.00

No Exp.  
Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed

Signature T. J. P.

Address 7062 Madrone

State SD. 92114

Telephone 263-8193

Zip Code

Work Order # E 6714 ✓

PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Credit Sale

MT HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/9/87

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

of Lesora Jones

in a none cremated Vault/Urns general, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

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

Lot 95 Grave 2 Row ~ Section 2 Division/B~~ox~~ 11

Grave space & Care Fund ..... 250<sup>00</sup>

Additional spaces and care fund Res 95-7-2-11 for 4x.

Opening/Closing & Setup ..... not arranged

Burial Container ..... on Paid.

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 250<sup>00</sup>

Paid receipt number 34678 500

Balance due 250<sup>00</sup>

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 4481 "T" 21

Address 28. 92113

State 262-6825 Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 6715  
PV-583 (REV. 5-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

7-9-87 34800

9-10-87 35019

10-9-87 - 35144

11-10-87 35284

1-7-88 35522

245<sup>00</sup>  
10<sup>00</sup>

---

235<sup>00</sup>  
10<sup>00</sup>

---

225<sup>00</sup>  
10<sup>00</sup>

---

215<sup>00</sup>  
10<sup>00</sup>

---

205<sup>00</sup>  
20.00

---

185.00



## OFFICIAL RECEIPT

No 34678


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

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

 Date: 6/9/87, 19\_\_  
 From: Leolora Jones Address: 4481 "T" St San Diego  
Gene and no 700 Dollars (\$ 5.00)  
 In Deposit Payment of Credit to Lake Bu need Bal on 10<sup>00</sup> mo.

 Lot 95 Grave 2 Row 2 Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E6715BALANCE DUE 245<sup>00</sup>Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

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

CITY AUDITOR

JUN 11 1987

 ISSUED BY Leone

CREDIT	87007	
20% Sales Tax	77184	
80% Sales	100	<u>5.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	8022	
Sales Tax	80101	
	78280	
TOTAL PAID		<u>5.00</u>

## OFFICIAL RECEIPT

No 35019


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

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

 From: Deborah Jones Address: 4481 T St, 92113 Date: 9-10 1987

 In: Don J Malloes Payment of Cemeter #2 Credit Lot Dollars (\$ 10.00 )

 Lot 95 Grave 2 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6715BALANCE DUE 225.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☒
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>10</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	76380	
TOTAL PAID	\$	<u>10</u>

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

**2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6715 Lot Sales

Geolora Jones E 6715

4481 "T" Street

San Diego, CA 92113

**Month and Day Due Indicated Below**

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

Amount Received \$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


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

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3451

No 35144

Date: 10-9, 1987
 From: GEOLORA JONES Address: 4481 "T" ST. S.D. CA. 92113  
Tax and 1/100 Dollars (\$ 10.00 )
In PART Payment of LOT SALES
 Lot 95 Grave 2 Row - Section 210.00 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6715BALANCE DUE 215.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

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

ISSUED BY

Bruce Morrison

CREDIT	87007		
30% Sales Care	77184		
60% Sales of Lots	100		
Opening/Closing	77184		
Burial	100		
Containers	77181		
	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	83033	<u>10</u>	<u>00</u>
	9022		
	80101		
	78380		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

Send or bring one coupon with each remittance

**COUPON**

**3**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No.**

**E-6715**

**Lox Sales**

**Geolora Jone**

**4481 "T" Street**

**San Diego, CA 92113**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
						<del>10</del>	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**

\$ \_\_\_\_\_

Amount Received

\$ **10.00**

NAME **GEOLORA JONES**

ADDRESS **4481 "T" ST.**

CITY **SAN DIEGO**

STATE **CA**

ZIP **92113**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 35284

 From: Deolara Jones Address: 4481 T St, SD Date: 11-10-87  
ten dollars Dollars (\$ 10.00)  
 In \_\_\_\_\_ Payment of Cheque # 4 credit lot

 Lot 95 Grave 2 Row \_\_\_\_\_ Section 2 Division 11  
 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6715BALANCE DUE 205.00Pre-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.
Linda Ward  
 ISSUED BY \_\_\_\_\_

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100	<u>10</u>	<u>—</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	60033		
Sales Tax	8022		
	80191		
	78380		
TOTAL PAID	\$	<u>10</u>	<u>—</u>



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

**4**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6715 Lot Sales**

**Geolora Jones**

**4481 "T" Street**

**San Diego, CA 92113**

*E 6715*

**Month and Day Due Indicated Below**

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

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**

*10.00 Cash  
11/10/87*

\$ \_\_\_\_\_

*[Signature]*

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 35522

From: Deborah Jones Address: 4481 T Street, SS 92113  
Twenty dollars \$20.00 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Coupon 546 Credit for  
 Lot 95 Grave 2 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6715BALANCE DUE 185.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

006581

CITY AUDITOR

JAN 13 1988

ISSUED BY Deborah Jones

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	83033
Trust	9022
Sales Tax	80101
	78390

TOTAL PAID

\$

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

**6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6715** Lot Sales

**Geolera Jones**

**4481 "T" Street**

**San Diego, CA 92113**

*E6715*

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					<b>10</b>						

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6715

Log Sales

Geolara Jone

4481 "T" Street

San Diego, CA 92113

E6715

Month and Day Due Indicated Below

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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 35755


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

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151
Date: 2-23, 1988From: Sandra Jones Address: \_\_\_\_\_In Twenty Dollars Payment of no/100 Dollars (\$ 20.00)In Payment of Prepaid 1st & 2ndLot 95 Grave 2 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6715BALANCE DUE 165.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

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

CITY AUDITOR

FEB 26 1988

ISSUED BY Sandra Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>20.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>20.00</u>

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

**8**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6715 Lot Sales**

**Geolora Jones  
4481 "T" Street  
San Diego, CA 92113**

*E-6715*

**Month and Day Due Indicated Below**

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

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6715**

**Exp Sales**

**Geolara Jones**

**4481 "T" Street**

**San Diego, CA 92113**

*E6715*

**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

\$ **10.00**

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

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 35898


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

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

 From: Golara Jones Address: 4481 T Street, SD Date: 3-21, 1986  
Twenty Dollars to 100 Dollars (\$) 20.00  
 In Payment of Coupon 3810 Underfoot

 Lot 95 Grave 2 Row \_\_\_\_\_ Section 2 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6715BALANCE DUE 145.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAR 24 1988

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	<u>20.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>20.00</u>

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6715** Lot Sales

**Geolora Jones**  
**4481 "T" Street**  
**San Diego, CA 92113**

E6715

Month and Day Due Indicated Below

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

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



\$ **10.00**

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



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6715**

**Log Sales**

**Geolora Jone**

**4481 "T" Street**

**San Diego, CA 92113**

*E6715*

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
						<b>10</b>					

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 36162

 From: Isolara Jones Address: 4481 J Street, SD 92113  
Twenty Dollars 20/00 Dollars (\$ 20.00)  
 In Coupon 11 & 12 Credit at  
 Payment of

 Lot 95 Grave 2 Row 2 Section 2 Division 11  
 Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6715BALANCE DUE 125.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

MAY 20 1988

ISSUED BY

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	03033
Trust	9022
Sales Tax	50101
	78390

TOTAL PAID

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6715

Log Sales

Geolera Jone

4481 "T" Street

San Diego, CA 92113

E6715

Month and Day Due Indicated Below

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

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**12**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6715 Lot Sales**

**Geolara Jones  
4481 "T" Street  
San Diego, CA 92113**

*E6715*

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					<b>10</b>						

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**

*5/16/88*  
*\$10.00 cash*

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 36448

From:

*Leolna Jones*  
*Twenty No 100*

Address:

*4481 J Street, SD*

Date:

*7-25*, 19 *88*

Dollars (\$

*80.00*

In

Payment of

*Unpaid 13 & 14 Picaret Lot*

Lot

*95*

Grave

*2*

Row

Section

*2*

Division

Block

*11*

Invoice No.

Acct. No.

W.O.

*E-6715*

BALANCE DUE

*105.00*

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☒

Check

☐

AC-212 (Rev. 10-97)

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

CITY AUDITOR

*JUL 29 1988*  
 000908

ISSUED BY

*Andie Ward*

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	83033
Trust	9022
Sales Tax	80101
	78360

TOTAL PAID

\$

*80.00*

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6715** Lot Sales

**Geolera Jones**  
**4481 "T" Street**  
**San Diego, CA 92113**

*E6715*

Month and Day Due Indicated Below

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**

*10.00 cash*  
*7/20/88*

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME

*GWS*

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6715

Log Sales

Geolera Jone

4481 5<sup>th</sup> Street

San Diego, CA 92113

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.

\$ 10.00

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

\$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 36734

From: Leola Jones Address: 4481 "T" Street, SD 92113 Date: 9-27, 19 88  
Twenty no 100 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Leola 15 & 16 United St  
 Lot 95 Grave 2 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6715BALANCE DUE 20.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

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

CITY AUDITOR

SEP 29 1988

ISSUED BY Indira Ward

CREDIT	67007		
20% Sales Com	77184		
80% Sales	100		
of Lots	77184	<u>20</u>	<u>00</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	8022		
Sales Tax	80101		
	78390		
TOTAL PAID		<u>20</u>	<u>00</u>

Bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6715

Loz Sales

Geolera Jone

4481 "T" Street

San Diego, CA 92113

E6715

Month and Day Due Indicated Below

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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address



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

**16**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6715 Lot Sales**

**Geolera Jones**  
**4481 "T" Street**  
**San Diego, CA 92113**

*E6715*

**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.



\$ 10.00

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



\$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 37032

Date: 12/5, 19 88From: Leola Jones Address: HuixtlaIn 10, 18, 19 Dollars (\$ 30.00)Payment of CouponLot 95 Grave 2 Row 2 Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6715BALANCE DUE 55.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

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

CREDIT

50% Sales Care

50% Sales

of Loss

Opening/

Closing

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

67007

77184

100

77184

100

77181

100

77182

100

77185

100

77183

63033

9022

60101

78380

TOTAL PAID

\$

30.00

30.00

30.00

30.00

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6715

Log Sales

Geolara Jone

4481 "T" Street

San Diego, CA 92113

EL 715

Month and Day Due Indicated Below

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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6715** Lot Sales

**Geolara Jones**

**4481 "T" Street**

**San Diego, CA 92113**

*E-6715*

Month and Day Due Indicated Below

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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**19**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No.**

**E-6715**

**Log Sales**

**Geolara Jone**

**4481 "T" Street**

**San Diego, CA 92113**

*E-6715*

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
						<b>10</b>					

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

OFFICIAL RECEIPT



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

**CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
394-3151**

No 37419

Date: 3-2, 1989

From: John A. [unclear] Address: \_\_\_\_\_

Thru (P) (K) Dollars (\$) 20.00

In \_\_\_\_\_ Payment of Twenty 2022 Model del

Lot 75 Grave 2 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 5-0715

BALANCE DUE 20.00

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

AC-212 (Rev. 10-87)

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

CREDIT	87007	25	00
20% Sales Care	77184		
80% Sales	100	25	00
of Lots	77184		
Opening/	100		
Closing	77181		
Cost	100		
Containers	77182		
	100		
Handling Fee	77185		
1999	100		
Handling &	77183		
Misc. Fees			
Pre-Need	83033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID		30	00

ISSUED BY

TOTAL PAID



Send or bring one coupon with each remittance

**COUPON**

**20**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6715 Lot Sales**

**Geolera Jones  
4481 "T" Street  
San Diego, CA 92113**

*E6715*

**Month and Day Due Indicated Below**

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

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6715

Log Sales

E6715

Geolara Jone

4481 "T" Street

San Diego, CA 92113

Month and Day Due Indicated Below

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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6715** Lot Sales

**Geolera Jones**  
**4481 "T" Street**  
**San Diego, CA 92113**

*E6715*

Month and Day Due Indicated Below

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

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

\$ **10.00**

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

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6715

Log Sales

Geolera Jone

4481 "T" Street

San Diego, CA 92113

E6715

Month and Day Due Indicated Below

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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**24**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6715 Lot Sales**

**Geolera Jones  
4481 "T" Street  
San Diego, CA 92113**

**Month and Day Due Indicated Below**

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

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

\$ 15.00

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

\$ 1.00

\$ 16.00

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

NO 37841

 Date: 5-19, 1989  
 From: Leona Jones Address: 4481 T Street, SD  
Twenty five 10/100 Dollars (\$ 25.00)  
 In \_\_\_\_\_ Payment of Quota 23 & 24 Unit 24

 Lot B Grave 2 Row \_\_\_\_\_ Section 2 Division 11  
 Block 2500

Invoice No. \_\_\_\_\_

Acct. No. 2-6715

W.O. \_\_\_\_\_

BALANCE DUE 0Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
 CITY AUDITOR  
 MAY 30 1989
ISSUED BY Arda

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	83033
Trust	9022
Sales Tax	60101
	78390
TOTAL PAID	\$ <u>2500</u>



NAME Jones, Geolora

ACCT. NO. E-6715

ADDRESS 4481 T Street, San Diego, Ca 92113

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Jun 87	Lot 95, Grave 2, Section 2, Division 11	250.00		65 00	185 00
2-23 88	Coupon 7 & 8, Receipt # 35755			20 00	165 00
3-21 88	Coupon 9 & 10, Receipt # 35878			20 00	145 00
5-16 88	Coupons 11 & 12, Receipt			20 00	125 00
7-25 88	Coupon 13 & 14, Receipt 36448			20 00	105 00
9-27 88	Coupons 15 & 16, Receipt 36734			20 00	85 00
12-5 88	Coupons 17, 18, 19, Receipt 37032			30 00	55 00
3-2 89	Coupons 20-22, Receipt 37419			30 00	25 00
5-4 89	Coupon 23-24, Receipt 37841			25 00	00

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date

6/9/87

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

in a Bell Vault/Liner Funeral, date, time 6/11/87 - Thurs 2 PM

Church, Chapel, Graveside Chapel; Cypress View Mortuary.

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

Lot 46 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund Per med D8422 PD

Additional spaces and care fund none

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes \_\_\_\_\_

Bell C.V.  
for 35.00  
slatent

Total Due 35.00

Paid receipt number 136754 35.00

Balance due Cypress View

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

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

Signature of recorded holder of deed

F.D. - Minister & us.

Signature

Address

State

Zip Code

Telephone

Invoice #

Acct. #

Work Order #

**E 6716**

PV-593 (REV. 6-86)

Legal Typed



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

66716

NAME OF DECEDENT <b>Robert Drake Boyd</b>		SEX <b>Male</b>	DATE OF BIRTH <b>May 28, 1919</b>	DATE OF DEATH <b>FOUND</b> <b>June 8, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT  <b>Self, By Pre-Arrangement</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON CHARGING ARRANGEMENTS) <b>Cypress View/Bonham Brothers San Diego, CA.</b>		CALIFORNIA LICENSE NUMBER <b>670</b>		

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

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY  ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Full State</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  ▶  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 10 1987</b>  SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramon, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/11/87</b> <small>(ENTER DATE)</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Rayen Stetter</i> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

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



## OFFICIAL RECEIPT


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

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

No 34754

From: Amir's Memorial P.L. 5600 Carroll Canyon Rd, SD Address: 35-92/21  
Thirty-five Dollars Dollars (\$ 35-92/21)  
 In: Services Payment of: Working Fees for Robert Boyd  
 Lot: 46 Grave: 4 Row: 3 Section: 3 Division: 12  
 Block: 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6716BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-80)

079773

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

ISSUED BY

CREDIT	87007	
25% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	35-
Pre-Need	83083	
Trust	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	35-

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/9/87

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

of Ferry Webb - 53  
in a Bell Vault/Under Funeral, date, time Mon. 6/15 1 p.m.  
Church, Chapel, Graveside Ch 418 ; Ragsdale Mortuary.

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

✓ Lot 105 Grave 11 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 250<sup>00</sup>

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container ..... 100<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

Flower vases - Marker setting fee ..... ~

Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... 6<sup>00</sup>

Total Due ..... 856<sup>00</sup>

Paid receipt number 34692 856<sup>00</sup>

Balance due 0

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

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

Signature of recorded holder of deed

Diane Webb  
Signature 2423 1/2 E. 115th Place  
Address LOS ANGELES CA 90058  
State (213) 566-0322 Zip Code  
Telephone

Work Order #

**E 6717**

PY-583 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

LT



## NOTE—STRAIGHT

\$ 856<sup>00</sup>/<sub>100</sub> San Diego, California, June 9, 1987  
30 days after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mt. Hope Cemetery or San Diego City Treasurer

or order  
 at 3751 Martin Luther King Way, San Diego, CA 92102  
 the sum of Eight hundred fifty six and no/100 DOLLARS.  
 with interest from July 10, 1987 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

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

x/Deane Zeh

2423 1/2 E. 115th Pl. L.A. CA 90059

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

56717

NAME OF DECEDENT <b>Perry Webb</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Nov. 21, 1933</b>	DATE OF DEATH <b>June 7, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Clemente</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Orange</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Albert Webb - Father 1235 S. 47th St. Apt. 203 San Diego, CA 92113</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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

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

FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Dr.: San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
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 <b>N/A</b> <i>Cloth Covered Wood</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b> DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 15 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i> <b>C4</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/15/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>George W. [Signature]</i> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>Orange County Dept. of Health Santa Ana, CA</b>		

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

## OFFICIAL RECEIPT


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

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

No 34692

 From: Albert Webb Address: 1235 S. 47th St. #203 S.D.
Date: 6/12, 1987
eight hundred fifty-six and no/100 Dollars (\$ 856.00)  
 In \_\_\_\_\_ Payment of Berry Webb Services

 Lot 105 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6717BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

8051

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

CREDIT	87007	
20% Sales Com	77184	<u>50</u> -
80% Sales	100	<u>200</u> -
of Lots	77184	
Opening/	100	<u>320</u> -
Closing	77181	
Burial	100	<u>100</u> -
Containers	77182	
	100	<u>145</u> -
Handling Fee	77183	
Recording &	100	<u>35</u> -
Misc. Fees	77183	
Pre-Need	83053	
Trust	9022	
Sales Tax	80101	<u>6</u>
	78380	
TOTAL PAID		<u>856</u> -

ISSUED BY



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/10/87

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

of Leon E. Behrens - 1 day

in a Bell Lines Funeral, date, time Fri-1P.M. 6/12

Church, Chapel, Graveside Graveside Louis Colomb Mortuary.

All Funeral cars must 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 3143 Grave - Row - Section 1 Division/Block 9

Grave space & Care Fund 100<sup>00</sup>

Additional spaces and care fund none

Opening/Closing & Setup 100<sup>00</sup>

Burial Container Crematorium

Handling Fees 100<sup>00</sup>

Flower vases - Marker setting fee 35<sup>00</sup>

Recording and filing fee 35<sup>00</sup>

Sales taxes 299<sup>00</sup>

30 day note

Total Due 299<sup>00</sup>

Paid receipt number 34721 299<sup>00</sup>

Balance due 0

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

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

Signature of recorded holder of deed

Leon E. Behrens  
Signature 1458 Fogg St.  
Address SAN DIEGO CA 92109  
State Zip Code 270-7442  
Telephone

Work Order #

E 6718

PY-593 (REV. 9-85)

Invoice #

Acct. #

LT



E-6718

## NOTE-STRAIGHT

\$ 299<sup>00</sup> San Diego, California, June 10, 1987- 30 - days after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mt. Hope Cemetery or San Diego City Treasureror order:  
at 3751 Martin Luther King Way, San Diego, CA 92102the sum of Two Hundred Ninety Nine and 00/100 DOLLARS.with interest from July 11, 1987 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

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

X John E. Beckman

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6718

NAME OF DECEDENT <b>LEON EUGENE BEHRENS II</b>		SEX <b>male</b>	DATE OF BIRTH <b>June 8, 1987</b>	DATE OF DEATH <b>June 8, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Leon E. Behrens - father 2458 Foggy Street San Diego, CA 92109</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104</b>		CALIFORNIA LICENSE NUMBER <b>F-480</b>		

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

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10 DISPOSITION PENDING             </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - San Diego, CA (3751 Market St.)</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a 2-0 - Oval Trip Cloth Cover</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 11 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/14/87</b> (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>n/a</b>		

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



## OFFICIAL RECEIPT


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

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

No 34721

Date: 6-19, 1987From Mr. Lyckeen Address 2458 Fogg Street, S.D.Two hundred nine Dollars (\$ 299.00)In \_\_\_\_\_ Payment of Fun Lyckeen ServicesLot 3143 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6712BALANCE DUE 0Pre-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	87007	
20% Sales Com	77184	<u>20</u> -
50% Sales of Lots	100	<u>80</u> -
Opening/Closing	77181	<u>100</u> -
Burial	100	
Containers	77182	
	100	<u>64</u> -
Handling Fee	77183	
Recording & Misc. Fees	100	<u>35</u> -
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>299</u> -

ISSUED BY

Andrea Ward



## OFFICIAL RECEIPT


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

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

No 35955

 From: Mr. Dehner Address: 2458 Fogg Street, S.D. 92109 Date: 4-4 1988

 In \_\_\_\_\_ Payment of Check 10 X 20 To be paid  
Of lot for Lenx Ashland II  
 Lot 3143 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 9 Block 9 Dollars (\$) 80.00

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6718

BALANCE DUE \_\_\_\_\_

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR

APR 6 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	69033	
Trust	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	80 00

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-10-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of POLLY JO HOLLIS AND LEWIS C. HOLLIS

in a DOUBLE CRYPT Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside "not arranged" Mortuary.

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

Lot 117 Grave 8 Row \_\_\_\_\_ Section 1 Division 11

Grave space & Care Fund Double Crypt space 495.00

Additional spaces and care fund none

Opening/Closing & Setup 2 opening/closing 640.00

Burial Container Double Crypt 330.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 2 record/filing fees 70.00

Sales taxes 19.80

Total Due 874.80

Paid receipt number 34683 1000.00

Balance due 874.80

Myself 34690 874.00

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

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

Signature of recorded holder of deed

Lewis C Hollis  
Polly Jo Hollis  
Signature  
6354 Estrella Ave  
Address  
San Diego Calif 92120  
State  
582-6105  
Telephone Zip Code

Work Order # E 6719

PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Legal Typed



224-18-40  
HOLLIS, Louis Carlton  
Starbuckey First Class V-8, UHMH  
5617 48th St.  
San Diego, Calif.  
San Diego County

FOUO HQ TI SAN FRANCISCO, CALIF.

## INTERCOMPLAINT

Some are for

6-20-20 Levinsky, Eugene, Houston, Co.

1710 Wall St., Houston, Texas; Harris

42 05 08 19

Texas: Harris County

**1994** **1995** **1996** **1997** **1998** **1999** **2000** **2001** **2002** **2003** **2004** **2005** **2006** **2007** **2008** **2009** **2010** **2011** **2012** **2013** **2014** **2015** **2016** **2017** **2018** **2019** **2020** **2021** **2022** **2023** **2024** **2025** **2026** **2027** **2028** **2029** **2030** **2031** **2032** **2033** **2034** **2035** **2036** **2037** **2038** **2039** **2040** **2041** **2042** **2043** **2044** **2045** **2046** **2047** **2048** **2049** **2050** **2051** **2052** **2053** **2054** **2055** **2056** **2057** **2058** **2059** **2060** **2061** **2062** **2063** **2064** **2065** **2066** **2067** **2068** **2069** **2070** **2071** **2072** **2073** **2074** **2075** **2076** **2077** **2078** **2079** **2080** **2081** **2082** **2083** **2084** **2085** **2086** **2087** **2088** **2089** **2090** **2091** **2092** **2093** **2094** **2095** **2096** **2097** **2098** **2099** **2100** **2101** **2102** **2103** **2104** **2105** **2106** **2107** **2108** **2109** **2110** **2111** **2112** **2113** **2114** **2115** **2116** **2117** **2118** **2119** **2120** **2121** **2122** **2123** **2124** **2125** **2126** **2127** **2128** **2129** **2130** **2131** **2132** **2133** **2134** **2135** **2136** **2137** **2138** **2139** **2140** **2141** **2142** **2143** **2144** **2145** **2146** **2147** **2148** **2149** **2150** **2151** **2152** **2153** **2154** **2155** **2156** **2157** **2158** **2159** **2160** **2161** **2162** **2163** **2164** **2165** **2166** **2167** **2168** **2169** **2170** **2171** **2172** **2173** **2174** **2175** **2176** **2177** **2178** **2179** **2180** **2181** **2182** **2183** **2184** **2185** **2186** **2187** **2188** **2189** **2190** **2191** **2192** **2193** **2194** **2195** **2196** **2197** **2198** **2199** **2200** **2201** **2202** **2203** **2204** **2205** **2206** **2207** **2208** **2209** **2210** **2211** **2212** **2213** **2214** **2215** **2216** **2217** **2218** **2219** **2220** **2221** **2222** **2223** **2224** **2225** **2226** **2227** **2228** **2229** **2230** **2231** **2232** **2233** **2234** **2235** **2236** **2237** **2238** **2239** **2240** **2241** **2242** **2243** **2244** **2245** **2246** **2247** **2248** **2249** **2250** **2251** **2252** **2253** **2254** **2255** **2256** **2257** **2258** **2259** **2260** **2261** **2262** **2263** **2264** **2265** **2266** **2267** **2268** **2269** **2270** **2271** **2272** **2273** **2274** **2275** **2276** **2277** **2278** **2279** **2280** **2281** **2282** **2283** **2284** **2285** **2286** **2287** **2288** **2289** **2290** **2291** **2292** **2293** **2294** **2295** **2296** **2297** **2298** **2299** **2300** **2301** **2302** **2303** **2304** **2305** **2306** **2307** **2308** **2309** **2310** **2311** **2312** **2313** **2314** **2315** **2316** **2317** **2318** **2319** **2320** **2321** **2322** **2323** **2324** **2325** **2326** **2327** **2328** **2329** **2330** **2331** **2332** **2333** **2334** **2335** **2336** **2337** **2338** **2339** **2340** **2341** **2342** **2343** **2344** **2345** **2346** **2347** **2348** **2349** **2350** **2351** **2352** **2353** **2354** **2355** **2356** **2357** **2358** **2359** **2360** **2361** **2362** **2363** **2364** **2365** **2366** **2367** **2368** **2369** **2370** **2371** **2372** **2373** **2374** **2375** **2376** **2377** **2378** **2379** **2380** **2381** **2382** **2383** **2384** **2385** **2386** **2387** **2388** **2389** **2390** **2391** **2392** **2393** **2394** **2395** **2396** **2397** **2398** **2399** **2400** **2401** **2402** **24**

MR. ROY CHAMBERLAIN, JR., NEW ORLEANS, LA.  
1940-1941

**U.S. NAVY #10**

WFLY IMPORT FRAUD BUREAU, T.S.

1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 26

1. NAME OF COMPANY OFFICER

**THE UNIVERSITY OF CHICAGO**

100

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

**REMARKS.**

Clark, General Office

1-41	1-46.01
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Special Instruments-Case 1 Case  
of the Court

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**THE UNIVERSITY OF CHICAGO PRESS**



1736213

# Honorable Discharge

## United States Navy

*This is to certify that*

*Louis Nathan BELL*

*Merchantman First Class*

*as Honorably Discharged from the*

U.S. NAVAL PERSONNEL SEPARATION CENTER  
U.S. NAVAL BASE, S.F., SAN PIERO, CALIFORNIA

*and from the Naval Service of the United States*

*this 1st day of*

*FEBRUARY, 1944*

*This certificate is awarded as a Memorial of Fidelity and  
Obedience.*

*W. C. Brown*

U.S. NAVAL BASE, S.F.  
SAN PIERO, CALIFORNIA

E67-19

## OFFICIAL RECEIPT


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

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

No 34683

Date: 6-10-, 1987
 From: LEWIS C. HOLLIS Address: 6354 ESTRELLA AVE, S.D. CA 92120

 In full Payment of Pre-need for Dollars (\$ 495<sup>00</sup>)

Husband & Wife — Graves only —  
 Lot 117 Grave 8 Row 1 Section 1 Division 11 Block 11
Invoice No. ~Acct. No. ~W.O. E-6719BALANCE DUE 0Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 11-86)

21 1580NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

Wendy League

CREDIT	57007	99	00
20% Sales Care	77184		
50% Sales	100	396	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77183		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	6022		
Sales Tax	80101		
	78580		
TOTAL PAID	\$	495	00



## OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

284-3151

N<sup>o</sup> 34684

Trust account

Date: 6/10/87, 19\_\_

From: Lewis & Polly Holles Address: 6354 Estrella Ave S.D. 92120

Five Hundred and no/100 Dollars (\$ 505.00)

In Deposit Payment of Pre need service Trust

Lot 117 Grave 8 Row - Section 1 Division Block 11

Invoice No.       Acct. No.       W.O. E-6719BALANCE DUE 874.80Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 11-86)

Bal of  
1580

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

ISSUED BY

*[Signature]*

CREDIT	67007	
20% Sales Care	77184	
50% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63025	505.00
Trust	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	505.00



## OFFICIAL RECEIPT


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

# Trust Account

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

No 34690

Date: 6-12-1987

 From: Louise/Polly Hallis Address: 6354 Estrella Ave S.D. 92120  
Eight hundred seventy four dollars and 80/100 Dollars (\$ 874.80)  
 In Full Payment of Pre need service trust

 Lot 117 Grave 8 Row — Section 1 Division 11

 Invoice No. ~

 Acct. No. ~

 W.O. E 6719

 BALANCE DUE 0

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

# 34690

 Pre-Need Lot ☐ At Need ☒ On Acct ☐

 Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

1582

 ISSUED BY Wendy J. League

CREDIT	87007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	69033	874
Trust	8022	80
Sales Tax	80101	
	78880	
TOTAL PAID		874 80

**MT. HOPE CEMETERY**  
**INTERMENT ORDER**  
 City of San Diego

Date 6/10/87

LOVE

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

of Walter E. Love, Sr.

in a Double Crypt Funeral, date, time Fri-6/12-11Am

Church, Chapel, Graveside Chapel - S.S. ; Ragsdale Mortuary.

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

Lot 11 Grave 10 Row \_\_\_\_\_ Section R Division/Block 11

Grave space & Care Fund ..... 495.00

Additional spaces and care fund ..... Double Crypt

Opening/Closing & Setup ..... 320.00

Burial Container Double Crypt ..... 320.00

Handling Fees ..... 330.00

Flower vases, Marker, setting fee ..... 350.00

Recording and filing fee ..... 19.80

Sales taxes ..... 1519.80

Total Due ..... 1519.80

Paid receipt number 34679 1519.80

Balance due 0



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

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

Signature Paul Love  
 Address 8353 Macomber  
San Diego California  
 State CA Zip Code 92117  
 Telephone 279-2876

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 6720

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

LT



# PERMIT DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6720

NAME OF DECEDENT <b>Walter Earl Love, Sr.</b>		SEX <b>Male</b>	DATE OF BIRTH <b>June 5, 1932</b>	DATE OF DEATH <b>June 7, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Pearl S. Love - Wife 8553 Macan Ave. San Diego, CA 92123</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Roggsdale Mortuary: 5050 Federal Blvd. San Diego, CA 92102</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <p><input type="checkbox"/> 10 DISPOSITION PENDING</p> </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street : San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b> <i>Anchor Blue Wooden P.C.</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b> <i>Military</i>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 10 1987</b>  SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i> <b>B</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/12/87</b> <small>(ENTER DATE)</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Seagun</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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



## OFFICIAL RECEIPT


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

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

No 34679

 From: Janice Jackson Address: 130 Henson St. S.D. 92114 Date: 6/10/87 19  
 Dollars (\$ 1519.<sup>80</sup> )

 In full Payment of Integrity of Walter E. Lane, Jr. Dec  
Veteran of USA  
 Lot 11 Grave 10 Row 10 Section 2 Division 11
Invoice No. ~Acct. No. ~W.O. E6720BALANCE DUE 0Pre-Need Lot ☒ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-88)

1697

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

10

ISSUED BY

CREDIT	67007	
20% Sales Com	77184	99 00
50% Sales of Lots	100	396 00
Opening/ Closing	100	320 00
Burial Containers	100	320 00
	77182	330 00
Handling Fee	100	35 00
Recording & Misc. Fees	100	35 00
Pre-Need Trust	63033	
Sales Tax	80101	19 80
	78380	
TOTAL PAID		1519 80

## OFFICIAL RECEIPT


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

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

No 34965

 From: Donald Love Address: 8553 Macawwa, SD 92123 Date: 8/25, 1987
Dollars (\$ 125 )
 In Marker for W. Love Payment of Installation Fee for VA  
 Lot 11 Grave 10 Row 1 Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6720

BALANCE DUE \_\_\_\_\_

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

AC-212 (Rev. 11-86)

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

CREDIT	67007	
20% Sales Com	77184	
60% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77185	
Pre-Need	80033	
Trust	80022	
Sales Tax	80101	
	78390	
TOTAL PAID		<u>125 00</u>

ISSUED BY Larry Ward

4508



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Qu-need

Date 6/10/87

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

In a \_\_\_\_\_ Vault/Urns Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ : Ragsdale Mortuary.

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

Lot 87 Grave 6-5-4 Row ~ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... @ 300<sup>00</sup> each 800<sup>00</sup>

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container ..... none arrange

Handling Fees ..... for at this time

Flower vases - Marker setting fee ..... for family use

Recording and filing fee ..... custo.

Sales taxes .....

also for Mary Ellen Compare Total Due ..... 800<sup>00</sup>

Paid receipt number 34684 800

Balance due 0

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

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

Mary Ellen Compare  
Signature

Address

City

Telephone

Signature of recorded holder of deed

Deed # 11411

Invoice #

Acct. #

Work Order # E 6721  
PY-583 (REV. 8-85)

Legal Typed





MEMO

from

MT. HOPE CEMETERY

E6721

3751 Market Street  
San Diego, CA 92102  
264-3151

- Mary Ella Compare

- Ollie B. Allen  
14317 Cohitan ave  
Compton, Ca 90220

213-635 7417-

Received from

## OFFICIAL RECEIPT



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

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

**№ 34684**

From: Ellie B. Allen Address: 14317 Cohitan Ave. - Compton, Ca  
Eight hundred and no Dollars (\$ 800.00)  
 In full Payment of Pre-need Cemetery Plot

Lot 87 Grave 6-5-4 Row 2 Section 2 Division Block 11

Invoice No. 2

Acct. No. 2

W.O. E 6721

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☒ Check ☒

AC-212 (Rev. 11-30)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	160.00
80% Sales	100	640.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	68033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	800.00

MT: HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Credit

Coupon Sale

Date 6/12/87

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

of Matthie Sue Branch

in a not arranged for funeral, date, time Per need

Church, Chapel, Graveside \_\_\_\_\_; Mortuary \_\_\_\_\_

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

Lot 116 Grave 9 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund 495<sup>00</sup>

Additional spaces and care fund none

Opening/Closing & Setup not arranged for

Burial Container Spaced care only

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 495<sup>00</sup>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6722**

PY-593 (REV. 9-85)

23 @ 20.63  
1 @ 20.51



7-21-87 34843

495.00

41.26

453.74  
20.00

8-5-87 34889

9-8-87 35005

433.74  
20.00

413.74  
20.00

10-5-87 35101

11-5-87 35250

393.74  
20.00

12-4-87 35361

373.74  
20.00

353.74

## OFFICIAL RECEIPT



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

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

No 34843

From: Walter Brand Address: 729 S. 32nd St. #55 Date: 7-21, 1987  
forty-one 26 Dollars \$ 41.26  
In Payment of Auger 182 Vault Set

Lot 116 Grave 9 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6722BALANCE DUE 453.74Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

260

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

ISSUED BY

*Lonely Ward*

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	41 26
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	80033	
Trust	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	41 26

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6722 Credit Lot

Mattie Sue Branch

E6722

729 So. 32nd. Street

San Diego, CA 92113

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.

\$ 20.63

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

\$ 1.00

\$ 21.63

NAME Mattie Sue Branch Amount Received \$ \_\_\_\_\_

ADDRESS 729 South 32nd St

CITY San Diego STATE Calif ZIP 92113

☐ check (✓) if this is new address



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

**2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6722 Credit Lot

Mattie Sue Branch *E 6722*  
729 So. 32nd Street  
San Diego, CA 92113

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	<del>JUL</del>	AUG	SEP	OCT	NOV	DEC	JAN
					<del>20</del>	10					

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

 \$ 20.63

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

 \$ 1.00

\$ 21.63

Amount Received \$ \_\_\_\_\_

NAME Mattie Sue Branch  
ADDRESS 729 South 32nd St  
CITY San Diego STATE Calif ZIP 92113

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 34889

Date: 8-5 1987From: Mattie Branch Address: SDTwenty Dollars Dollars (\$ 20.00 )In Coupon Payment of Credit Sale-Coupon #3  
E-6722

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6722

BALANCE DUE \_\_\_\_\_

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

AC-212 (Rev. 11-80)

274NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.ISSUED BY: JD

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lot	100	<u>20</u>	<u>00</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77183		
Recording &	100		
Misc. Fees	77183		
Pre-Need	60033		
Trust	8022		
Sales Tax	80101		
	78080		
TOTAL PAID	\$	<u>20</u>	<u>00</u>

Send or bring one coupon with each remittance.

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT NO.

Matthew Sue Branch

729 So. 32nd. Street

San Diego, CA 92113

E6722

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	<del>SEP</del>	OCT	NOV	DEC	JAN	FEB

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

20.63

\$

1.00

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

\$

\$

Amount Received \$

NAME Matthew Sue Branch

ADDRESS 729 South 32nd St

CITY San Diego

STATE Calif

ZIP 92113

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


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

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

No 35101

Date: 10-5, 1987

 From: Matthew S. Brand Address: 729 S 32nd Street  
Twenty dollars Dollars (\$) 20.00  
 In \_\_\_\_\_ Payment of Gravest Unit & Plot

 Lot 116 Grave 9 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6722BALANCE DUE 393.74Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-88)

306

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

ISSUED BY

CREDIT	67007	
20% Sales Com	77184	
50% Sales of Lots	100	20 -
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63083	
	8022	
	80191	
	78390	
TOTAL PAID	\$	20

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

**6**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**Mattie Sue Branch**

**729 So. 32nd Street**

**San Diego, CA 92113**

*E6722*

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	<del>NOV</del>	DEC	JAN	FEB	MAR	APR	MAY
					<del>10</del>	<i>10</i>			<b>20.63</b>		

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

 \$ **1.00**

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

 \$ **21.63**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 35250

Date: 11-5, 1987From: MATTIE S. BRANCH Address: 729 S. 32nd ST. S.D. CA. 92113
Twenty Dollars Dollars (\$ 20.00 )
In part Payment of Credit Lab. Coupon # 6
 Lot 116 Grave 9 Row \_\_\_\_\_ Section 1 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6122BALANCE DUE 373.74Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

329

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

ISSUED BY

Bruce Morrison

CREDIT	67007		
20% Sales Com.	77184		
80% Sales of Lots	100	20	00
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77183		
Recording & Misc. Fees	77185		
Pre-Need Trust	63003		
Sales Tax	80101		
	76380		
TOTAL PAID	\$	20	00



Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT NO.

**Marble Sue Branch  
729 So. 32nd. Street  
San Diego, CA 92113**

EL6722

**Month and Day Due Indicated Below**

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

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



**20.63**

\$ \_\_\_\_\_

**1.00**

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



\$ **21.63** \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 35005


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

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

 From: Mollie Branch Address: 729 S. 32nd St. Date: 9-8-87  
twent, dollars Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Coupon # 4 Credit Lot

 Lot 116 Grave 9 Row \_\_\_\_\_ Section 1 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6722BALANCE DUE 413.74Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-88)

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

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>20</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77183	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	6022	
	80101	
	78360	
TOTAL PAID		<u>20</u>

ISSUED BY [Signature]

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL EHR67022 Credit Lot

ACCOUNT No.

Mattie Sue, Branch

729 So. 32nd Street

San Diego, CA 92113

E 6722

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	<del>SEP</del>	OCT	NOV	DEC	JAN	FEB	MAR
					<del>10</del>	10			20.63		

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



\$ 1.00

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



\$

\$

Amount Received \$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



## OFFICIAL RECEIPT

No 35500


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

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

 Date: \_\_\_\_\_ 19\_\_\_\_  
 From: Mattie Sue Benson Address: 729 S. 32nd St. San Diego  
part - one 26/100  
 In: \_\_\_\_\_ Payment of Balance # 829 Credit Dollars (\$ 41.26)

 Lot 116 Grave 9 Row \_\_\_\_\_ Section 1 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6722BALANCE DUE 312.48
 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-57)

367

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

CITY AUDITOR

JAN 11 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	41 26
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	41 26

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

**8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Nattie Sue Branch**  
**729 So. 32nd Street**  
**San Diego, CA 92113**

*E6722*

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					<del>10</del>	10			20.63		

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



\$ 1.00

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



\$ 21.63

\$ \_\_\_\_\_

Amount Received \$

NAME Nattie Sue Branch

ADDRESS 729 South 32nd St

CITY San Diego STATE Calif ZIP 92113

☐ check (✓) if this is new address

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

**9**

DO NOT MAIL ENTIRE BOOK

ACCOUNTING  
**Matter Sue Branch**  
**729 So. 32nd. Street**  
**San Diego, CA 92113**

*EL722*

**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  
due date above.



**20.63**

\$

**1.00**

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



\$

**21.63**

\$

NAME Matter Sue Branch Amount Received \$ \_\_\_\_\_

ADDRESS 729 South 32nd St

CITY San Diego STATE Calif ZIP 92113

☐ check (✓) if this is new address



## OFFICIAL RECEIPT

No 35650


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

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

 From Mattie Sue Branch Address 729 S. 32nd St. San Diego, 92113  
Forty-one dollars & 26/100 Date: 2-4, 1988  
 In part Payment of Credit sales (chpox) 10-11 Dollars (\$) 41.26

 Lot 116 Grave 9 Row — Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6722BALANCE DUE 271.22Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

385NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

FEB 08 1988

ISSUED BY

Lora Black

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	
Opening/Closing	77184	41.26
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
	77185	
	100	
	77183	
	63033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	41.26

one coupon with each remittance

**COUPON**

**11**

NOT MAIL ENTIRE BOOK

ACCOUNT NO.

**Mattie Sue Branch**  
**729 So. 32nd. Street**  
**San Diego, CA. 92113**

*EL 722*

**Month and Day Due Indicated Below**

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

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



**20.63**

\$ \_\_\_\_\_

**1.00**

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



\$ **21.63**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

ACCOUNT No. **Nattie Sue Branch**  
**729 So. 32nd Street**  
**San Diego, CA 92113**

EG722

**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.

\$ 1.00

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

~~\$ 21.63~~

§ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

**ADDRESS**

CITY

STATE

ZIP

☐ check (✓) if this is new address



## OFFICIAL RECEIPT

No 35809


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

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

From:

Matthew S. Francis 729 S 32nd St, SD 92113

Address:

Date:

3-11

19

88

Dollars (\$

40.00

In

Payment of

 100 dollars 20/100  
 Coupon 12 & 13 Credit Lot

Lot

116

Grave

9

Row

Section

1

Division

Block

11

Invoice No.

Acct. No.

W.O.

E-6722

BALANCE DUE

239.20

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

CITY AUDITOR

MAR 08 1988

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 10-87)

399

ISSUED BY

Andrew Wood

CREDIT

20% Sales Care

67007

80% Sales

77184

of Lot

100

Opening/

77184

Closing

100

Burial

77181

Containers

100

Handling Fee

77182

Recording &amp;

100

Misc. Fees

77183

Pre-Need

63033

Trust

9022

Sales Tax

60101

76390

TOTAL PAID

\$

40.00

Send or bring one coupon with each remittance

**COUPON**

**12**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**Hattie Sue Branch**

**729 So. 32nd Street**

**San Diego, CA 92113**

*EL6722*

**Month and Day Due Indicated Below**

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

**20.63**

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

\$ **1.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above

\$ **21.63**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

**ACME Sue Branch  
729 So. 32nd. Street  
San Diego, CA 92113**

EL6722

**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.



**20.63**

\$

**1.00**

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



**21.63**

\$

\$

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


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

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

No 35958

From:

*Matthie Sue Brooks*

Address:

*729 S. 32nd Street SD 92113*

Date:

*4-4*
19 *88*

In

*forty-one 26/100*

Dollars (\$

*41.26*

Payment of

*Coupon 14815 Credit for*

Lot

*116*

Grave

*9*

CITY AUDITOR

Section

*1*

Division

Block

*11*

Invoice No.

Acct. No.

W.O.

*E-6722*

BALANCE DUE

*189.96*

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 10-87)

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

APR 8 1988

009719

ISSUED BY

*Anders Dard*

CREDIT

20% Sales Cars

57007

80% Sales

77184

of Lots

100

Opening/

77184

Closing

100

Burial

77181

Containers

100

Handling Fee

77182

Recording &amp;

100

Misc. Fees

77183

Pre-Need

03033

Trust

6022

Sales Tax

80101

TOTAL PAID

78980

\$

*41.26*

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Nettie Sue Branch**

**729 So. 32nd Street**

**San Diego, CA 92113**

**E6722**

Month and Day Due Indicated Below

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

**20.63**

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

\$ **1.00**

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

\$ **21.63**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**15**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT NO.

**Walter Sue Branch**

**729 So. 32nd. Street**

**San Diego, CA 92113**

*E 6722*

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	<del>10</del>	NOV	DEC	JAN	FEB

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

**20.63**

\$

**1.00**

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

\$

**21.63**

\$

Amount Received

\$

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


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

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

No 35361

 From: Matthe Bruch Address: 729 S. 32nd Street Date: 12-4, 1987  
twent - dollars Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Coupon # 7 Credit Lot

 Lot 116 Grave 9 Row \_\_\_\_\_ Section 1 Division 11  
 BLOCK

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6722BALANCE DUE 353.74Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-80)

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

ISSUED BY

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100	20	-
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77183		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	90101		
	78380		
TOTAL PAID	\$	20	-

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT IN  
**Le Sue Branch**  
**729 So. 32nd. Street**  
**San Diego, CA 92113**

EC 722

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.

20.63

\$

1.00

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

\$

21.63

\$

Amount Received \$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 36124


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

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

 From: Mallie Sue Branch Address: 729 S. 32nd Street, SD  
City - CA 92108  
 In \_\_\_\_\_ Payment of Cemetery 16 & 17 Credit Act Dollars (\$) 41.26

 Lot 116 Grave 7 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6722BALANCE DUE 148.70Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67)

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

CITY AUDITOR

MAY 12 1988

ISSUED BY Andrea (Card)

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	80101	
	78390	
TOTAL PAID		\$ <u>41.26</u>



Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT NO. **Sue Branch**  
**729 So. 32nd. Street**  
**San Diego, CA 92113**

EL6722

Month and Day Due Indicated Below

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

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



20.63

\$

1.00

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



\$

21.63

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**16**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**Nuttie Sue Branch**

**729 So. 32nd Street**

**San Diego, CA 92113**

*E6722*

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								20.63			

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

\$ 1.00

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

\$ 21.63

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 36252


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

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

From:

Mattie Sue Brank 729 S. 32nd, SD 92113

Date:

6-6, 1988

In

Payment of

 City - ac 261100 Dollars (\$ 41.26)  
 Coupon 18419 Credit Lot

Lot

116

Grave

9

Row

Section

1

Division

Block

11

Invoice No

Acct. No

W.O.

BALANCE DUE

E-6122

107.44

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JUN 13 1988

ISSUED BY

CREDIT

20% Sales Com

60% Sales

of Lots

Opening/

Closing

Burial

Containers

Handling Fee

Recording &amp;

Misc. Fee

Pre-Need

Trust

Sales Tax

TOTAL PAID

67007

77184

100

77184

100

77181

100

77182

100

77185

100

77183

83033

9022

80101

78390

\$

41.26

41.26



Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Nattie Sue Branch**  
**729 So. 32nd Street**  
**San Diego, CA 92113**

EG 722

Month and Day Due Indicated Below

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

20.63

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

\$ 1.00

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

\$ 21.63

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOMMODATION  
**Sue Branch**  
**729, So. 32nd. Street**  
**San Diego, CA 92113**

56722

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
						20					

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

\$

20.63

1.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above:

\$

21.63

\$

Amount Received \$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 36354


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

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

 From: Matti S Bronch Address: 729 S. 32nd St, SD Date: 7-5, 1988  
forty-one 26100 Dollars (\$ 41.26)  
 In \_\_\_\_\_ Payment of Coupon 20 & 21 Credit Lot

 Lot 116 Grave 9 Row \_\_\_\_\_ Section 1 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6733BALANCE DUE 66.18Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JUL 11 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	32 82
80% Sales of Lots	100	8 49
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	9022	
	50101	
	78390	
TOTAL PAID	\$	41 26



Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Nettie Sue Branch**  
**729 So. 32nd Street**  
**San Diego, CA 92113**

E6722

Month and Day Due Indicated Below

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

20.63

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



\$

1.00

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



\$

21.63

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**21**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT NO. **Sue Branch**  
**729 So. 32nd. Street**  
**San Diego, CA 92113**

E6722

**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,  
due date above.

**20.63**

\$ **1.00**

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

\$ **21.63**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 36503


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

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

 From: Nathaniel L. Branch Address: 729 S. 32nd Street  
Forty-One, Volusia & 24th Dollars (\$) 41.26

 In payment Payment of Credit Lot

 Coupon 22423  
 Lot 116 Grave 9 Row 1 Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10722BALANCE DUE 24.92Pre-Need Lot ☐ At Need ☐ On Acct ☒Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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

CITY AUDITOR

AUG 09 1988

ISSUED BY Nancy Whit

CREDIT	87007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	<u>41.26</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>41.26</u>



Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Mattie Sue Branch**  
**729 So. 32nd Street**  
**San Diego, CA 92113**

EL6722

Month and Day Due Indicated Below

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

20.63

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



\$

1.00

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



\$

21.63

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**23**

**DO NOT MAIL ENTIRE BOOK**

**Account to: Little Sue Branch**

**729 So. 32nd Street  
San Diego, CA 92113**

*E6722*

**Month and Day Due Indicated Below**

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

**20.63**

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



\$ **1.00**

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



\$ **21.63**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

NAME \_\_\_\_\_

BRANCH. MATTIE SUE

ACCT. NO.

E-6722

ADDRESS

729 S. 32nd Street, San Diego, Ca 92113

### RATING

LIMIT

LIMIT

DATE		ITEMS	DEBIT		✓	CREDIT		BALANCE
Jun	87	Lot 116, Grave 9, Section 1, Division 11	495	00		141	26	353 74
1-6	88	Coupon 8 & 9 Receipt #35502				41	26	312 48
2-4	88	Coupon 10 & 11, Receipt #35650				41	26	271 22
3-4	88	Coupon 12 & 13, Receipt # 35809				41	00	231 22
4-4	88	Coupon 14 & 15 Receipt 35958				41	26	189 96
5-9	88	Coupon 16 & 17, Receipt 36124				41	26	148 70
6-6	88	Coupon 18 & 19 Receipt 36252				41	26	107 44
7-5	88	Coupon 20 & 21 Receipt 36354				41	26	66 18
8-5	88	Coupon 22 & 23 Receipt 36503				41	26	24 92
9-2	88	Receipt 36616				24	92	24 92



## OFFICIAL RECEIPT


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

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

No 36616

 From Mattie Brand Address: 729 S 32nd Street  
twentieth - four 92/00
Date: 9-2, 1988Dollars \$ 24.92
 In Serial Payment of Payment on Credit for

 Lot 116 Grave 9 Row 1 Section 1 Division 11  
 Block 24/92

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6722BALANCE DUE 0Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒AC-212 (Rev. 10-87) 527NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Graves	100
Containers	77182
	100
Handling Fee	77185
Recording	100
Rec. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

CITY AUDITOR

SEP 18 1988

ISSUED BY Andrea Ford

TOTAL PAID

\$ 24.92

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

*mayor*

*6/12/87*

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

of *Maria J. Aguilar (Zavala)* <sup>AKA</sup>

in a *Double Crypt* Funeral, date, time *6/17/87 - 4:00*

Church/Chapel, Graveside *9:00 A.M.* Mortuary *Mayur*

All Funeral cars must 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*

Lot *118* Grave *3 - Bottom* Row Section *2* Division/Block *11*

Grave space & Care Fund *250.00*

Additional spaces and care fund *NO*

Opening/Closing & S. *Bottom* *320.00*

Burial Container *320.00*

Handling Fees *330.00*

Flower vases - Marker setting fee *11/11/12/1987*

Recording *MT. HOPE CEMETERY* *35.00*

Sales taxes *19.80*

Total Due *1274.80*

Paid receipt number *34696* *1274.80*

Balance due *0*

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

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

Signature of recorded holder of deed

*Ramiro Cazarez*  
Signature  
*2273 1/2 D. L. St.*  
Address  
*Apt. 8* *92116*  
City  
*SADIE & C ALIE* Zip Code  
Telephone  
*671-5497*

Work Order # **E 6723**

PR-583 (REV. 9-88)

Invoice #

Acct. #

*LT*



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

66723

NAME OF DECEDENT <b>Maria J. Aguilar</b>		SEX <b>Female</b>	DATE OF BIRTH <b>May 25, 1909</b>	DATE OF DEATH <b>June 12, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Carmen Cazares - Daughter 2273 1/2 Dunlop Street #8 San Diego, CA. 92116</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mayer Mortuary 2859 Adams Av. San Diego, CA.</b>		CALIFORNIA LICENSE NUMBER <b>1424</b>		

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

<input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)  <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)  <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY  <input type="checkbox"/> 4 SCIENTIFIC USE	<input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)  <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)  <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)  <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b> </div> <input type="checkbox"/> 10 DISPOSITION PENDING
--	---	---

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hopp Cemetery, San Diego, CA.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>Bottom of Double Crypt</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Metal - 20 ft.</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUN 15 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/17/87</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY		
SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald A. Ramos, M.D.M.</b>			
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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.



## OFFICIAL RECEIPT



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

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

No 34696

Date: 6/12/87, 19

From: Maria Carmen Cayares Address: 22 73 1/2 Dandy St Apt 8 - S.D. 92116

Twelve Hundred Seventy four and 80/100 Dollars (\$ 1274 80)

In full Payment of Interment of Maria I. Aguilar Zavala Dec

Lot 118 Grave 3 Row 2 Section 2 Division Block 11-

Invoice No. ~~~~~Acct. No. ~~~~~W.O. E-6723BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-85)

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

011626

CITY AUDITOR

JUN 17 1987

ISSUED BY

CREDIT	87507	
20% Sales Tax	77164	50 00
60% Sales of Lots	100	200 00
Opening/Closing	77184	320 00
Burial Containers	100	320 00
	77182	330 00
Handling Fee	100	35 00
Recording & Misc. Fees	77185	
Pre-Need Trust	83033	
Sales Tax	8022	19 80
	80101	
	76360	
TOTAL PAID		1274 80

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date

6/15/87

ABELL

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

of Abell - Shields

in a Bell Funeral, date, time Thurs 2 P.M. 6/18

Church, Chapel, Graveside Chapel - 425; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 132 Grave 10 Row      Section 1 Division/Block 12

Grave space & Care Fund Spec & Care 3/16 395.00

Additional spaces and care fund Res. Sp. 1/1 for 30 days @ 3.95<sup>00</sup> 375.00

Opening/Closing & Setup      320.00

Burial Container Bell liner 100.00

Handling Fees      145.00

Flower vases - Marker setting fee      35.00

Recording and filing fee      6.00

Sales taxes          

Total Due 1006.00

30 day note

Paid 8/19/88

Paid receipt number     

Balance due     

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

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

Signature of recorded holder of deed

Hannelta Shields  
Signature  
2800 Ocean View Bl  
Address  
San Diego CA 92119  
State  
231-1414  
Zip Code  
Telephone

Work Order # E 6724

PP-593 (REV. 3-85)

Invoice # 057738  
Acct. # 002402

LT



## NOTE-STRAIGHT

\$ 1001<sup>00</sup> San Diego, California, June 15, 1987  
- 30 - days after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mt. Hope Cemetery or San Diego City Treasurer  
or order  
at 3751 Martin Luther King Way, San Diego, CA 92102  
the sum of One Thousand and One DOLLARS.  
with interest from July 15, 1987 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

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

X Henrietta Shillb

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6724

NAME OF DECEDENT <b>Abell Shields</b>		SEX <b>Male</b>	DATE OF BIRTH <b>March 17, 1913</b>	DATE OF DEATH <b>June 12, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Henrietta Shields - Wife</b> <b>2888 Oceanview Blvd.</b> <b>San Diego, CA 92113</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary: 5050 Federal Blvd, San Diego, CA 92102</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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

- ☒ 1 BURIAL (INCLUDES ENTOMBMENT)

☐ 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b> <span style="font-family: cursive; font-size: 1.5em;">Metal Chest</span>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 17 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Arnold E. Ramon, M.D., M.M.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/18/87</b> <small>(ENTER DATE)</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Raym. Steltz</b> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

## OFFICIAL RECEIPT


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

 10/59  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 35119

From:

*Marjorie Field*

Address:

*2880 Oceanview Pl SD*

Date:

*10-6-87*

In

Payment of

*5000 Dollars*  
*Whole Health Service*

Lot

*132*

Grave

*10*

Row

Section

*1*

Division

*12*

Invoice No.

Acct. No.

W.O.

*E-6724*

BALANCE DUE

*433.75*
NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
 CITY AUDITOR  
 OCT 9 1987
Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AG-212 (Rev. 11-86)

ISSUED BY

*Dorothy Wood*

CREDIT

 20% Sales Com 67007  
 80% Sales 77184  
 of Lots 100  
 Opening/ 77184  
 Closing 100  
 77181  
 Burial 100  
 Containers 77182  
 100  
 Handling Fee 77183  
 Recording & 100  
 Misc. Fees 77183  
 Pre-Need 83033  
 Trust 8022  
 Sales Tax 60101  
 75390

TOTAL PAID

\$

*50-*



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Rev 6/26/87

Date 6/15/87

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

of Stella M. Webber

in a Ash Vault Funeral, date, time NONE 6/26/87

Church, Chapel, Graveside a.o.p. Robert Heywood Mortuary.

All Funeral cars must 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 145 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division/Block 8

Grave space & Care Fund ..... Buried B 8981

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... Buried

Burial Container ..... Buried

Handling Fees ..... Buried

Flower vases, Marker setting fee ..... Buried

Recording and filing fee ..... 35.00

Sales taxes ..... 35.00

Total Due ..... 35.00

Paid receipt number 34729 35.00

Balance due 0

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

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

S/ T.C. Webber  
Signature

Signature of recorded holder of deed

Palo Alto  
Address

415-321-1515  
Telephone

Zip Code

Work Order # E 6725

PY-583 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

66725

NAME OF DECEDENT Stella Mabel Webber		SEX Female	DATE OF BIRTH Feb 15, 1899	DATE OF DEATH June 12, 1987
PLACE OF DEATH—CITY OR TOWN Palo Alto	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Santa Clara		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT T.C. Webber, son 536 Addison Palo Alto, Ca., 94301	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Roller Hapgood Tinney 980 Middlefield Rd. Palo Alto, Ca.		CALIFORNIA LICENSE NUMBER 132		

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL INCLUDES ENTOMBMENT                           | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                       |   |   |

## FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mtn. Hope Cemetery, San Diego, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Alta Mesa, Palo Alto, Ca.	DATE CREMATED 6-17-87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>P.J. Nielsen</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED 6/16/86
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>6/29/87</u> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Loyen Steltin</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 2220 Moorpark Ave. San Jose, Ca., 95128		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Steph A. Coray</i>

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

COPY 1

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

(REV. 1-86) FORM VS-9

## OFFICIAL RECEIPT


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

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

No 34729

From Ernest C. Wilkes Address P.O. Box 813, Palo Alto, CA 94301 Date         , 19      
Thirty-five Dollars (\$ 35.00)  
 In          Payment of Recording Fee for Hills Wilkes  
 Lot 145 Grave          Row          Section 3 Division Block 8

Invoice No.         Acct. No. E 6725W.O.         BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-55)

8599

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

C1195

CITY AUDITOR

JUN 25 1987

ISSUED BY

CREDIT	67007	
20% Sales Cars	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	35 -
Pre-Need	69053	
Trust	9022	
Sales Tax	80101	
	78360	
TOTAL PAID	\$	35 -



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/15/87

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

of Estelle M. Robillard

in a Topseal Vault Funeral, date, time Wed - 12 Noon - 6/17

Church, Chapel, Graveside Chapel # 48; Claimant Mortuary.

All Funeral cars must 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 No Setup

Lot 124 Grave 1 Row 2 Section 1 Division/Block 11

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container Topseal Concrete .....

Handling Fees Ins .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due .....

Paid receipt number .....

Balance due .....

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

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

Signature of recorded holder of deed

X Rose Palillo  
Signature  
X 9273 KARRELLYN DR  
Address  
X SANTEE CA 92071  
City  
X 448 5026  
Telephone

Work Order #  
PY-693 (REV. 9-85)

E 6726

Interment # 057442  
Accession # 022312



E6726

## NOTE-STRAIGHT

\$ 710<sup>50</sup> San Diego, California, June 16, 1987

-30-

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

Mt. Hope Cemetery or San Diego City Treasurer

or order

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

the sum of Seven Hundred Ten and 50/100 DOLLARS.

with interest from July 17, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

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

X X [Signature]

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6726

NAME OF DECEDENT <b>Estelle Mary Robillard</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Sept. 9, 1917</b>	DATE OF DEATH <b>June 12, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ronald Thomas Robillard-Son</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Clairement Mort, 4266 Mt. Abernathy Ave. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-1126</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>9273 Karrellyn Drive Santee, California 92171</b>	

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

<input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> 10. DISPOSITION PENDING
<input type="checkbox"/> 4. SCIENTIFIC USE		

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery, 3751 Market Street, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>

BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>NA</b>
--	---

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>
----------------	---

ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>	SIGNATURE OF APPLICANT <b>▶</b>
		DATE SIGNED

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 17 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos, M.D.</b>
-----------------	--	-------------------------------------	--	---

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>4/17/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶</b>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
--	--	--	--

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>NA</b>
--	---

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



6726

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

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

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

DEPARTMENT 072      PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND    DEPT    ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
057442	06/19/87	022312	RONALD THOMAS ROBILLARD			07/09/87	CK	3495	710.50	710.50	0.00
			100    072	77181	000072				320.00		
			100    072	77182	000072				175.00		
			100    072	77183	000072				35.00		
			100    072	77185	000072				170.00		
			60101	78390					10.50		

E-6726

PAID IN FULL



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 6/15/87

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

of Myrtle A Boren

in a Bellman Vault/Liner Funeral, date, time 2 p.m. - Tuesday - 6/16

Church, Chapel, Graveside West Burial ; Schumfrey Mortuary.

All Funeral cars must 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 2 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund Paid D-9464

Additional spaces and care fund - One Top half -

Opening/Closing & Setup Paid

Burial Container D-9464

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes \_\_\_\_\_

Total Due 35.00

Paid receipt number 34689 35.00

Balance due 0

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

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

Signature of recorded holder of deed

Janice Weich

Address 4752 Maple St

City San Diego Calif 92125

State 262-2327 Zip Code

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6727

FW-693 (REV. 8-86)

LT

Phone after interment

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6727

NAME OF DECEDENT <b>MYRTLE A. BOREN</b>		SEX <b>Female</b>	DATE OF BIRTH <b>09-11-1905</b>	DATE OF DEATH <b>June 13, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Janice Willhelm (Sister) 4752 Maple Street San Diego, CA 92105</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary—855 Broadway Chula Vista, CA</b>		CALIFORNIA LICENSE NUMBER <b>P-964</b>		

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

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 10. DISPOSITION PENDING

**FOR CORONER'S USE ONLY**

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 16 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rames</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE) INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS 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.



## OFFICIAL RECEIPT


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

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

No 34699

Date: 6/15/87, 19\_\_
 From: Danice Wallhelen Address: 4752 Maple St 17  
Christine Davis  
 In full Payment of Recording fee Myrtle Boren Dec - Dollars (\$ 35.00)

 Lot 2 Grave 2 Row \_\_\_\_\_ Section 3 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6727BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

3694

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	<u>2</u>
50% Sales	100	<u>1</u>
of Lots	77194	<u>1</u>
Opening/	100	<u>1</u>
Closing	77181	<u>1</u>
Burial	100	<u>1</u>
Containers	77182	<u>1</u>
	100	<u>1</u>
Handling Fee	77183	<u>1</u>
Recording &	100	<u>35.00</u>
Misc. Fees	77183	
Pre-Need	63033	<u>1</u>
Trust	9022	<u>1</u>
Sales Tax	60101	<u>1</u>
	78380	
TOTAL PAID	\$	<u>35.00</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6-15-87

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

of Madeleine Hoffmann

in a \_\_\_\_\_ Vault/Under \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ ; \_\_\_\_\_ Mortuary.

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

Lot 343 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee Transfer deed 35.00

Sales taxes \_\_\_\_\_

Total Due 35.00

Paid receipt number 34700 35.00

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6728  
PY-593 (REV. 8-85)

No 34700

E6728

OFFICIAL RECEIPT



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

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

Date: June 15, 1987

From: Nadine Loffmark Address: 645 Elkeltan Blvd Spring Valley 92077  
Thirty-five dollars and <sup>NO</sup>100 Dollars (\$ 35.00)  
In full Payment of Transfer of Deed from James W. Wilmore

Lot 343 Grave 2 Row 2 Section 2 Division 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. \_\_\_\_\_  
BALANCE DUE 0

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

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE  
**PAID**  
JUN 15 1987  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

ISSUED BY Dave Lowrey

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

pd by check #1934 - June 15, 1987  
from Nadine Loffmark

mailed To

**NADINE LOFFMARK**  
645 ELKELTON BLVD. 479-7523  
SPRING VALLEY, CA 92077

1935

PAY TO THE ORDER OF MOUNT HOPE CEMETERY

June 15, 1987 90-48/1222

\$ 35.00 <sup>00</sup>/<sub>100</sub>

Thirty-Five & <sup>NO</sup>100 DOLLARS

CALIFORNIA FIRST BANK CHULA VISTA OFFICE  
530 Broadway  
Chula Vista, California 92010

MEMO Nadine Loffmark

+1: 122200490:0141158576 1935



THE CITY OF SAN DIEGO  
PARK DEPARTMENT—CEMETERY DIVISION

66728

Quitclaim Deed

In consideration of

— one dollar —

I/ We

Jim W. Selmore

DO HEREBY REMISE, RELEASE AND QUITCLAIM to THE CITY OF SAN DIEGO, a Municipal Corporation, all that Cemetery property situated in Mt Hope CEMETERY, in said City of San Diego, County of San Diego, State of California, described as follows:

Lot 343 Division 10

TO HAVE AND TO HOLD the above-described quitclaimed property unto the said THE CITY OF SAN DIEGO, its successors and assigns forever.

WITNESS my / our hand this

15

day of

June

1987

EXECUTED IN THE PRESENCE OF  
THE FOLLOWING WITNESSES:

Raymond H. H. H.  
CM.

X Jim W. Selmore  
244 LAS FLORES DR.  
CHULA VISTA, CA.

Trans fee \$35.00

Witnesses.

92010

STATE OF CALIFORNIA, }  
COUNTY OF SAN DIEGO. } SS.

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me \_\_\_\_\_

\_\_\_\_\_, a Notary Public in and for said County and State,  
residing therein, duly commissioned and sworn, personally appeared \_\_\_\_\_

\_\_\_\_\_ known to be the person described in and whose  
name \_\_\_\_\_ subscribed to the above instrument and acknowledged to me that \_\_\_\_\_ executed  
the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal at my  
office in said county of San Diego, State of California, on the date first above written.

Notary Public in and for said County and State

My Commission expires \_\_\_\_\_





EC 728

## DEED

Sp 31-  
Sur 10  
Sold 4/18/87  
Gus.

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Jim W. & Ruby E. Gilmore for the sum of \$ 360.00 (DOLLARS)LEGAL DESCRIPTION Lots 343 & 344 Division 10AS DESCRIBED ON PURCHASE ORDER NUMBER D-5010

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

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

Flush Markers Only Allowed

R. U. Delane  
Cemetery Manager

PV-224

W. L. MacFarlane  
Property Director

THE CITY OF SAN DIEGO  
PARK DEPARTMENT—CEMETERY DIVISION

## Quitclaim Deed

In consideration of

— One Dollar —

I/We

Jim W. Gilmore

DO HEREBY REMISE, RELEASE AND QUITCLAIM to THE CITY OF SAN DIEGO, a Municipal Corporation, all that Cemetery property situated in Mt Hope CEMETERY, in said City of San Diego, County of San Diego, State of California, described as follows:

Lot 343 Division 10

TO HAVE AND TO HOLD the above-described quitclaimed property unto the said THE CITY OF SAN DIEGO, its successors and assigns forever.

WITNESS my/our hand.. this 15 day of June 1987

EXECUTED IN THE PRESENCE OF  
THE FOLLOWING WITNESSES:

X Jim W. Gilmore

244 LAS FLORES DR.

## OFFICIAL RECEIPT

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

No 34700

E6728



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

Date: June 15, 1987

From: Nadine Loffmark Address: 645 Elkerton Blvd Spring Valley 92027

Thirty-five dollars and <sup>NO</sup>/<sub>100</sub> Dollars (\$ 35. <sup>00</sup>/<sub>100</sub>)

In full Payment of Transfer of Deed from James W. Wilmore

Lot 343 Grave ~ Row ~ Section ~ Division Block 10

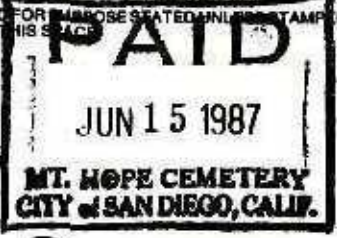
Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE 2Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

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

ISSUED BY Dave Lowrey

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	35.00

pd by check #1934 - June 15, 1987  
from Nadine Loffmark



No 34700

## OFFICIAL RECEIPT


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

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

Date: June 15, 1927

From: Nadine Loffmark Address: 645 Elkelton Blvd Spring Valley 9:07

Thirty-five dollars and <sup>NO</sup>/<sub>100</sub> Dollars (\$ 35. <sup>00</sup>/<sub>100</sub>)

In full Payment of Transfer of Deed from James W. Gilmore

Lot 343 Grave ~ Row ~ Section ~ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6728

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	80033	
	9022	
Sales Tax	80101	
	78090	

TOTAL PAID 35.00

ISSUED BY Dave Lounney

 pd by check #1934 - June 15, '27  
 from Nadine Loffmark



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/15/87

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

of Lynell Angel Leek 17

in a No Vault/Urner Funeral, date, time Wed-10pm-6/18

Church, Chapel, Graveside Graveside Rapdale Mortuary.

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

✓ Lot 3448 Grave ~ Row ~ Section 1 Division/Block 9

Grave space & Care Fund ..... 100<sup>00</sup>

Additional spaces and care fund ..... 99<sup>00</sup>

Opening/Closing & Setup ..... 99<sup>00</sup>

Burial Container .....           

Handling Fees .....           

Flower vases - Marker setting fee .....           

Recording and filing fee .....           

Sales taxes .....           

Total Due ..... 199<sup>00</sup>

Paid receipt number .....           

Balance due .....           

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

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

Signature of recorded holder of deed

Signature

\* Sonnie Leek

Address

1678 Oro Vista Rd. #219

State

S.D. Calif 92154 Zip Code

Telephone

575-1632

Work Order #

**E 6729**

PI-563 (REV. 3-85)

Invoice #

057441

Acct #

022211

LT

W.O. NO. E6729

## NOTE—STRAIGHT

\$ 199<sup>00</sup> San Diego, California, June 15, 1987  
—30+ days after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mt. Hope Cemetery or San Diego City Treasurer

or order  
at 3751 Martin Luther King Way, San Diego, CA 92102  
the sum of One Hundred Ninety Nine and 00/100 DOLLARS.  
with interest from July 15, 1987 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

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

X

Lannie SealsMAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

56729

NAME OF DECEDENT <b>Lynell Angel Leeks</b>		SEX <b>Male</b>	DATE OF BIRTH <b>June 12, 1987</b>	DATE OF DEATH <b>June 12, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>	PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lonnie Leeks - Father 1678 Ora Vista Road, # 219 San Diego, CA 92154</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF DISPOSITION <b>Anderson-Ragsdale Mortuary: San Diego, CA 92102</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |  |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                     |  |  |

## FOR CORONER'S USE ONLY

- ☐ 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street: San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a Whitehawk Flat Top 2-6</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
* LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 17 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/17/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>▶</b>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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.



8 Chain

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

⊗

Date 6/15/87

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

of Richard Boren ⊗

in a ash vault Funeral, date, time 10:30 - Fri - 6/19

Church, Chapel, Graveside Graveside Mortuary Lancaster

All Funeral cars must 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 151 Grave 2 Row \_\_\_\_\_ Section 4 Division 6

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

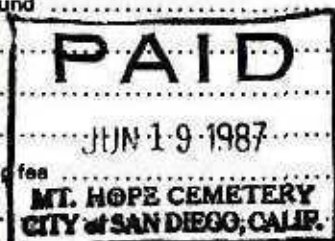
Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_



105<sup>00</sup>

40<sup>00</sup>

60<sup>00</sup>

35<sup>00</sup>

2.40

242<sup>40</sup>

Total Due \_\_\_\_\_  
Paid receipt number 34722 242.40

Balance due 0

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

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

Signature of recorded holder of deed

8 Chain

X Delta M. Collins  
Signature  
X 982 Cherrystone Drive  
Address  
X Los Angeles CA 90030  
State Zip Code  
X 408-358-2380  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6730

PY-593 (REV. 8-85)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 6730

NAME OF DECEDENT <b>Richard Barry Boren</b>		SEX <b>Male</b>	DATE OF BIRTH <b>April 23 1950</b>	DATE OF DEATH <b>June 12 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>Lancaster</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Los Angeles</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Antelope Valley Cremation Service</b>		CALIFORNIA LICENSE NUMBER <b>1383</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Delta M. Collins (Mother) 982 Cherrystone Drive Los Gatos, CA</b>

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street, San Diego, CA</b>			COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>808 E. Lancaster Blvd Joshua Memorial Park, Lancaster, CA</b>	DATE CREMATED <b>6-15-87</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>NA</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.			SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUN 15 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/19/87</b> <b>157-2-4-6</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

**COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.**



## OFFICIAL RECEIPT


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

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3181

No 34722

 From: Delta Collins Address: Los Altos, Ca 95030 Date: 6/19/87, 19  
Two Hundred forty two and 40/100 Dollars (\$ 242 <sup>40</sup>/<sub>100</sub>)  
 In full Payment of Interment of remains of Richard Boren

 Lot 151 Grave 2 Row \_\_\_\_\_ Section 4 Division Block 6
Invoice No. ~~~~~Acct. No. ~~~~~W.O. E-6730BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-85)

6230-  
200 Chans
NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Tax	77184	
50% Sales of Lots	100	
Opening/Closing	77181	105 00
Burial	100	40 00
Containers	77182	60 00
Handling Fee	77183	35 00
Recording & Misc. Fees	100	
Pre-Need Trust	60003	
Sales Tax	6022	
	60101	2 40
	78360	
<b>TOTAL PAID</b>		<b>242 40</b>



# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6/15/87

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

of Hartman Graves

in a Linic Funeral, date, time 6/22 MON / 1:30

Church, Chapel, Graveside Church & St ; Capdole Mortuary.

All Funeral cars must 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 DIP

Lot 132 Grave 9 Row ~ Section 1 Division/Block 11

Grave space & Care Fund Top of DIP

Additional spaces and care fund

Opening/Closing & Setup 320<sup>00</sup>

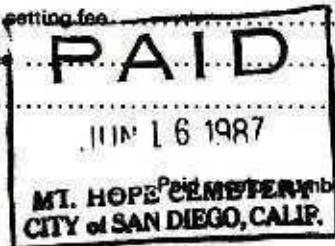
Burial Container Ball Linic 100<sup>00</sup>

Handling Fees 145<sup>00</sup>

Flower vases - Marker setting fee

Recording and filing fee 35<sup>00</sup>

Sales taxes 6<sup>00</sup>



Total Due 606<sup>00</sup>

34707 606<sup>00</sup>

Balance due 0

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

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

Signature of recorded holder of deed

Dr. M. Groves  
Signature  
2516 Blackton Dr.  
Address  
San Diego CA 92105  
State  
264-7286 Zip Code  
Telephone

132-9-1-11

Work Order # E 6731

PV-583 (REV. 8-85)

Invoice #

Acct. #

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

66731

NAME OF DECEDENT <b>AKA Hartman Groves PRINCE EYENEL HARTMAN GROVES</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Feb. 22, 1901</b>	DATE OF DEATH <b>June 14, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ervin M. Groves - Brother 2516 Blackton Dr. San Diego, CA 92105</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

**FOR CORONER'S USE ONLY**

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Dr. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>20 ga Steel Seal in water lock - Silver</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT <b>[Signature]</b> DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 19 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/22/87</b> (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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



## OFFICIAL RECEIPT



PAID TO CUSTOMER  
CITY OF SAN DIEGO  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
AUDITOR

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

No 34707

Date: 6/16/87, 19

From: M. Graves Address: S.D.  
In full Payment of Burial fees for Hartman Graves - dec Dollars (\$ 606.00)

Lot 132 Grave 9 Row ~ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6731BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AD-212 (Rev. 11-80)

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

CITY AUDITOR

JUN 18 1987

ISSUED BY Leoy...

DESCRIPTION	AMOUNT	TOTAL
CREDIT	67200	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77184	320
Burial Containers	100	100.00
Handling Fee	77183	145.00
Recording & Misc. Fees	77183	35.00
Pre-Need Trust	83083	
Sales Tax	8032	6.00
TOTAL PAID	80101	606.00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6/16/87

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

of Earnest V. East

in a Bell liner Funeral date, time Fri 1 P.M. - 6/19

Church, Chapel, Graveside Church & S.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran 10

Lot 102 Grave 4 Row      Section 2 Division/Block 11

Grave space & Care Fund Single 250<sup>00</sup>

Additional spaces and care fund 5 Per ady. Sp for 30 days -

Opening/Closing & Setup 320<sup>00</sup>

Burial Container Concrete Cap liner 100<sup>00</sup>

Handling Fees 145<sup>00</sup>

Flower vases - Marker setting fee     

Recording and filing fee 35<sup>00</sup>

Sales taxes 6<sup>00</sup>

Total Due 856<sup>00</sup>

Paid receipt number     

Balance due     

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

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

Signature of recorded holder of deed

Phene J. East  
Signature 4948 Hilltop Drive  
Address SAN DIEGO, CA 92102  
State 264-5521 Zip Code  
Telephone

Work Order # E 6732

PF-593 (REV. 3-85)

Invoice 057739  
Acct. # 022403

LT

## NOTE—STRAIGHT

\$ 856<sup>00</sup> San Diego, California, June 16, 1987- 30 -

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

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Martin Luther King Way, San Diego, CA 92102the sum of Eight Hundred fifty six & <sup>00</sup>/<sub>100</sub> DOLLARS.with interest from July 17, 1987 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

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

Xx Irene East4948 Hilltop Drive S.p. CalifMailing Address 92102MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

66732

NAME OF DECEDENT <b>Earnest Virgil East</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Dec. 24, 1980</b>	DATE OF DEATH <b>June 13, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Irene East -Wife 8760 Jamacha Road, Apt. 9E Spring Valley, CA 92077</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERMITTEE) <b>Anderson-Ragsdale Mortuary: San Diego, CA 92102</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL INCLUDES ENTOMBMENT<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10 DISPOSITION PENDING             </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street: San Diego, CA</b>		COUNTY <b>San Diego,</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 17 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/19/87</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramos, M.D. mm</b>	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
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



E-6732

057739 06/30/87 022403

IRENE EAST

100 072  
100 072  
100 072  
100 072  
100 072  
60101  
67007

E-6732

07/28/87 CK 80298

77181 000072  
77182 000072  
77183 000072  
77184 000072  
77185 000072  
78390  
77184

856.00  
320.00  
100.00  
35.00  
200.00  
145.00  
6.00  
52.00

856.00

PAID IN FULL 0.00

## OFFICIAL RECEIPT


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

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

8/4/87

No 34862

 Date: \_\_\_\_\_ 19\_\_\_\_  
 From: Gene East Address: 8760 Jamacha Rd # 9E, SV.  
eight hundred fifty - 00/100 Dollars (\$ 856.00)  
 In \_\_\_\_\_ Payment of Earnest East's Services

 Lot 102 Grave 4 Row \_\_\_\_\_ Section 2 Division Block 11

 Invoice No. 057739  
 Acct. No. 022403  
 W.O. E-6732  
 BALANCE DUE 0

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

CREDIT	67007	<u>50</u>	—
20% Sales Tax	77184		
80% Sales of Lots	100	<u>200</u>	—
Opening/Closing	77184	<u>300</u>	—
Burial Containers	100	<u>100</u>	—
Handling Fee	77181	<u>145</u>	—
Recording & Misc. Fees	100	<u>35</u>	—
Pre-Need Trust	77183		
Sales Tax	83033		
	9022		
	60101	<u>6</u>	—
	76380	<u>856</u>	—
TOTAL PAID	\$		

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

AC-212 (Rev. 11-86)

80298

ISSUED BY

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6-17-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Likson - Buried Lot

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

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

Lot 99 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 495-

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... \_\_\_\_\_

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... \_\_\_\_\_

Sales taxes ..... \_\_\_\_\_



Total Due ..... 495-

Paid receipt number 34710 495-

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

GLENN KING  
Signature P.O. Box 56472  
Address RIVERSIDE, CA  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6733

PR-503 (REV. 6-85)

LT



56732

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

June 12, 1987

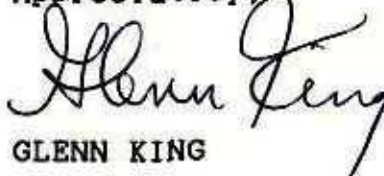
DEAR MRS. SANDY WARD,

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 adjacent 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 CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

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

No 34710

Date: 6/17, 1977

 From: Theresa King Address: P.O. Box 56472 Riverside  
One Hundred Twenty-five Dollars (\$ 495 - )  
 In \_\_\_\_\_ Payment of Funeral Cost for Willie King

 Lot 99 Grave 4 Row \_\_\_\_\_ Section 2 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6733BALANCE DUE 0Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-66)

0309

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

ISSUED BY

CREDIT	57007	99 -
20% Sales Com	77184	
80% Sales	100	396 -
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83083	
Trust	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	495 -

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 6/18/87

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

of Luther D. Hadnot

in a Bell Liner Funeral, date, time 6/23-Tues.-2 PM

Church, Chapel, Graveside Chapel & G.S. : Raysdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 69 Grave 8 Row 2 Section 2 Division/Block 11

Grave space & Care Fund ..... 250<sup>00</sup>

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... 32<sup>00</sup>

Burial Container Courte Burial Liner ..... 100<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

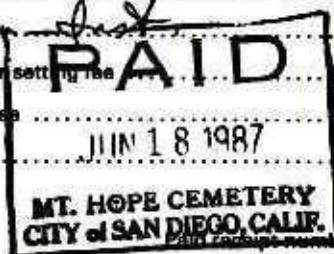
Flower vases - Marker setting fee ..... ---

Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... 6<sup>00</sup>

Wesley Total Due ..... 856<sup>00</sup>

Balance due 0



Via Phone & letter  
from H. W. Raysdale

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

I hereby authorize the interment in lot 69 hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone# \_\_\_\_\_

Work Order #

**E 6734** ✓

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

56734

NAME OF DECEDENT <b>Luther Dickerson Hadnot</b>		SEX <b>Male</b>	DATE OF BIRTH <b>May 26, 1907</b>	DATE OF DEATH <b>June 17, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>Chula Vista</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Neslie Lee Goldstein - Niece</b> <b>1241 W. Rolland Curtis Pl. #2</b> <b>Los Angeles, CA 90037</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary: 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>		CALIFORNIA LICENSE NUMBER <b>1389</b>		

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

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b> DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 19 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald E. Ramos, M.D., M.M.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/23/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Joyce W. Skelton</b> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

## OFFICIAL RECEIPT



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

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

No 34719

Date: 6/18, 1987

From: Anderson-Ragsdale Address: 5050 Federal Blvd - S.D. 92102  
Eight hundred fifty six and 100/100 Dollars (\$ 856.00)  
 In Full Payment of Interment fee for Luther D. Hadnot - dec

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. 2

Acct. No. 2

W.O. E-6734

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

8072  
put

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

ISSUED BY [Signature]

CREDIT	67007	<u>50.00</u>
20% Sales Care	77184	
80% Sales	100	<u>200.00</u>
of Lots	77184	
Opening/	100	<u>320.00</u>
Closing	77181	
Burial	100	<u>100.00</u>
Containers	77182	
	100	<u>145.00</u>
Handling Fee	77183	
Recording &	100	<u>25.00</u>
Misc. Fees	77183	
Pre-Need	83033	<u>0.00</u>
Trust	9022	
Sales Tax	80101	<u>6.00</u>
	76380	
TOTAL PAID	\$	<u>856.00</u>



Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/19/87

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

of George & Elaine Adams

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Vault/Liner

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

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

Lot 89 Grave 243 Row ~ Section 2 Division/~~Block~~ -11-

Grave space & Care Fund @ 250 = 500<sup>00</sup>

Additional spaces and care fund none

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 500<sup>00</sup>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

[Signature]  
Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6735**

PY-583 (REV. 8-86)



7-7-87 34790

7-10-87 34919

9-8-87 35004

10-13-87 35153

11-10-87 35277

12-7-87 35384

1-11-87 35546

500 -

20 -

480

20

~~500~~ <sup>00</sup>

20 <sup>00</sup>

440 <sup>00</sup>

20 <sup>00</sup>

420 <sup>00</sup>

20.00

40000

20 <sup>00</sup>

380.00

20.00

360.00

NAME ADAMS, GEORGE L. & ELOISE

ACCT. NO. E-6735

ADDRESS 186 Royal Court, San Diego, Ca 92114

### RATING

LIMIT

DATE		DEBIT	✓	CREDIT	BALANCE
Jun 19	87	Lot 89, Graves 2 & 3, Section 2, Division 11		5 00 00	120 00 380 00
1-	88	Coupon #17 Receipt # 35546		20 00	360 00
2-8	88	Coupon #18 Receipt # 35669		20 00	340 00
3-8	88	Coupon #9 Receipt # 35825		20 00	320 00
4-11	88	Coupon #10 Receipt 36000		20 00	300 00
5-9	88	Coupon #11 Receipt 36122		20 00	280 00
6-6	88	Coupon #12 Receipt 36251		20 00	260 00
7-7	88	Receipt 36387		260 00	00

## OFFICIAL RECEIPT

No 34790


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

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

 Date: \_\_\_\_\_, 19\_\_\_\_  
 From: George Adams Address: 186 Royal Oak Dr. SA 92114  
twelve Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Credit Lot Sales Coupon #1

 Lot 89 Grave 2 & 3 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6735BALANCE DUE 480Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-66)

3476

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	20	-
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	80333		
Sales Tax	9322		
	60101		
	78390		
TOTAL PAID	\$	20	-



COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E6735 Credit Lot

George L. & Eloise Adams  
186 Royal ~~EMXX~~ Oak ~~DR.~~  
San Diego, CA 92114 DR.

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.

\$ 20.00

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

\$ 1.00

\$ 21.00

E6735

Amount Received \$

NAME GEORGE L & ELOISE ADAMSADDRESS 186 ROYAL OAK DR.CITY SAN DIEGO STATE CA ZIP 92114☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 34919

Date: 8-10, 1987
 From: George Adams Address: San Diego  
Twenty Dollars Dollars (\$ 20.00 )

 In Coupon Payment of Credit Sale - Coupon # 2  
E-6735

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6735

BALANCE DUE \_\_\_\_\_

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

AC-212 (Rev. 11-80)

3470

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

ISSUED BY

JD

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lot	77184	20.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77162	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	82033	
Trust	8022	
Sales Tax	80101	
	78290	
TOTAL PAID	\$	20.00

Send or bring one coupon with each remittance

**COUPON**

**2**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-6735 Credit Lot

George L. & Eloise Adams  
186 Royal ~~Court~~ Oak Court  
San Diego, CA 92114

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	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

E 6735

\$ 21.00

Amount Received \$

NAME GEORGE L. & ELOISE ADAMS

ADDRESS 186 ROYAL OAK DR.

CITY SAN DIEGO STATE CA ZIP 92114

☐ check (✓) if this is new address



## OFFICIAL RECEIPT

No 35153


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

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY

281-3151

From James J. Adams Address: 186 Laurel Oak Dr., S.D. Date: 10/13, 1987  
Twenty dollars 00/100 Dollars (\$ 20.00)  
 in \_\_\_\_\_ Payment of Invoice #4 Credit Sale

Lot 89 Grave 2 & 3 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6735BALANCE DUE 420.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

3571

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

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100	20	-
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	03083		
Sales Tax	9022		
	80101		
	78380		
TOTAL PAID	\$	20	00

ISSUED BY

Send or bring one coupon with each remittance

**COUPON**

**4**

**DO NOT MAIL ENTIRE BOOK**

**Credit Lot**

ACCOUNT No.

**George L. & Eloise Adams**  
**186 Royal ~~XXXXX~~ Oak Court**  
**San Diego, CA 92114**

**E6735**

**Month and Day Due Indicated Below**

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

**20.00**

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



\$

**1.00**

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



\$

\$

Amount Received

**20.00**

NAME

**GEORGE L. ADAMS**

ADDRESS

**186 ROYAL OAK DR.**

CITY

**SAN DIEGO**

STATE

**CA**

ZIP

**92114**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 35277

Date: 11-10, 1987From: GEORGE L. ADAMSAddress: 186 ROYAL OAK DR. S.D. 92114
Twenty Dollars Dollars (\$) 20.00

 In part Payment of Credit for Sales-Coupon #5

 Lot 89 Grave 243 Row — Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6735BALANCE DUE 400.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-85)

3528

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY Bruce Morrison

CREDIT	87007	
20% Sales Com	77104	
80% Sales	100	<u>20.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	63101	
	76390	
TOTAL PAID	\$	<u>20.00</u>



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

**5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**George L. & Eloise Adams**  
**186 Royal KMXK Oak Court**  
**San Diego, CA 92114**

*E 6735*

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
						<b>10</b>					
									<b>20.00</b>		

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

\$

**1.00**

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

\$

**21.00**

\$

NAME

*George L. Adams*

Amount Received

\$

*20.00*

ADDRESS

*186 Royal Oak Dr.*

CITY

*San Diego*

STATE

*Ca.*

ZIP

*92114*

☐ check ☒ if this is new address

## OFFICIAL RECEIPT


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

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

264-3151

No 35004

From George L. Adams Address 86 Laurel Oak, 92114 Date: 9-8 1987  
West Dallas  
 In \_\_\_\_\_ Payment of Coupon #3, Credit Lot Dollars (\$ 20.00 )  
 Lot 89 Grave 243 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6735BALANCE DUE \$440.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 11-58)

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

CREDIT	67007	
20% Sales Tax	77184	
50% Sales	100	<u>20</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	65003	
Trust	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>20</u>

ISSUED BY

Send or bring one coupon with each remittance

**COUPON**

DO NOT MAIL ENTIRE BOOK

**E6735 Credit Lot**

**3**

ACCOUNT No.

**George L. & Eloise Adams**  
**186 Royal ~~ENXX~~ Oak Court**  
**San Diego, CA 92114**

*E 6735*

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
						<b>10</b>					
									<b>20.00</b>		

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



\$

**1.00**

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



\$

\$

Amount Received \$

NAME GEORGE L. & ELOISE ADAMS

ADDRESS 186 ROYAL OAK DR.

CITY SAN DIEGO STATE CA. ZIP 92114

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


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

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

No 35546

 From Hearne Adams Address: 186 Royal Oak Dr. 50 Date: 1-11 1988  
Twenty Dollars 20/100  
 In \_\_\_\_\_ Payment of Receipt #17 Credit Act Dollars (\$) 20.00

 Lot 89 Grave 273 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6735BALANCE DUE 260.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

3566

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

CITY AUDITOR

JAN 13 1988

ISSUED BY

CREDIT	57007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	20 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	20 00

Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**George L. & Eloise Adams**  
**186 Royal KENNY Oak Court**  
**San Diego, CA 92114**

**E-6735**

**6735**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
						<b>10</b>					
									<b>20.00</b>		

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

\$ **1.00**

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

\$ **21.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME **GEORGE L. & ELOISE ADAMS**

ADDRESS **186 ROYAL OAK DR.**

CITY **SAN DIEGO** STATE **CA.** ZIP **92114**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 35669

 From: George Adams Address: 186 Royal Gate, SD Date: 2-8 1988  
Twenty Dollars  
 In \_\_\_\_\_ Payment of Coupon #8 Credit Dollars (\$ 20.00)  
 Lot 89 Grave 243 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6735BALANCE DUE 340.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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

CITY AUDITOR

FEB 10 1988

ISSUED BY

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

20 00

20 00



Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

George L. & Eloise Adams  
186 Royal ~~Street~~ Oak Court  
San Diego, CA 92114

E6735

Month and Day Due Indicated Below

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

20.00

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

\$

1.00

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

\$

21.00

\$

Amount Received

\$

20.00

NAME

GEORGE L. & ELOISE ADAMS

ADDRESS

186 ROYAL OAK DR.

CITY

SAN DIEGO

STATE

CA

ZIP

92114

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 35825

From: James L. Adams Address: 186 Royal Oak Drive, SD  
Twenty dollars 00/100 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Auger #19 Credit Not

Lot 89 Grave 273 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6735BALANCE DUE 300.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AQ-212 (Rev. 10-87)

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

CITY AUDITOR

MAR 11 1988

ISSUED BY Andrea Nold

CREDIT	67007
20% Sales Cert	77184
50% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	60103
Trust	9022
Sales Tax	60101
	78380

TOTAL PAID

\$

20 -

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**George L. & Eloise Adams**  
**186 Royal ~~ENXX~~ Oak Court**  
**San Diego, CA 92114**

*E 6735*

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
						<b>10</b>					
								<b>20.00</b>			

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

\$

**1.00**

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

\$

**21.00**

\$

NAME

*GEORGE L. & ELOISE ADAMS*

ADDRESS

*186 ROYAL OAK DR.*

CITY

*SAN DIEGO*

STATE

*CA*

ZIP

*92114*

☐ check (✓) if this is new address



## OFFICIAL RECEIPT

No 36700


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

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

 From: George Adams Address: 116 Royal Oak Court, SD  
Monte dallas no/wd Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of coupon 10 credit set

 Lot 89 Grave 24.3 Row \_\_\_\_\_ Section 2 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6735BALANCE DUE 300.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

3623

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

CITY AUDITOR

APR 14 1988

ISSUED BY

CREDIT	67007	
20% Sales Cars	77184	
50% Sales	100	20 -
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	20 -

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

George L. & Eloise Adams  
186 Royal ~~San~~ Oak Court  
San Diego, CA 92114

E 6735

Month and Day Due Indicated Below

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

20.00

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

\$

1.00

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

\$

21.00

\$

NAME George L. & Eloise Adams  
ADDRESS 186 Royal Oak Ct.  
CITY SAN DIEGO STATE CA ZIP 92114

☐ check ☒ if this is new address

## OFFICIAL RECEIPT


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

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

No 35384

From: George L. Adams Address: 186 Royal Oak Rd. S.D. 92114 Date: 12-7, 1987  
Twenty Dollars \$ 20.00  
 In Part Payment of Credit for sales coupon # 10 Dollars (\$ 20.00)

Lot 89 Grave 243 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6735BALANCE DUE 380.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

3545NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

ISSUED BY

Lora Black

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100	<u>20</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77183		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	8022		
Sales Tax	80101		
	75380		
TOTAL PAID		<u>20</u>	<u>00</u>



Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

George L. & Eloise Adams  
186 Royal ~~XXXXX~~ Oak Court  
San Diego, CA 92114

66735

Month and Day Due Indicated Below

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

20.00

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

\$

1.00

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

\$

21.00

\$

NAME GEORGE L. & ELOISE ADAMS  
ADDRESS 186 ROYAL OAK DR.  
CITY SAN DIEGO STATE CA ZIP 92114

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 36122


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

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

 From: Leone Adams Address: 276 Royal Oak Dr. SD Date: 5-9 1988  
Twenty dollars no 110 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Coupon 11 Credit Int

 Lot 89 Grave 2 & 3 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-6735BALANCE DUE 200.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAY 12 1988

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		20 00
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	90333		
Trust	9022		
Sales Tax	60101		
	78380		
TOTAL PAID			20 00

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

George L. & Eleise Adams  
186 Royal KERRY Oak Court  
San Diego, CA 92114

FL6735

Month and Day Due Indicated Below

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

20.00

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



\$

1.00

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



\$

21.00

\$

Amount Received

NAME GEORGE L. ADAMS

ADDRESS 186 ROYAL OAK DR.

CITY SAN DIEGO STATE CA. ZIP 92114

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


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

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

No 36251

 From: George Adams Address: 166 Laurel Court, SD  
Went to office 10/10/88  
 In \_\_\_\_\_ Payment of Coupon 12 Credit for Dollars (\$) 20.00
Date: 6-6, 19 88
 Lot 89 Grave 283 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6735BALANCE DUE 260.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

JUN 13 1988

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>20.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	1022	
Sales Tax	60101	
	18000	

Send or bring one coupon with each remittance

COUPON 12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No

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

66735

Month and Day Due Indicated Below

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

20.00

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



\$ 1.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above



\$ 21.00

\$ \_\_\_\_\_

NAME GEORGE & ELOISE ADAMS Amount Received \$ 20.00  
ADDRESS 186 ROYAL OAK DR.  
CITY SAN DIEGO STATE CA ZIP 92114

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 36387


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

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

Date: 7-7-1988

 From: Eloise Adams Address: 186 Royal Oak Dr., S.D., CA 92114
Two hundred sixty dollars and 00/100 Dollars (\$ 260.00 )

 In Full Payment of 2 grave spaces

 Lot 89 Grave 2 & 3 Row \_\_\_\_\_ Section 2 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 6735BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☒Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

3683

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

CITY AUDITOR

JUL 13 1988

ISSUED BY W.J. League

CREDIT	67007		
20% Sales Com	77184	100	00
80% Sales	100	160	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	260	—



Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

George L. & Elaine Adams  
186 Royal EMMX Oak Court  
San Diego, CA 92114

E6735

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
						10					
								20.00			

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

\$ 1.00

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

\$ 21.00

\$ \_\_\_\_\_

Amount Received

\$ 260.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

CEMETERY  
INTERMENT ORDER

City of San Diego

*Credit Sale*

Date 6/19/89

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

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

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

✓ Lot 89 Grave 445 Row ~ Section 2 Division/Block 111-

Grave space & Care Fund @250 500.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 500.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

*Credit Sale  
Tyne*

*Guad*

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 6736

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

7-7-87 34780 ✓

500.00  
20.00

8-4-87 34874 ✓

480.00  
20.00

9-8-87 35010 ✓

460.00  
20.00

11-3-87 35229 ✓

440.00  
20.00

12-4-87 35367 ✓

420.00  
20.00

1-6-88 35513 ✓

400.00  
20.00  
380.00



## OFFICIAL RECEIPT


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

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

No 34780

 From: Alberta Smith Address: 7771 Fiddle St. SB 92114 Date: 7-7, 1987  
Twenty dollars Dollars \$ 20.00  
 In \_\_\_\_\_ Payment of Coupon #1 Credit for Sales

 Lot 89 Grave 4 & 5 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6736

BALANCE DUE \_\_\_\_\_

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

AC-212 (Rev. 11-86)

2482

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY Andy Ward

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	20	00
Opening/Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77183		
Recording & Misc. Fees	100		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78360		
TOTAL PAID	\$	20	00

Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6736**

Alberta Smith  
7771 Girbble  
San Diego, Ca 92114

E6736

**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.



\$ 20.00

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



\$ 1.00

\$ 21.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Amount Received

\$ 20.00

Alberta Smith  
7771 Girbble St  
San Diego Calif 92114

## OFFICIAL RECEIPT


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

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

No 35229

Date: 11-3, 1987From: ALBERTA SMITH Address: 7771 GIBBLE ST. S.D. 92114
Twenty One Dollars Dollars (\$ 21.00 )
In PART Payment of Credit Lot Coupon # 2
 Lot 89 Grave 445 Row — Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6736BALANCE DUE 420.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

2504

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

ISSUED BY

Bruce Morrison

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	21 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	21 00



Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6736

Credit Lot

Albert Smith

7771 Girbbble

San Diego, CA 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	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

Amount Received

\$ 21.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 34874

Date: 8/4/87, 19
 From: Alberta Smith Address: S.D.  
Twenty 20 Dollars (\$ 20.00)

 In Coupon # 3 Payment of Credit Sale - E-6736  
Coupon # 3

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6736

BALANCE DUE \_\_\_\_\_

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

AC-212 (Rev. 11-85)

2454NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

[Signature]

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	<u>20</u>
Opening/Closing	100	<u>00</u>
Burial Containers	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	63033	
Sales Tax	6022	
	60101	
	76360	
TOTAL PAID	\$	<u>20</u> <u>00</u>

Send or bring one coupon with each remittance **COUN**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6736**

**Alberto Smith**

**7771 Girbble**

**San Diego, Ca 92114**

E 6736

Month and Day Due Indicated Below

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

\$ \_\_\_\_\_

NAME

ADDRESS

CITY

Amount Received \$ **20.00**  
*Alberto Smith*  
*7771 Girbble St*  
*San Diego* STATE *Calif* ZIP *92114*

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


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

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

284-3151

No 35010

From: Alberta Smith Address: 7771 Gillette, 92114 Date: 9-8, 1987  
Twenty dollars Dollars 20.00  
 In \_\_\_\_\_ Payment of Coupon #4, Credit Card  
 Lot 89 Grave 4 & 5 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6736BALANCE DUE 440.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

2437

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

ISSUED BY

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	20
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	8022	
Sales Tax	80101	
	78300	
TOTAL PAID	\$	20

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

**4**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No.**

**E-6736 Credit Lot**

**Albert Smith**

**7771 Girbble**

**San Diego, CA 92114**

*E6736*

**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.



\$ **20.00**

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



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 35367

 From: Alberta Smith Address: 7771 Jubble St, SD 92114 Date: 12-4 1987  
Twenty 007 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Career # 6 Credit for

 Lot 89 Grave 475 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6736BALANCE DUE 400.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 11-80)

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

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

ISSUED BY

2535



Send or bring one coupon with each remittance

**COUPON**

**6**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No.**

**E-6736 Credit Lot**

**Alberta Smith**

**7771 Girbble**

**San Diego, CA 92114**

*E-6736*

**Month and Day Due Indicated Below**

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

\$ \_\_\_\_\_

Amount Received

\$ *20.00*

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 35513

 From Alberta Smith Address: 7771 Grubbs St, SD Date: 1-6, 1988  
Twenty dollars Dollars (\$) 20.00  
 In \_\_\_\_\_ Payment of Coupon # 7 Credit Oct

 Lot 89 Grave 445 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6736BALANCE DUE 20.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JAN 11 1988

ISSUED BY Lonny Ward

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

2557

Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6736**

**Albert Smith  
7771 Girbille**

**San Diego, Ca 92114**

*E6736*

**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.



\$ **20.00**

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



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


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

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

No 35639

 From: Alberta Smith Address: 7771 Tribble Street SS  
Twenty Dollars Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of coupon #8 Credit for

 Lot 69 Grave 475 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6736BALANCE DUE 360.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

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

CITY AUDITOR

FEB 05 1988

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>20.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83083	
Trust	9022	
Sales Tax	80101	
	75380	
TOTAL PAID	\$	<u>20.00</u>

Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No.**

**E-6736**

**Credit Lot**

**Albert Smith**

**7771 Girbble**

**San Diego, CA 92114**

*66736*

**Month and Day Due Indicated Below**

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

\$ \_\_\_\_\_

Amount Received

\$ *20.00*

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

☐ check (✓) If this is new address

## OFFICIAL RECEIPT


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

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

No 35833

 From Alberta Smith Address: 7771 Jubilee, SD 572114 Date: 3-8 1988  
Twenty dollars 10/100 Dollars (\$) 20.00  
 In \_\_\_\_\_ Payment of Payment #9 Credit Lot

 Lot 89 Grave 4E5 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6736BALANCE DUE 340.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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

MAR 11 1988

ISSUED BY

CREDIT	75007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>20</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	83033		
	9022		
	80101		
	78380		
TOTAL PAID	\$	<u>20</u>	<u>00</u>



Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6736**

E6736

**Alberta Smith**

**7771 Girbble**

**San Diego, Ca 92114**

Month and Day Due Indicated Below

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

\$ **20.00**

Amount Received

\$ **20.00**

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 36707


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

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

 From: Uberta Smith Address: 7771 Liddle, SD  
Twenty, Dallas TX 75202  
 In \_\_\_\_\_ Payment of Voucher 10 Credit Lat Dollars (\$ 20.00 )

 Lot 89 Grave 475 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6736BALANCE DUE 320.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

2637

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

010060

CITY AUDITOR

APR 19 1988

ISSUED BY

 CREDIT  
 20% Sales Tax 77007  
 80% Sales 77184  
 Opening 77184  
 Closing 100  
 Burial 77181  
 Commission 100  
 Handling Fee 77182  
 Recording & 100  
 Misc. Fees 77183  
 Pre-Need 63033  
 Trust 9022  
 Sales Tax 60101  
 78380

TOTAL PAID

\$

20	00
20	00

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

~~E-6736~~

Credit Lot

Albert Smith

7771 Girbble

San Diego, CA 92114

E 6736

Month and Day Due Indicated Below

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

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



\$ 20.00

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



\$ 1.00

\$ 20.00

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT

No 36129


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

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

 From: Alberta Smith Address: 2771 Tubbs Street SD Date: 5-9 1988  
Twenty Dollars - 20/100 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Coupon 11 Credit Oct

 Lot 89 Grave 475 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6736BALANCE DUE 300.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAY 12 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
60% Sales	100	
of Lots	77184	<u>20.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	76300	
TOTAL PAID	\$	<u>20.00</u>

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6736**

E 6736

**Albert Smith**

**7771 Girbble**

**San Diego, Ca 92114**

Month and Day Due Indicated Below

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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 36377

 From: Alberta Smith Address: 7771 Grubbe, SD 92114  
Twenty no/100 Dollars (\$ 20.00)  
 in Payment of Coupon 12 Credit Lot

 Lot 89 Grave 475 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6736BALANCE DUE 260.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AO-212 (Rev. 10-87)

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

CITY AUDITOR

JUL 11 1988

ISSUED BY

CREDIT	67007
20% Sales Com	77184
50% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	83033
Trust	9022
Sales Tax	80101
	78390

TOTAL PAID

\$

20.00



Send or bring one coupon with each remittance

**COUPON**

**12**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No.**

**E-6736 Credit Lot**

**Albert Smith**

**7771 Girbbble**

**San Diego, CA 92114**

*E 6736*

**Month and Day Due Indicated Below**

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

\$ \_\_\_\_\_

Amount Received

\$ 20.00

**NAME** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 36255

From:

Alberta Smith

Address:

7771 Shible, SD

Date:

6-6 1988

In

Payment of

Twenty dollars no/100 Dollars (\$20.00)

Lot

89

Grave

485

Row

Section

2

Division  
Block

11

Invoice No.

Acct. No.

W.O.

E-6736

BALANCE DUE

200.00

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

CITY AUDITOR

JUN 13 1988

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	65033
Trust	9022
Sales Tax	60101
	78390

20.00

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

Send or bring one coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6736**

**Albert Smith**

**7771 Girbble**

**San Diego, Ca 92114**

E 6736

**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.

\$ **20.00**

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

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

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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

No 36505

 From: White Smith Address: 7771 Lumber Street Date: 8-5, 1988
Twenty Dollars Dollars (\$) 20.00

 In payment of Credit For

 Lot 89 Grave 445 Row 3 Section 3 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6736BALANCE DUE 20.00Pre-Need Lot ☐ At Need ☐ On Acct ☒Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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 "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 09 1988

ISSUED BY Darryl Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>20</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	75360	
TOTAL PAID	\$	<u>20</u>

2725

Send or bring one coupon with each remittance

**COUPON**

**14**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6736**

**Credit Lot**

**Albert Smith**

**7771 Givbble**

**San Diego, CA 92114**

*E 6736*

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	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**

*ch*

\$ **20.00**

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 36770


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

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

 From: Alberta Smith Address: 7771 Gable, SD 92114  
twelve, 10/100  
 In \_\_\_\_\_ Payment of Up on 16 Credit Lot Dollars (\$ 20.00 )

 Lot 29 Grave 485 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6736BALANCE DUE 200.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

2789

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

CITY AUDITOR

OCT 7 1988

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>20.00</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
Sales Tax	9022	
	80101	
	78390	

TOTAL PAID

\$

20.00 ✓



Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6736 Credit Lot

Albert Smith

7771 Girbble

San Diego, CA 92114

E 6736

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



\$ 20.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above,



\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 20.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY

254-3151

No 36682

From:

*Alberta Smith*  
 Address: *7771 Subble, SD 92114*

Date:

*9-13*, 19*88*

In

Payment of

*Twenty dollars 20/00*
Dollars (\$ *20.00* )
*Coupon 15 Credit Act*

Lot

*89*

Grave

*495*

Row

Section

*2*

Division

*11*

Invoice No.

Acct. No.

W.O.

*2-6736*

BALANCE DUE

*220.00*

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

CITY AUDITOR

SEP 19 1988

CREDIT

20% Sales Care

67007

77184

80% Sales

100

of Lots

77184

Opening/

100

Closing

77181

Burial

100

Containers

77182

100

Handling Fee

77185

Recording &amp;

100

Misc. Fees

77183

Pre-Need

83033

Trust

9022

Sales Tax

80101

78390

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 10-87)

*2770*

ISSUED BY

*[Signature]*

TOTAL PAID

\$

*20 00*

Send or bring one coupon with each remittance

**COUPON**

**15**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6736**

**Albert Smith**

**7771 Girbble**

**San Diego, Ca 92114**

E6736

**Month and Day Due Indicated Below**

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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


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

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

No 36958

 From: Alberto Smith Address: 2771 Tipton, San Diego  
West, no/100
Date: 11-10, 1988
 In \_\_\_\_\_ Payment of Oregon 17 Credit Lot Dollars (\$) 20.00

 Lot 29 Grave 485 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 26736BALANCE DUE 10.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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

CITY AUDITOR

NOV 21 1988

ISSUED BY

CREDIT	67007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	<u>20.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78360	
TOTAL PAID	\$	<u>20.00</u>

Send or bring one coupon with each remittance

**COUPON**

**17**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6736**

E6736

**Albert Smith**

**7771 Girbble**

**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

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## OFFICIAL RECEIPT

No 37041


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

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

 From: Alberta Smith Address: 7771 Gribble Street, SD  
Twenty Dollars 10/10 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Coupon 18 Credit

 Lot 89 Grave 445 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6736BALANCE DUE 160.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-57)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
 CITY AUDITOR  
 DEC 9 1988

CREDIT	67007
20% Sales Cars	77184
50% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	83083
Trust	9022
Sales Tax	80101
	78350

20.00

ISSUED BY

TOTAL PAID

20.00



Send or bring one coupon with each remittance

**COUPON**

**18**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No.**

**E-6736 Credit Lot**

**Albert Smith**

**7771 Girbble**

**San Diego, CA 92114**

*E 6736*

**Month and Day Due Indicated Below**

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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 37203

 From: Alberto Smith Address: 7771 Duette, San Diego  
Twenty, no 1102  
 In \_\_\_\_\_ Payment of cash 19 credit lot Dollars (\$ 20.00)

 Lot 89 Grave 1185 Row \_\_\_\_\_ Section 2 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6736BALANCE DUE 140.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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

ISSUED BY

Sandy Ward

 CREDIT  
 20% Sales Cars 57007  
 80% Sales 77184  
 of Lots 100  
 Opening/ 77184  
 Closing 100  
 77181  
 Burial 100  
 Containers 77182  
 100  
 Handling Fee 77185  
 Recording & 100  
 Misc. Fees 77183  
 Pre-Need 65033  
 Trust 8022  
 Sales Tax 80101  
 78380

TOTAL PAID

 20.00  
 CITY AUDITOR  
 JAN 17 1989  
 20.00

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6736**

**Albert Smith**

**7771 Girbble**

**San Diego, CA 92114**

E6736

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.



\$ **20.00**

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



\$ **1.00**

\$ **20.00**

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


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

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

 No 37316 <sup>56736</sup>

 From: Alberta Smith Address: 7731 Noble, SD Date: 2-6, 1989  
Twenty 20/100 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Coupon 20 Dental Mt

 Lot 89 Grave 4 & 5 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE 120.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE
 CITY AUDITOR  
 FEB 10 1989
ISSUED BY India [Signature]

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	<u>20.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
	77185	
	100	
	77183	
	63033	
	9022	
	80101	
	78390	
TOTAL PAID	2	<u>20.00</u>

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**E-6736 Credit Lot****Albert Smith****7771 Gimbble****San Diego, CA 92114****E 6736**

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
						<b>10</b>					

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**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 37641

 From: Allen D Smith Address: 7771 Shufeldt, S Date: 4-7, 1989  
Twenty dollars Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Coupon 21 Credit for

 Lot 89 Grave 475 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6736BALANCE DUE 100.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AO-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE
 CITY AUDITOR  
 APR 17 1989
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
50% Sales of Lots	100	
Opening/	77184	<u>20 00</u>
Closing	100	
Burial	77181	
Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20 00</u>



Send or bring one coupon with each remittance

**COUPON**

**21**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6736**

E-6736

**Albert Smith**

**7771 Girbbie**

**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 37769

 Date: 5-5 1989  
 From: Alberta Smith Address: 7771 Shible, San Diego  
Co. in to, dollars 20.00 Dollars (\$) 80.00  
 In \_\_\_\_\_ Payment of 100.00 22 Unit / Set

 Lot 89 Grave 485 Row \_\_\_\_\_ Section 2 Division 11  
 Block 20

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6736BALANCE DUE 80.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
 CREDIT  
 20% Sales Care 77184  
 50% Sales 100  
 of Lots 77184  
 Opening/ 100  
 Closing 77181  
 Burial 100  
 Containers 77182  
 Handling Fee 100  
 Recording & 77185  
 Misc. Fees 77183  
 Pre-Need 89033  
 Trust 9022  
 Sales Tax 80101  
 78390

TOTAL PAID

 CITY AUDITOR  
 MAY 12 1989

ISSUED BY

20 00

Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6736

Credit Lot

Albert Smith

7771 Girbble

San Diego, CA 92114

56736

Month and Day Due Indicated Below

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

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

\$ 20.00

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

\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 20.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


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

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

NO 38104

 From Alberta Smith Address: 7771 Yukle, SD 92114 Date: 6-5, 1989  
Twenty dollars no/100 Dollars (\$) 20.00  
 In Payment of Coupon 2.3 Credit Set

 Lot 89 Grave 445 Row \_\_\_\_\_ Section 2 Division 11 Block 20

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6736BALANCE DUE 60.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒AG-212 (Rev. 10-87) 3026
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

 CITY AUDITOR  
 JUN 09 1989
ISSUED BY Archie Vera

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77186	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

Send or bring one coupon with each remittance

**COUPON**

**23**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6736**

**Albert Smith**

**7771 Girbbble**

**San Diego, Ca 92114**

G6736

**Month and Day Due Indicated Below**

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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

N2 38216

 From: Alfred Smith Address: 7771 Gribble Street, SD 92114  
Fort Salvo 251100 Dollars (\$ 40.00)  
 In \_\_\_\_\_ Payment of Burial 24 Credit Set

 Lot 89 Grave 485 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6136BALANCE DUE 20.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>40.00</u>

ISSUED BY

Andy Ward
3057

 CITY AUDITOR  
 JUL 10 1989



Send or bring one coupon with each remittance

**COUPON**

**24**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6736**

**Credit Lot**

**Albert Smith**

**7771 Circle**

**San Diego, CA 92114**

*E 6736*

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
						<b>10</b>					

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

\$ **40.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

NAME Smith, Alberta

ACCT. NO. E-6736

ADDRESS 7771 Gribble, San Diego, Ca 92114

RATING

LIMIT

DATE	ITEMS	DEBIT	V	CREDIT	BALANCE
Aug 19 87	Lot 89, Grave 4 & 5, Section 2, Division 11	500 00		120 00	380 00
2-3 88	Coupon # 8 Receipt # 35639			20 00	360 00
3-8 88	Coupon # 9 Receipt # 35833			20 00	340 00
4-12 88	Coupon # 10 Receipt 36007			20 00	320 00
5-9 88	Coupon 11, Receipt 36129			20 00	300 00
6-6 88	Coupon 13, Receipt 36255			20 00	280 00
7-6 88	Coupon 12, Receipt 36377			20 00	260 00
8-5 88	Coupon 14, Receipt 36505			20 00	240 00
9-13 88	Coupon 15, Receipt 36682			20 00	220 00
10-5 88	Coupon 16, Receipt 36770			20 00	200 00
11-10 88	Coupon 17, Receipt 36958			20 00	180 00
12-5 88	Coupon 18, Receipt 37041			20 00	160 00
1-9 89	Coupon 19, Receipt 37203			20 00	140 00
2-6 89	Coupon 20, Receipt 37316			20 00	120 00
4-1 89	Coupon 21, Receipt 37641			20 00	100 00
5-5 89	Coupon 22, Receipt 37769			20 00	80 00
6-5 89	Coupon 23, Receipt 38184			20 00	60 00
7-3 89	Coupon 24, Receipt 38216			40 00	20 00
8-1 89	Coupon Receipt 38468			20 00	0



## OFFICIAL RECEIPT


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

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

No 38468

From:

Address:

Date:

19

Dollars (\$

In

Payment of

Lot

Grave

Row

Section

Division  
Block

Invoice No.

Acct. No.

W.O.

BALANCE DUE

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

## CREDIT

20% Sales Care	87007
80% Sales	77184
of Lots	100
Opening/	77184
Closing	100
Burial	77181
Containers	100
	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	83033
Trust	9022
Sales Tax	80101
	78390

CITY AUDITOR

SEP 11 1989

TOTAL PAID

\$

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

AC-212 (Rev. 10-87)

ISSUED BY



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Case # 103-2518

Date 6/22/87

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

of Eva Richter age 94 & delivered

in a NONE Vault/Urns Funeral, date, time none 7/8/87

Church, Chapel, Graveside Clairmont Mortuary.

All Funeral cars must arrive 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 11

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 29.00

Burial Container Buried in Place - Concrete

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Bill PA. - 103-2518

Total Due 29.00

Paid receipt number

Phone in By Lee Jamie - P.A.

Balance due

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # 058379

Acct. # 000952

Work Order #

E 6737

PY-593 (REV. 9-86)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6737

NAME OF DECEDENT <b>Eva Richter</b>		SEX <b>Female</b>	DATE OF BIRTH <b>May 18, 1893</b>	DATE OF DEATH <b>June 17, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Joe McCormick-P.A. 5201 A Ruffin Road San Diego, CA. 92123</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>2100 Mt. Carmel Rd. San Diego Clairmont Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-1126</b>		

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |  |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                       |  |  |

## FOR CORONER'S USE ONLY

- ☐ 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Dr. Martin Luther King Jr. San Diego</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>1-815 &amp; Imperial Ave. San Diego, CA. 92112</b>	DATE CREMATED <b>JUL 1 1987</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>D. W. Kallanorud</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Poured in Playa Concha Beach Cremated in Plastic Bag</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		<i>Done by David Ayman</i>
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <i>David Ayman</i>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 25 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>5/9/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Geoyen Steltz</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Parnes, M.D. C.R.</i>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

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

6/22/87

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

of Julian C Rosete

in a T.S. Vault Funeral, date, time 11 AM - Wed - 6/24

Church, Chapel, Graveside Church & S; Goodbody's Mortuary.

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

✓ Lot 1411 Grave ~ Row ~ Section ~ Division/Block 10

Grave space & Care Fund ..... 595.00

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... 320.00

Burial Container ..... 175.00

Handling Fees ..... 170.00

Flower vases - Marker setting fee ..... ~

Recording and filing fee ..... 35.00

Sales taxes ..... 10.50

Total Due ..... 1305.50

Paid receipt number 34747 1305.50

Balance due 0

Pay at funeral  
Via Phon  
487-9044

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

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

Signature of recorded holder of deed

Invoice if unpaid

Signature Eldon Tamayo  
Address 18374 Lycamore Ave. Rd  
State Escondido, Cal Zip Code 92025  
Telephone \_\_\_\_\_

Work Order #

E 6738

PY-583 (REV. 6-85)

Invoice #

Acct. #



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

66738

NAME OF DECEDENT <b>JULIAN C. ROSETE</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>JULY 15, 1895</b>	DATE OF DEATH <b>JUNE 21, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>NATIONAL CITY</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>ILDON TAMAYO NEPHEW 18374 SYCAMORE CREEK ROAD ESCONDIDO, CALIFORNIA 92025</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>GOODBODY MORT., 5027 EL CAJON BLVD., SAN DIEGO, CA</b>		CALIFORNIA LICENSE NUMBER <b>F790</b>		

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

<input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> 10 DISPOSITION PENDING
<input type="checkbox"/> 4 SCIENTIFIC USE		

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Steel</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b> DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUN 23 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>4/24/87</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Arnold L. Ramos, M.D.M.</i>	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Gayle Stalter</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

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

## OFFICIAL RECEIPT


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

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

No 34747

Date: 6-26, 1987

 From: Eldon Tamayo Address: 8374 Laramore, Escondido, CA  
 Thirteen hundred five dollars 50 Dollars (\$ 1305.50)  
 In Payment of Jewish Home Services

Lot 1411 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6738

BALANCE DUE 0

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

AC-212 (Rev. 11-86)

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

CREDIT	67007	119
20% Sales Tax	77184	
80% Sales	100	476
of Lot	77184	
Opening/	100	320
Closing	77181	
Burial	100	175
Containers	77182	
	100	170
Handling Fee	77183	
Recording &	100	35
Misc. Fees	77183	
Pre-Need	60033	
Trust	8022	
Sales Tax	80101	1050
	78380	

ISSUED BY

TOTAL PAID

1305.50



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/22/87

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

of Doyle Wafar

in a Liner (05) Funeral, date, time 6/26/Fri/ 2 P.M.

Church, Chapel, Graveside Chapel & BS : Cassdale Mortuary.

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

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees +20<sup>00</sup> \_\_\_\_\_

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 \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6739

PY-593 (REV. 8-76)



MT. HOPE CEMETERY  
INTERMENT  
City of San Diego

Date 6/22/87

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

of Harold D.R. Singleton

in a T.S. Vault Funeral, date, time Thurs. 11 AM 6/25

Church, Chapel, Graveside Chapel + Riverside + Ragsdale Mortuary.

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

Lot 90 Grave 6 Row ~ Section 1 Division/Block 12

Grave space & Care Fund ..... 395<sup>00</sup>

Additional spaces and care fund ..... None

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container Cremate Vault ..... 145<sup>00</sup>

Handling Fees ..... 170<sup>00</sup>

Flower vases - Marker setting fee ..... ~

Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... 10.40

30 day note  
Total Due ..... 1105.50

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Grace V. Singleton  
Signature  
5126 Palmdale St  
Address  
DA 92114  
City  
262-8289  
Telephone  
Zip Code

Work Order # E 6740  
PY-563 (REV. 8-86)

Invoice # 05774  
Acct. # 022405

E-6740

## NOTE-STRAIGHT

\$ 1105<sup>50</sup> San Diego, California, June 22, 1987

-30-

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

Mt. Hope Cemetery or San Diego City Treasurer

or order

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

the sum of Eleven Hundred Five and 50/100 DOLLARS.with interest from July 23, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

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

X

Grace V. Singleton

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6748

NAME OF DECEDENT <b>HAROLD D. R. SINGLETON</b>		SEX <b>Male</b>	DATE OF BIRTH <b>June 24, 1961</b>	DATE OF DEATH <b>June 21, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Grace Singleton - Mother 5126 Palin Street San Diego, CA 92114</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON IN CHARGE) <b>Anderson-Ragsdale Mortuary San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |  |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                     |  |  |

FOR CORONER'S USE ONLY

☐ 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Dr.: San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DISPOSITION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <b>Big Metal Jar 78 ga</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT*	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 24 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/25/87</b> <small>(ENTER DATE)</small>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramos M.D. PM</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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.



## OFFICIAL RECEIPT


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

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

No 34827

 Date: July 17, 1987

 From: Grace Singleton Address: 5126 Palm St. SD 92114

 Eleven Hundred five and 50/100 Dollars (\$ 1105.50)

 In full Payment of Harold D.P. Singleton -

 Lot 90 Grave 6 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. E 6740

 BALANCE DUE ~~0~~

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

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

CREDIT	87007
20% Sales Tax	77154
80% Sales	100
of Lots	77154
Opening/	100
Closing	77151
Byrd	100
Containers	77152
	100
Handling Fee	77153
Recording &	100
Misc. Fees	77153
Pre-Need	83005
Trust	9022
Sales Tax	90101
	76380

 ISSUED BY Dave Loney

 TOTAL PAID \$ 1105.50
195143

 cf # 195243 from Teachers Co. Union  
 of S.D. dated 7/17/87

E6740

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

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 07/27/87

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

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/D	PAY# DATE	PD BY	PAY# REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
057741	06/30/87	022405	GRACE SINGLETON						07/27/87	CK	JV	1,105.50	1,105.50	0.00
			100	072			77181	000072				320.00		
			100	072			77182	000072				175.00		
			100	072			77183	000072				35.00		
			100	072			77184	000072				316.00		
			100	072			77185	000072				170.00		
			66101				78390					10.50		
			67007				77184					79.00		

*gud*

NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 1,105.50

PAID IN FULL

## OFFICIAL RECEIPT


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

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

No 35205

Date: 10-23, 1987From: Grace Jendler Address: \_\_\_\_\_
 In fifteen 90 Dollars (\$ 1590)  
 Payment of Flower Vase for Donald Jendler

 Lot 90 Grave 6 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6740BALANCE DUE 0Pre-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	67007	
20% Sales Com.	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial	100	500
Containers	77182	
	100	1060
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	30
	78380	
TOTAL PAID		1590

ISSUED BY Andrea Wood



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/22/87

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

of Claudell Beamer - Sr

in a Double Crypt Funeral, date, time Thurs 2 P.M.

Church, Chapel, Graveside Chapel & G.S. ; Ragsdale Mortuary.

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

Lot 121 Grave 8 Row ~ Section 1 Division/Block 11

Grave space & Care Fund for Double Crypt - 495<sup>00</sup>

Additional spaces and care fund (Do Not use 2923-10.)

Opening/Closing & Setup 320<sup>00</sup>

Burial Container 330<sup>00</sup>

Handling Fees 320<sup>00</sup>

Flower vases - MAINTENANCE fee 35<sup>00</sup>

Recording and filing fee 19.80

Sales taxes IN 2.2.1987 1519.80

Total Due 1519.80

paid receipt number 34726 1519.80

Balance due 0

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

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

Signature of recorded holder of deed

Signature Geraine Beamer

Address 3336 S. Tel

City S.D. 92113

State 239-6804 Zip Code

Telephone

Invoice #

Acct. #

Work Order #

E 6741

PY-593 (REV. 3-85)

## OFFICIAL RECEIPT


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

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

No 34726

 Date: 6/22/87, 1987  
 From: Lorraine Beener Address: 3336 Steel S.D. 92113  
Fifteen hundred twenty and 80/100 Dollars (\$ 1519.80)  
 In full Payment of Interment of Claudell Beener, Sr.

 Lot 121 Grave 8 Row ~ Section 1 Division Block 11
Invoice No. ~Acct. No. ~W.O. E-6741BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-85)

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

ISSUED \$

CREDIT	67007	99	00
20% Sales Com	77184		
80% Sales of Lots	100	396	00
Opening/Closing	77181	320	00
Burial Containers	100	330	00
	77182	330	00
Handling Fee	100		
Recording & Misc. Fees	77183	35	00
Pre-Need Trust	60023		
Sales Tax	00101	19	80
	76990		
TOTAL PAID	\$	1519	80



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

[674]

NAME OF DECEDENT <b>Claudell Beener, Sr.</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Nov. 14, 1984</b>	DATE OF DEATH <b>June 20, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lorraine Beener - Mother 3336 Steel Street San Diego, CA 92113</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON IN CHARGE OF DISPOSITION) <b>Anderson-Rosedale Mortuary: San Diego, CA 92102</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, CA</b>			COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>		
UTILIZATION AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b> <i>Black Edge 189a Bataville Street San Diego on Bottom S. Crut</i>				
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>				
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.			SIGNATURE OF APPLICANT  DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 25 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D., M.M.</i>	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/25/87</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Rayen Stiles</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH				

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/22/87

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

of Change of name

in a Vault/Liner Funeral date, time

Church, Chapel, Graveside To Daughter Mortuary.

All Funeral cars must arrive before 2:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran

Lot 3495 Grave Row Section Division/~~Block~~ 10

Grave space & Care Fund # 6862

Additional spaces and care fund Change deed

Opening/Closing & Setup from A. A. Stouy to

Burial Container Maria Ardujo

Handling Fees

Flower vases - Marker setting fee 35.00

Recording and filing fee

Sales taxes

Total Due 35.00

Paid receipt number 34727

Balance due 0

I hereby certify I am the Maria Ardujo of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 3128 Collier Ave  
Address Apt H4 SD 92116  
State Zip Code

Telephone

Invoice #

Acct. #

Work Order #

E 6742

RY-083 (REV. 8-85)



CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

# DEED

*over*

6862

E 6742

**Araujo**

OWNERSHIP AND INTERMENT PRIVILEGES

TO **Aurora ~~Araujo~~ Story** for the sum of \$ **165.00** (DOLLARS)

LEGAL DESCRIPTION **Lot 3495 Division 10**

AS DESCRIBED ON PURCHASE ORDER NUMBER **D-3144**

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

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

**Regulation flush marker only**

*R. W. Dehne*  
Cemetery Manager

*W. L. MacFarlane*  
Property Director

886

NATHALIA ARAUJO  
3241 - 206th AVE  
S, D.C.

Araujo



## OFFICIAL RECEIPT


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

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

No 34727

Date: 6/22/87, 19

From: Maria Arango

Address: S.D.

Dollars (\$ 35<sup>00</sup>)

In full Payment of

Transfer of deed 6862

Lot 3495

Grave ~

Row ~

Section ~

Division 10

Invoice No.

Acct. No.

W.O. E6742

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	83033
Trust	6022
Sales Tax	60101
	78300

TOTAL PAID

35<sup>00</sup>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6/22/87

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

of Larry R. McHannan  
in a Double Crypt Funeral, date, time Tue - 9:30 - 6/23  
Church, Chapel, Graveside Drop off; Interment Mortuary.

All Funeral cars must 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 airfare 1951-55

✓ Lot 195 Grave Bottom Row 2 Section 11 Division/Block 7

Grave space & Care Fund As bid -

Additional spaces and care fund - no -

Opening/Closing & Setup 320.00

Burial Container Double Concrete Crypt 320.00

Handling Fees 320.00

Flower vases - Marker setting fee 31.00

Recording and filing fee 19.80

Sales taxes 1024.80

30 day note

Total Due

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

Larry R. McHannan  
Signature  
1063 EL CAPITAN BLVD RD  
Address  
EL CAPITON 92021  
City  
619-561-5632 Zip Code  
Telephone

Work Order # E 6743

PY-593 (REV. 2-85)

Invoice # 0517740

Acct. # 022854



E-6743

## NOTE—STRAIGHT

\$ 1024<sup>80</sup> San Diego, California, June 22, 1987-30-

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

Mt. Hope Cemetery or San Diego City Treasurer

or order

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

the sum of One Thousand Twenty Four & 80/100 DOLLARS.with interest from July 23, 1987 on the unpaid principal at the rate of12 per cent per annum, payable on demand

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

A. Helen M. McDonald

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



# **PERMIT FOR DISPOSITION OF HUMAN REMAINS**

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

6743

NAME OF DECEDENT <b>Lanny Kendall McLamarrah</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Sept. 17, 1934</b>	DATE OF DEATH <b>June 19, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Helen McLamarrah - Wife</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mayer Mortuary 2859 Adams Av. San Diego, CA.</b>		CALIFORNIA LICENSE NUMBER <b>1424</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>10063 El Capitan Real Road</b> <b>El Cajon, CA. 92021</b>	

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

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

**FOR CORONER'S USE ONLY**

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, San Diego, CA. 3751 Market St.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Bottom Double Clift</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUN 22 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/23/87</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos, M.D.M.M.</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Seay Stettin</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

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

## OFFICIAL RECEIPT


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

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

No 35324

E6743

 From: Mary McQuinn Address: 2859 Adams Ave, SD 92116 Date: 11-23-87  
one hundred Twenty-five Dollars (\$ 125.00)  
 In \_\_\_\_\_ Payment of Marker Installation for L Madonna

 Lot 195 Grave 1 Row \_\_\_\_\_ Section 11 Division 7  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6743BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-312 (Rev. 11-88)

1963

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

ISSUED BY

CREDIT	67007	
25% Sales Com	77184	
60% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	53033	
Sales Tax	8022	
	60101	
	78290	
TOTAL PAID	\$	<u>125.00</u>



E6743

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

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 08/03/87

DATE: 08/03/87  
TIME: 220016  
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
057740	06/30/87	022404	HELEN MC LAMARRAH				07/27/87	CK	6064	500.00	1,024.80	524.80
			100 072		77181	000072				156.13		PARTIAL PAYMENT
			100 072		77182	000072				161.01		
			100 072		77183	000072				17.08		
			100 072		77185	000072				156.13		
			60101		78390					9.65		

NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 500.00

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

ACCOUNTS RECEIVABLE  
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

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
057740	06/30/87	022404	HELEN MC LAMARRAH				08/15/87	CK	6096	524.80	1,024.80	0.00
			100 072		77181	000072				163.87		PAID IN FULL
			100 072		77182	000072				168.99		
			100 072		77183	000072				17.92		
			100 072		77185	000072				163.87		
			60101		78390					10.15		

NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 524.80



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/22/87

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

of

Baltasar Ramirez - Lasca

in a

NONE

Vault/Urns

Funeral, date, time

Tues - 6/23 - 2:30

Church, Chapel, Graveside

Cab/ Rmld Smt  
234-3272

Mortuary.

All Funeral cars must arrive 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

2

Division/Block

11

Grave space & Care Fund

55

Additional spaces and care fund

Welfare

Opening/Closing & Setup

90

Burial Container

Special

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

145.00

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

Signature

Address

State

Zip Code

Telephone

Invoice #

Acct. #

Work Order #

E 6744

PY-593 (REV. 3-85)

037744

000852

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 6744

NAME OF DECEDENT <b>Baltzar Ramirez-Gasca</b>		SEX <b>Male</b>	DATE OF BIRTH <b>1-1-1962</b>	DATE OF DEATH <b>4-14-1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Public Administrator (Exec.) 5201-A Ruffin Road San Diego, CA 92123</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5201-A Ruffin Road, San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-1357</b>		

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

- ☐ 1 BURIAL (INCLUDES ENTOMBMENT)

☒ 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY




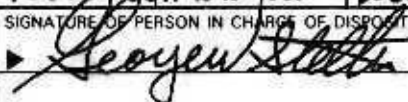
☐ 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 10 DISPOSITION PENDING

☐ 4 SCIENTIFIC USE

**FOR CORONER'S USE ONLY**

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT   DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 22 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/23/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6/22/87

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

of Doyle Wafar -  
in a Bell Union - DS Funeral, date, time 8PM - Fri - 6/26  
Church, Chapel, Graveside Chapel 445 : Rosedale Mortuary.

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

Lot 19 Grave 5 Row - Section 2 Division/Block 11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund ..... - no -

Opening/Closing & Setup ..... 320.00

Burial Container ..... +200.00 DS 100.00

Handling Fees ..... 165.00

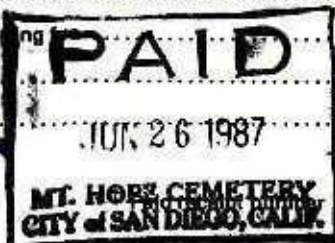
Flower vases - Marker setting ..... -

Recording and filing fee ..... 35.00

Sales taxes ..... 6.00

Total Due ..... 876.00

Balance due ..... 0



Ch from Rosedale  
Called by me.  
Ch # 8082

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

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

Signature of recorded holder of deed

Signature S/ Ernestine Wafar - Wife  
Address 3084 Webster Ave  
City S.D. Zip Code 92113

Telephone

Work Order #

E 6745

Invoice #

Acct. #



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6 745

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

OF DECEDENT <b>Doyle Wafer</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Dec. 14, 1915</b>	DATE OF DEATH <b>June 17, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ernestine Wafer- Wife 3084 Webster Ave San Diego, CA 92113</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON IN CHARGE OF DISPOSITION) <b>Anderson-Ragsdale Mortuary: San Diego, CA 92102</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street: San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED <b>n/a</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 24 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/26/87</b> <small>(ENTER DATE)</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature: Roy in Skelton]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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.**

## OFFICIAL RECEIPT


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

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

No 34741

Date: 6-25, 1987

 From: Anderson, Rosalee Address: 5550 Federal Blvd, S.D. 92102  
Eight hundred twenty-six and no/100 Dollars (\$ 876.00 )  
 In: \_\_\_\_\_ Payment of Dayle W. Anderson

 Lot 19 Grave 5 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6745

BALANCE DUE \_\_\_\_\_

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

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
 ISSUED BY Andrea R. R...

CREDIT	97007		
20% Sales Tax	77184	50	-
80% Sales	100	200	-
of Lots	77184		
Opening/	100	320	-
Closing	77181		
Burial	100	100	-
Containers	77182		
	100	165	-
Handling Fee	77183		
Recording &	100	35	
Misc. Fee	77183		
Pre-Need	80033	6	
Trust	80022		
Sales Tax	80101		
	76980		
TOTAL PAID		876	-



MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4/23/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen J. Taylor - a Widow

in a \_\_\_\_\_ Vault/Liner \_\_\_\_\_ Funeral date, time \_\_\_\_\_

Church, Chapel, Grave site not for Resale Mortuary.

All Funeral cars must arrive before 10:00 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 2476 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Possible to use Double 595.00

Additional spaces and care fund Crypt \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 595.00

347.31 400.00

Balance due 195.00

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

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

Signature of recorded holder of deed

Signature

Address

State

Telephone

Zip Code

Work Order #

**E 6746**

PT-583 (REV. 8-85)

Invoice #

Acct. #



7/31/87	34869	195.00 10.00 <hr/> 185.00
8/31/87	34972	10.00 <hr/> 175.00
10-2-87	35093	10.00 <hr/> 165.00
10-27-87	35214	10.00 <hr/> 155.00
12-30-87	35466	11.00 <hr/> 144.00
1-7-88	35527	10.00 <hr/> 134.00

## OFFICIAL RECEIPT


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

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

No 34731

Date: 6/23/84, 19
 From: Helene Taylor Address: S.D.  
Four Hundred and no 100 Dollars (\$ 400.00)  
 In Deposit Payment of Credit Sale - Personal Share not for resale -

 Lot 2476 Grave ~ Row ~ Section ~ Division Block 10
Invoice No. ~Acct. No. ~W.O. E 6746BALANCE DUE 195.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-88)

4540NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

012035

ISSUED BY

RaymondCITY AUDITOR  
JUN 29 1987

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	400.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	70390	
TOTAL PAID		400.00

## OFFICIAL RECEIPT


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

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

No 34869

 From: Heber Taylor Address: 4212 Altadena Ave. #14 Date: 7-21 1987  
Tex Dallas  
 In \_\_\_\_\_ Payment of Coupon #1 Credit Lot Dollars (\$ 40.00 )

 Lot 2476 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block \_\_\_\_\_
Invoice No. 2

Acct. No. \_\_\_\_\_

W.O. E-6746BALANCE DUE 185.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-88)

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

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Min. Fee	77183
Pre-Need	60333
Total	60322
Sales Tax	60101
	78590

TOTAL PAID

ISSUED BY Andy Wood



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

**1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6746

Helen J. Taylor *E6 746*  
4212 ~~Altadena~~ Avenue #14  
San Diego, CA 92115

**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.

 \$ 10.00

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

 \$ 1.00

\$ 11.00

Amount Received

\$ 10.00

NAME Helen J. Taylor

ADDRESS 4212 Altadena Ave #14

CITY San Diego

STATE CA

ZIP 92115

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 34973

 From: John Taylor Address: 4212 Alhambra #14  
Texas Dallas Date: 8/31 1987  
 In \_\_\_\_\_ Payment of Deposit \$2 Credit Dollars (\$ 10.00 )

 Lot 2476 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6746BALANCE DUE 175.00Pre-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	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	<u>10</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77185	
Pre-Need	63033	
Trust	8022	
Sales Tax	60101	
	75380	
TOTAL PAID		<u>10</u>

ISSUED BY

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

**2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6746 Credit Lot

Helen J. Taylor *EG 746*  
4212 Altadena Avenue #14  
San Diego, CA 92115

**Month and Day Due Indicated Below**

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

Amount Received \$ \_\_\_\_\_

NAME HELEN J. TAYLOR

ADDRESS 4212 ALTADENA AVE #14

CITY SAN DIEGO STATE CA ZIP 92115

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**3**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6746**

**Helen J. Taylor** *E6 746*  
**4212 Altadena Avenue #14**  
**San Diego, CA 92115**

**Month and Day Due Indicated Below**

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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Helen J. Taylor

ADDRESS 4212 ALTADENA AVE #14

CITY SAN DIEGO STATE CA ZIP 92115

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 35093

From:

*John Taylor*  
*Ten Dollars*

Address:

*1212 Alhambra*  
*Unit 14*

Date:

*10-2*, 19*87*

In

Payment of

*Campan #13 Credit*

Dollars (\$

*10.00*

Lot

*2976*

Grave

Row

Section

Division  
Block
*10*

Invoice No

Acct. No

W.O.

BALANCE DUE

*E-6746*  
*165.00*
NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR 003192

OCT 6 1987

ISSUED BY

*Lindley*

CREDIT

30% Sales Care

60% Sales

of Lots

Opening/

Closing

Burial

Containers

Handling Fee

Recording &amp;

Misc. Fees

Pre-Need

Trust

Sales Tax

TOTAL PAID

87007

77184

100

77184

100

77181

100

77182

100

77183

100

77183

00333

0022

00101

76390

\$

*4611*

## OFFICIAL RECEIPT


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

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

No 35214

From: John Lopez Address: 4212 Alta Vista Ave #14, SD Date: 10/27 1987  
Don Salinas  
 In \_\_\_\_\_ Payment of Coupon # 4 Credit for Dollars (\$) 10.00

Lot 2476 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6746BALANCE DUE 153.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

4639

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

ISSUED BY Linda Wood  
 \_\_\_\_\_

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	10 00
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77183	
Recording & Misc. Fees	100	
	77185	
Pre-Need Trust	60093	
Sales Tax	9022	
	60101	
	78380	
TOTAL PAID	\$	10 00



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

**4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6746** Credit Lot

**Helen J. Taylor**

**E6746**

**4212 Altadena Avenue #14**

**San Diego, CA 92115**

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							<b>LD</b>				

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME **Helen J. Taylor**

ADDRESS **4212 ALTADENA AVE #14**

CITY **SAN DIEGO** STATE **CA** ZIP **92115**

☐ 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

CITY AUDITOR 35466

JAN 06 1988

 From: Helen Taylor Address: 4212 Attaderra Ave #145D  
eleven Dollars (\$ 11.00)  
 In \_\_\_\_\_ Payment of Coupon # 5 Credit Lot

 Lot 2476 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6746BALANCE DUE 144.00
 Pre-Need Lot ☒ At Need ☐ On Acct. ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	11	-
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fee	77185		
Pre-Need Trust	100		
	77183		
Sales Tax	63033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	11	-

ISSUED BY

4653

Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6746**

E6746

**Helen J. Taylor  
4212 Altadena Avenue #14  
San Diego, CA 92115**

**Month and Day Due Indicated Below**

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

Amount Received

\$ \_\_\_\_\_

NAME Helen J. TAYLOR

ADDRESS 4212-ALTADENA AVENUE #14

CITY SAN DIEGO STATE CA ZIP 92115

☐ check (✓) if this is new address



## OFFICIAL RECEIPT

No 35527


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

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

 From: Helen J Taylor Address: 4212 Altadena, Apt 14, SD  
ten dollars no/100 Dollars (\$ 10.00)  
 In \_\_\_\_\_ Payment of Coupon #6 Credit Lot

 Lot 2476 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6746BALANCE DUE 134.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67)

4700

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

CITY AUDITOR

JAN 13 1988

ISSUED BY

Landra K. [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	10 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	10 00

Send or bring one coupon with each remittance **COUPON****6****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. **E-6746 Credit Lot****Helen J. Taylor**  
**4212 Altadena Avenue #14**  
**San Diego, CA 92115***E6746***Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							<b>10</b>				

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**\$ 10.00

Amount Received

NAME Helen J. TAYLORADDRESS 4212-ALTADENA AVE #14CITY SAN DIEGO STATE CA ZIP 92115☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 35623

 From: Helen Taylor Address: 4212 Alhambra St Apt 14 SD  
ten Dollars Dollars (\$) 10.00

 In \_\_\_\_\_ Payment of Gravestone #07

 Lot 2476 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10 Block \_\_\_\_\_

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-6746BALANCE DUE 124.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.
 CITY AUDITOR  
 FEB 05 1988
ISSUED BY Helen Taylor

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	10-
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	90101	
	78390	
TOTAL PAID		10-

4723



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

**7**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6746**

**Helen J. Taylor** *E6746*  
**4212 Altadena Avenue #14**  
**San Diego, CA 92115**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
							<b>10</b>				

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**

\$ **10.00**

Amount Received \$ \_\_\_\_\_

NAME **HELEN J. TAYLOR**

ADDRESS **4212 - ALTADENA - AVE #14**

CITY **SAN DIEGO** STATE **CA** ZIP **92115**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 35779

 Date: 2-29, 1988  
 From: Elmer Taylor Address: 4212 Attadema St Apt 14  
San Marcos 92100 Dollars (\$ 10.00)  
 In \_\_\_\_\_ Payment of Coupon #8 Credit

 Lot 2476 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6746BALANCE DUE 114.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AQ-212 (Rev. 10-87)

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

CITY AUDITOR

MAR 03 1988

ISSUED BY

CREDIT	67007	
20% Sales-Care	77184	<u>5.00</u>
30% Sales of Lots	100	<u>5.00</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	03033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>10.00</u>

Send or bring one coupon with each remittance **COUPON****8****DO NOT MAIL ENTIRE BOOK****ACCOUNT No. E-6746 Credit Lot****Helen J. Taylor**  
**4212 Altagena Avenue #14**  
**San Diego, CA 92115****E 6746****Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							<b>10</b>				

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**\$ **10.00**

Amount Received

\$

NAME **Helen J. Taylor**ADDRESS **4212 Altagena Ave #14**CITY **San Diego** STATE **CA** ZIP **92115**☐ check (✓) if this is new address



## OFFICIAL RECEIPT

No 35939


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

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

 From: Helen Taylor Address: 4212 Altadena Ave #14  
ten dollars Date: 2/30, 1988  
 In \_\_\_\_\_ Payment of Coupon 9, Credit Lot Dollars (\$ 10.00 )

 Lot 2476 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6746BALANCE DUE 104.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

4790

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

CITY AUDITOR

APR 4 1988

ISSUED BY

CREDIT	87007	
30% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	10 -

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6746**

- E6746

**Helen J. Taylor**

**4212 Altadena Avenue #14**

**San Diego, CA 92115**

**Month and Day Due Indicated Below**

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

\$ \_\_\_\_\_

Amount Received

\$

**10.00**

NAME

**Helen J. Taylor**

ADDRESS

**4212 ALTADENA AVE #14**

CITY

**San Diego**

STATE

**CA**

ZIP

**92115**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 36059

 From: Helen Taylor Address: 4212 Otis Ave #14 SD Date: 4-24, 1988  
ten dollars 10/100 Dollars (\$) 10.00  
 In \_\_\_\_\_ Payment of Coupon 10 credit lot

 Lot 2476 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block 00

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6746BALANCE DUE 94.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAY 04 1988

ISSUED BY

 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  
 77182  
 100  
 77186  
 100  
 77183  
 83033  
 9022  
 90101  
 78390

TOTAL PAID

\$

10 00



Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6746** Credit Lot

**Helen J. Taylor** *E6746*  
**4212 Altadena Avenue #14**  
**San Diego, CA 92115**

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							<b>LD</b>				

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**

\$ \_\_\_\_\_

Amount Received

\$ **10.00**

NAME **HELEN J TAYLOR**

ADDRESS **4212 Altadena Ave #14**

CITY **San Diego** STATE **CA** ZIP **92115**

~~But~~ if this is new address

## OFFICIAL RECEIPT


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

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY

204-3181

No 36210

From:

Address:

Date:

19

In

Payment of

Dollars (\$

Lot

Grave

Row

Section

Division  
Block

Invoice No.

Acct. No.

W.O.

BALANCE DUE

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

CITY AUDITOR

JUN 2 1988

## CREDIT

20% Sales Care

80% Sales

of Lots

Opening/

Closing

Burial

Containers

Handling Fee

Recording &amp;

Misc. Fees

Pre-Need

Trust

Sales Tax

67007

77154

100

77184

100

77151

100

77182

100

77155

100

77183

63033

6022

60101

78390

Pre-Need Lot

At Need

On Acct

Pre-need Trust

Cash

Check

AD-212 (Rev. 10-87)

ISSUED BY

TOTAL PAID

\$

Send or bring one coupon with each remittance

**COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6746**

**Helen J. Taylor**  
**4212 Altadena Avenue #14**  
**San Diego, CA 92115**

*E6746*

**Month and Day Due Indicated Below**

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

\$ *10.00*

Amount Received \$ \_\_\_\_\_

NAME *Helen J. Taylor*

ADDRESS *4212 Altadena Avenue #14*

CITY *San Diego* STATE *CA* ZIP *92115*

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


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

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

No 36408

 From: Helene Taylor Address: 4212 Alhambra, Apt 14, SA  
San Marcos, CA 92069  
 In \_\_\_\_\_ Payment of Aug - 12 Credit Lot Dollars (\$ 10.00 )

 Lot 2476 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

 Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-6746  
 BALANCE DUE 74.00

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JUL 13 1988

ISSUED BY

CREDIT	57007	
20% Sales Care	77164	<u>10.00</u>
60% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	75380	
TOTAL PAID	\$	<u>10.00</u>

Send or bring one coupon with each remittance

**COUPON**

**12**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6746 Credit Lot**

**Helen J. Taylor**  
**4212 Altagena Avenue #14**  
**San Diego, CA 92115**

*E6746*

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							<b>10</b>				

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**

\$ \_\_\_\_\_

Amount Received

\$ 10.00

NAME HELEN J. TAYLOR

ADDRESS 4212 ALTADENA AVE #14

CITY SAN DIEGO STATE CA ZIP 92115

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

N<sup>o</sup> 36471
 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

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

From:

*Helen B. Taylor*

Address:

*4212 Retama Av. #14*

Date:

*8-2*, 19*88*

Dollars (\$

In

Payment of

*credit for sales*

Lot

*2476*

Grave

Row

Section

Division  
Block*10*

Invoice No.

Acct. No.

W.O.

*E6746*

BALANCE DUE

*64 -*

Pre-Need Lot

☐

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 10-87)

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

CITY AUDITOR

AUG 09 1988

ISSUED BY

*[Signature]**4903*

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	8022
Sales Tax	00101
	78390

TOTAL PAID

\$

*10*



Send or bring one coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6746**

**Helen J. Taylor** *E6746*  
**4212 Altadena Avenue #14**  
**San Diego, CA 92115**

**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

\$ **10.00**

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

\$ **1.00**

\$ 20.00

Amount Received

\$ 10.00

NAME Helen J. Taylor

ADDRESS 4212 Altadena Ave #14

CITY San Diego STATE CA ZIP 92115

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 36636

From:

*Helen Taylor*  
*Ten*

Address:

*4212 Alta Vista #14, SD*  
*10 Dollars*

Date:

*9-6*, 19*88*

In

Payment of

*Lauren Spattereen Credit Int*

Lot

*2476*

Grave

Row

Section

Division

Block *10*

Invoice No.

Acct. No.

W.O.

*E-6746*  
*54.00*

BALANCE DUE

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

CITY AUDITOR

SEP 18 1988

 CREDIT  
 20% Sales Care  
 80% Sales  
 of Lots  
 Opening/  
 Closing  
 Containers  
 Handling Fee  
 Recording &  
 Misc. Fees  
 Pre-Need  
 Trust  
 Sales Tax

 67007  
 77184  
 100  
 77184  
 100  
 77181  
 100  
 77182  
 100  
 77185  
 100  
 77183  
 63033  
 9022  
 60101  
 78390

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

AC-212 (Rev. 10-87)

*4943*

ISSUED BY

*India Ward*

TOTAL PAID

\$

*10*

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6746

Credit Lot

Helen J. Taylor

4212 Altadena Avenue #14

San Diego, CA 92115

E-6746

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							19				

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

\$ 10.00

Amount Received \$

NAME HELEN J. TAYLOR

ADDRESS 4212 - ALTADENA AVE #14

CITY SAN DIEGO STATE CA ZIP 92115

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


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

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

No 36758

 Date: 10-3, 19 88  
 From: Helen Taylor Address: 4212 Altadena #14, San Diego  
CA 92105  
 In \_\_\_\_\_ Payment of Check 15, Credit for Dollars \$ 10.00

 Lot 2476 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6746BALANCE DUE 44.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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

CITY AUDITOR

OCT 7 1988

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
50% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	6022		
Sales Tax	60101		
	78300		
TOTAL PAID	\$	10	00 ✓

4972

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6746**

**Helen J. Taylor**

**4212 Altadena Avenue #14**

**San Diego, CA 92115**

E6746

Month and Day Due Indicated Below

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

\$ 20.00

Amount Received \$

NAME HELEN J. TAYLOR

ADDRESS 4212-ALTADENA #14

CITY SAN DIEGO STATE CA ZIP 92115

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 36887

From:

*Helen Taylor*  
*100 dollars no 1000*

Address:

*4212 Alhambra St, #14, SD*  
*10.00*

Date:

*11-1*, 19 *88*

Dollars (\$

*10.00*

In

Payment of

*coupon 16 credit lot*

Lot

*2476*

Grave

Row

Section

Division  
Block
*10*

Invoice No.

Acct. No.

W.O.

*2-6746*

BALANCE DUE

*34.00*
NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007
20% Sales Care	77184
60% Sales	100
60% Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	6022
Sales Tax	60101
	78390

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

AC-212 (Rev. 10-87)

ISSUED BY

*Andrea Ward*

TOTAL PAID

*30.00*

 CITY AUDITOR  
 NOV 8 1988

*SD*



Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6746** Credit Lot**Helen J. Taylor****4212 Almadena Avenue #14****San Diego, CA 92115**

E6746

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.\$ **10.00**Amount due if paid more than \_\_\_\_\_ days  
after due date above\$ **1.00**\$ 10.00

Amount Received \$

NAME HELEN J. TAYLORADDRESS 4212-ALMADENA AVE #14CITY SAN DIEGO STATE CA ZIP 92115☐ 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**  
 254-2151

No 37012

From:

*Glenn Taylor*  
*fric.*

Address:

*4212 Atladana Street, Apt #14*

Date:

*12-1*, 19 *88*

In

Payment of

*Longer 17 Credit for*

Dollars (\$

*5.00*)

Lot

*2476*

Grave

Row

Section

Division  
Block
*10*

Invoice No.

Acct. No.

W.O.

BALANCE DUE

*2-6746*  
*29.00*
NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

DEC 9 1988

 CREDIT  
 20% Sales Tax  
 80% Sales  
 of Lot  
 Opening/  
 Closing  
 Burial  
 Containers  
 Handling Fee  
 Recording &  
 Misc. Fees  
 Pre-Need  
 Trust  
 Sales Tax

 67007  
 77184  
 100  
 77184  
 100  
 77181  
 100  
 77182  
 100  
 77185  
 100  
 77183  
 83033  
 9022  
 80101  
 79290

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AO-212 (Rev. 10-87)

*5010*

ISSUED BY

*[Signature]*

TOTAL PAID

\$

*5.00*

Send or bring one coupon with each remittance

**COUPON**

**17**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6746**

**Helen J. Taylor**  
**4212 Alcatraz Avenue #14**  
**San Diego, CA 92115**

E6746

**Month and Day Due Indicated Below**

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

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

\$ **15.00**

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

\$ **1.00**

\$ **5.00**

Amount Received \$ \_\_\_\_\_

NAME HELEN J. TAYLOR

ADDRESS 4212 - ALTA DENA AVE #14

CITY SAN DIEGO STATE CA ZIP 92115

☐ 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**  
 384-3151

No 37146

 From: Helen J. W. Address: 4242 Rthd. Santa Fe #14 SD Date: 1-3, 19 89  
ten dollars no 100 Dollars (\$) 10.00  
 In \_\_\_\_\_ Payment of Coupon 18 credit dot

 Lot 2970 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block 10 00

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6746BALANCE DUE 19.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
 CITY AUDITOR  
 JAN 09 1989
ISSUED BY Andie Wood

CREDIT	67007	
20% Sales Tax	77184	
50% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	75390	
TOTAL PAID	3	<u>10 00</u>

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

**18**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6746 Credit Lot**

**Helen J. Taylor**  
**4212 Altadena Avenue #14**  
**San Diego, CA 92115**

E6746

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							20				

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**

\$ 10.00

Amount Received \$ \_\_\_\_\_

NAME Helen J TAYLOR

ADDRESS 4212-ALTADENA AVE #14

CITY SAN DIEGO STATE CA ZIP 92115

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 37284

 From: John Baker Address: 4212 Alhambra Ave #19 SD Date: 2-1 19 89  
ten dollars Dollars (\$) 10.00  
 In \_\_\_\_\_ Payment of due for 19 credit dot

 Lot 2476 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6746BALANCE DUE 9.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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

CITY AUDITOR

FEB 06 1989

ISSUED BY John Baker

CREDIT	67007	
20% Sales Tax	77184	<u>10.00</u>
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	85033	
Sales Tax	80101	
TOTAL PAID	76390	<u>10.00</u>

3035



Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6746**

**Helen J. Taylor**  
**4212 Altadena Avenue #14**  
**San Diego, CA 92115**

E6746

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:



\$ **15.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above:



\$ **1.00**

\$ 10.00

Amount Received \$ \_\_\_\_\_

NAME HELEN J. TAYLOR

ADDRESS 4212-ALTADENA AVE #14

CITY SAN DIEGO STATE CA ZIP 92115

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


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

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

No 37415

 From: John Taylor Address: 4212 Alondra #14, SD Date: 2-1, 1989

 In Ten dollars Payment of final payment on credit lot Dollars (\$ 10.00)

 Lot 2476 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 1-1746

BALANCE DUE \_\_\_\_\_

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

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
 CITY AUDITOR  
 MAR 06 1989
ISSUED BY Andrea
 CREDIT  
 20% Sales Care 67007  
 50% Sales 77184  
 of Lots 100  
 Opening/ 77184  
 Closing 100  
 Burial 77181  
 Containers 100  
 Handling Fee 77182  
 Recording & 100  
 Misc. Fees 77183  
 Pre-Need 63033  
 Trust 9022  
 Sales Tax 80101  
 76390

TOTAL PAID

\$

10

00

Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6746

Credit Lot

Helen J. Taylor

E6746

4212 Altadena Avenue #14

San Diego, CA 92115

Month and Day Due Indicated Below

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

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

\$ 10.00

NAME Helen J. Taylor

Amount Received

\$ \_\_\_\_\_

ADDRESS 4212 - ALTADENA AVE #14

CITY SAN DIEGO STATE CA ZIP 92115

☐ check (✓) if this is new address



NAME Taylor, Helen J.

ACCT. NO. E-6746

ADDRESS 4212 Altadena Street, Apt 14, San Diego, Ca 92115

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Jun 23 87	Lot 2476, Division 10	595 00		461 00	134 00
Feb 1 88	Coupon #7 Receipt # 35623			1000	124 00
2-29 88	Coupon #8 Receipt # 35779			1000	114 00
3-30 88	Coupon #9 Receipt 35939			1000	104 00
4-29 88	Coupon #10 Receipt 36059			1000	94 00
5-31 88	Coupon #11 Receipt 36210			10 00	84 00
7-11 88	Coupon 12 Receipt 36408			10 00	74 00
8-2 88	Coupon 13 Receipt 36471			10 00	64 00
9-6 88	Coupon 14 Receipt 36636			10 00	54 00
10-3 88	Coupon 15 Receipt 36758			10 00	44 00
11-1 88	Coupon 16 Receipt 36887			10 00	34 00
12-1 88	Coupon 17 Receipt 37012			50	29 00
1-3 89	Coupon 18 Receipt 37146			10 00	19 00
2-1 89	Coupon 19 Receipt 37284			10 00	9 00
3-1 89	Coupon 20 Receipt 37415			10 00	1 00
				late ch	100
					0

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/23/87

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

of Abraham Mukai

in a Double Crypt Funeral, date, time Sat 6/27/10AM

Church, Chapel, Graveside Graveside; Davis Colonial Mortuary.

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

Lot 9 Grave 1 Row 2 Section 11 Division/Block 7

Grave space & Care Fund For Double Crypt 595.00

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container Double Crypt 330.00

Handling Fees Sat O.T. 380 + 320 c.f. 700.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 19.80

Total Due 1999.80

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

x Nelene J. Mukai  
Signature  
x 6768 BELLE GLADE AVE  
Address  
x SAN DIEGO, CA 92119  
City  
x 469-8584  
Telephone

Work Order #

E 6747

PY-593 (REV. 8-85)

Invoice #

Acct. #



E-6747

## NOTE-STRAIGHT

\$ 1999<sup>80</sup> San Diego, California, June 23, 1987  
- 30 - days after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mt. Hope Cemetery or San Diego City Treasurer

or order  
 at 3751 Martin Luther King Way, San Diego, CA 92102  
 the sum of Nineteen hundred ninety-nine and 80/100 DOLLARS.  
 with interest from July 26, 1987 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

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

A Helen S. Mukai

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6747

NAME OF DECEDENT <b>ABRAHAM KENJI MUKAI</b>		SEX <b>male</b>	DATE OF BIRTH <b>Oct 29, 1927</b>	DATE OF DEATH <b>June 21, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Helen S. Mukai - wife</b> <b>6768 Belle Glade Avenue</b> <b>San Diego, CA 92119</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR <b>Lewis Colonial/Benbough 3055 El Cajon Blvd.</b> <b>San Diego, CA 92104</b>		CALIFORNIA LICENSE NUMBER <b>P-480</b>		

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

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <p><input type="checkbox"/> 10. DISPOSITION PENDING</p> </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - San Diego, CA (3751 Market St.)</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b> <i>Handwritten: Batenella Venice</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT   DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 24 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/27/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION  LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>n/a</b>		

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

66747

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

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

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

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER FUND	NAME DEPT	ORG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
058166	07/09/87	022541	HELEN S.	MUKAI				07/17/87	CK	1172	1,999.80	1,999.80	0.00
			100	072		77181	000072				320.00		
			100	072		77182	000072				330.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				476.00		
			100	072		77185	000072				700.00		
			60101			78390					19.80		
			67007			77184					119.00		

NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 1,999.80

PAID IN FULL

E6748

not included

in this spindle:

E6700 - E6800



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6-24-87

P.A. Case # 1032690

*Stadium 201*

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

in a NONE Funeral, date, time Thurs 6/25 1 p.m.  
Church, Chapel, Graveside no service Mayer Mortuary.

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

✓ Lot 110 Grave 6 Row 2 Section Loop Division/Block 43

Grave space & Care Fund ..... 28

Additional spaces and care fund ..... 45

Opening/Closing & Setup 27X14X30 ..... 45

Burial Container .....       

Handling Fees .....       

Flower vases - Marker setting fee .....       

Recording and filing fee .....       

Sales taxes .....       

Total Due ..... 73

Paid receipt number .....       

Balance due .....       

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 057743

Acct. # 000752

Work Order # **E 6749**

PR-593 (REV. 3-85)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

EL 749

NAME OF DECEDENT <b>Aaron S. Jacobs</b>		SEX <b>Male</b>	DATE OF BIRTH <b>April 28, 1987</b>	DATE OF DEATH <b>June 22, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Cheryl Jacobs - Mother</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Hayer Mortuary 2859 Adams Av. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>1424</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>3006 Massachusetts Bemon Grove, CA 92045</b>	

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

- ☒ 1 BURIAL (INCLUDES ENTOMBMENT) ☐ 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) ☐ 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2 CREMATION AND BURIAL (INCLUDES INURNMENT) ☐ 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) ☐ 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market St. San Diego, CA.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DISCREPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Shoreline 20 Carls no limit</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b> <i>Welfare</i>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUN 24 1987</b>
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos, M.D.M.M.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/25/87</b> (ENTER DATE) <b>10/6/00F/43</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶</b> <i>George Shultz</i>	
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS 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.



Creditable

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6/24/87

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

of Sylvia L. Caesar

In a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

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

Lot 91 Grave 344 Row ~ Section 2 Division/Block 11

Grave space & Care Fund @ 250.00 500.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 500.00

Paid receipt number 0

Balance due 500.00

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone# \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

E 6750

PY-593 (REV. 8-85)



9-3-87

34980

# 300.00  
20.00

480.00

20.00

16-5-87

35102

460.00

20.00

11-10-87

35267

440.00

20.00

12-7-87

35386

420.00

No 34910

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151
Date: 8-7, 1987From: Silvia L. CAESAR Address: 441 Detroit Pl. S.D.
Twenty Dollars Dollars (\$) 20.00

 In Coupon Payment of Credit Sale - Coupon #1  
E-6750

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6750

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☐ On Acct ☒Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

289NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEISSUED BY J.D.

CREDIT	67007		
20% Sales Care	77184		
20% Sales of Lots	100	<u>20</u>	<u>00</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77183		
Recording &	100		
Misc. Fees	77183		
Pre-Need	69033		
Trust	8022		
Sales Tax	88101		
	78590		

TOTAL PAID

20 00

Send or bring one coupon with each remittance

**COUPON**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-6750 ~ Credit Lot

Sylvia L. Caesar  
441 Detroit Place E 6750  
San Diego, CA 92114

**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.



\$ 20.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ 21.00

NAME Sylvia L. Caesar Amount Received \$ \_\_\_\_\_

ADDRESS 441 Detroit Place

CITY San Diego STATE CA ZIP 92114

☐ check (✓) if this is new address



No 34980

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

From: Sylvia (Ward) Address: 444 Retreat St, SD 92114 Date: 9-3, 1987  
Twenty Dollars Dollars (\$ 20.00 )  
 In Payment of Unexp #2 Credit  
 Lot 91 Grave 3 & 4 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE 480.00Pre-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	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>20</u> -
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77183	
Recording & Misc. Fees	100	
	77185	
Pre-Need Trust	60033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20</u> -

ISSUED BY Sylvia Ward

Send or bring one coupon with each remittance **COUPON**

**2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6750 Credit Lot

Sylvia L. Caesar *E6750*  
441 Detroit Place  
San Diego, CA 92114

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	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

Amount Received \$ \_\_\_\_\_

NAME SYLVIA L. CAESAR

ADDRESS 441 S. DETROIT, PL

CITY SAN DIEGO STATE CA ZIP 92114

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 35102

From: Lidia Ward Address: 441 Retreat Place Date: 10-5-87  
Twenty Dollars Dollars (\$ 20.00)  
 In Payment of Twenty Dollars for Credit  
Auger # 30  
 Lot 91 Grave 394 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6750BALANCE DUE 460.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

331

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY Lidia Ward  
 331

CREDIT	87007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	20
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fee	77183	
Pre-Need	80033	
Trust	8022	
Sales Tax	80101	
	78380	
TOTAL PAID		20



Send or bring one coupon with each remittance

**COUPON**

**3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6750**

**Credit Lot**

**Sylvia L. Caesar**

**441 Detroit Place**

**San Diego, CA 92114**

**E6750**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							<b>10</b>				

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**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35386

From: Sylvia L. Casar Address: 441 DETROIT PL. S.D. 92114  
Property - Dollars: 00/100 Dollars (\$ 20.00)  
 In Part Payment of Credit for Sales, coupon #5

Lot 91 Grave 314 Row — Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6750BALANCE DUE 420.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-80)

380

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY \_\_\_\_\_

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	20.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	69033	
Trust	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	20.00

or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6750**

**Credit Lot**

**Sylvia L. Caesar**

**441 Detroit Place**

**San Diego, CA 92114**

**E6750**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							<b>10</b>				

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**

\$

\$

Amount Received \$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 35267

Date: 11-10, 1987From: SYLVIA L CAESAR Address: 441 DETROIT PL. S.D. CA. 92114
Twenty Dollars Dollars (\$ 20.00 )  
 In part Payment of Credit Lot

 Lot 91 Grave 344 Row — Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6750BALANCE DUE 440.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-88)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

Bruce Manner

CREDIT	67007	
20% Sales Tax	77184	
60% Sales of Lots	100	20
Opening/Closing	77181	
State Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	76380	
TOTAL PAID	\$	20 00

Send or bring one coupon with each remittance **COUPON**

**4**

DO NOT MAIL **ENTIRE BOOK**

ACCOUNT No. **E-6750 Credit Lot**

**Sylvia L. Caesar** **E-6750**  
**441 Detroit Place**  
**San Diego, CA 92114**

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							<b>10</b>				

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**  
\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

N<sup>o</sup> 35488
 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

 From: Sylvia Casan Address: 441 Delindt Pl, SD Date: 1-4, 1988  
twent, 10/100 Dollars (\$) 20.00  
 In \_\_\_\_\_ Payment of Receipt to Credit

 Lot 91 Grave 374 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6750BALANCE DUE 400.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

JAN 06 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	20 -
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	8022	
State Tax	80101	
	76390	
TOTAL PAID	\$	20 -



Send or bring one coupon with each remittance

**COUPON**

**6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6750 Credit Lot**

**Sylvia L. Caesar**  
**441 Detroit Place**  
**San Diego, CA 92114**

**FL6750**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							<b>10</b>				

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**

\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 35635

 From: Sylvia Casar Address: 441 Detroit St, S.D. 92114  
Twenty Dollars 20.00 Dollars (\$ 20.00 )  
 In \_\_\_\_\_ Payment of Coupon # 7 Credit for

 Lot 91 Grave 284 Row \_\_\_\_\_ Section 2 Division 11  
 Block 11

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-6750BALANCE DUE 20.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (REV. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

FEB 05 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
50% Sales	100	
of Lot	77184	<u>20</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20</u>

Send or bring use coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No.** **E-6750**

**Credit Lot**

**Sylvia L. Caesar,**  
**441 Detroit Place**  
**San Diego, CA 92114**

**E6750**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
							<b>10</b>				

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**

\$

\$

Amount Received

\$

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

☐ check (✓) if this is new address



## OFFICIAL RECEIPT

No 35827


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

 From: Lucia Carras Address: 4411 Deloit Place, S 92114 Date: 3-8, 1988  
Twenty Dollars Dollars (\$) 20.00  
 In Payment of Auger #8 Credit Lot

 Lot 91 Grave 3F4 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-2750BALANCE DUE 260.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAR 11 1988

ISSUED BY

CREDIT	67007		
20% Sales Card	77184		
50% Sales of Lots	100	20	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	20	00

Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6750 Credit Lot**

**Sylvia L. Caesar  
441 Detroit Place  
San Diego, CA 92114**

*E6750*

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							<b>10</b>				

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**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 35982


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

From:

*Alma Casar*

Address:

*441 Detroit Place, SD 92114*

Date:

*4-7* 19 *88*

Dollars (\$

*20.00*

In

Payment of

*coupon 9 credit tot*

Lot

*41*

Grave

*344*

Row

Section

*2*

Division

*11*

Invoice No.

Acct. No.

W.O.

*E-6750*

BALANCE DUE

*340.00*

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

APR 14 1988

CREDIT

20% Sales Care

80% Sales

of Lots

Opening/

Closing

Burial

Containers

Handling Fee

Recording &amp;

Misc. Fees

Pre-Need

Trust

Sales Tax

TOTAL PAID

67007

77184

100

77184

100

77181

100

77182

100

77185

100

77183

63003

8022

60101

78390

\$

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

ISSUED BY

*[Signature]*

TOTAL PAID

\$

*20.00*



Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

**A-0130**

**Credit Lot**

ACCOUNT No.

**Sylvia L. Cesar**

**441 Detroit Place**

**San Diego, CA 92114**

**E6750**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							<b>10</b>				

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**

\$

\$

Amount Received

\$

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

☐ check (✓) If this is new address

## OFFICIAL RECEIPT

No 36125


 WHITE.....TO CUSTOMER  
 CANARY.....CEMETERY  
 PINK.....AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

 From: Sylvia Casar Address: 441 Detroit St. SD  
Twenty dollars 20/100 Dollars (\$ 20.00 )  
 In \_\_\_\_\_ Payment of Coupon 10 Credit for
Date: 5-9 19 88
 Lot 91 Grave 394 Row \_\_\_\_\_ Section 2 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6750BALANCE DUE 320.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-57)

520NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

MAY 12 1988

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>20 00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83083	
Trust	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>20 00</u>

Send or bring one coupon with each remittance

**COUPON**

**10**

**DO NOT MAIL ENTIRE BOOK**

**E-6750 Credit Lot**

**ACCOUNT No.**

**Sylvia L. Caesar**

**441 Detroit Place**

**San Diego, CA 92114**

*E-6750*

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							<b>10</b>				

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**

\$

\$

Amount Received

\$

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

☐ check (✓) if this is new address



## OFFICIAL RECEIPT

No 36385-A


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

 From Lucia L. Cesar Address: 441 Detroit Place Date: 7-7 19 88  
Twenty dollars no 1100 Dollars (\$) 20.00  
 In \_\_\_\_\_ Payment of coupon 12 Credit Lot

 Lot 91 Grave 384 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6750BALANCE DUE 200Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

JUL 13 1988

ISSUED BY

CREDIT	67007	
20% Sales Cars	77184	
50% Sales of Lots	100	<u>20 00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77185	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID		<u>20 00</u>

Send or bring one coupon with each remittance

**COUPON**

**12**

**DO NOT MAIL ENTIRE BOOK**

**2-6750 Credit Lot**

ACCOUNT No.

**Sylvia L. Caesar**

**441 Detroit Place.**

**San Diego, CA 92114**

56750

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							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**

\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 36261


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY

 384-3144  

 From: Julia Caesar Address: 441 Detroit Ave, SD 92114 Date: 6-7, 1988  
Twenty dollars no 1100 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Voupon # 11 Under det

 Lot 91 Grave 384 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6750BALANCE DUE 300.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 13 1988

ISSUED BY

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100	20	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
	60101		
	78380		
TOTAL PAID		20	00



Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

2-0730

CREDIT LOT

Sylvia L. Caesar  
441 Detroit Place  
San Diego, CA 92114

E6750

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36490

 From Subria Cassar Address 446 Detroit Street Date 3-8-88  
Twenty dollars Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of \_\_\_\_\_

 Lot 91 Grave 3 + 4 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10750BALANCE DUE 260.00Pre-Need Lot ☐ At Need ☐ On Acct. ☒Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

AUG 09 1988

ISSUED BY Darryl Hunt

CREDIT	87007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	83833
Trust	9022
Sales Tax	80101
	78300

TOTAL PAID

\$

583

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT NO.

441 Detroit Place  
San Diego, CA 92114

66750

10  
Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								20.00			

Amount due when paid on, or before,  
due date above.

1.00

\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

20<sup>th</sup>   
Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT

No 36645


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

From:

 L. J. Carson  
 10/10/88

Address:

441 Detroit Place, SD

Date:

9-7

19

88

In

Payment of

Coupon 14

Credit det

Dollars (\$

20.00)

Lot

91

Grave

344

Row

Section

2

Division

Block

11

Invoice No.

Acct. No.

W.O.

E-6750

BALANCE DUE

240.00

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

 CITY AUDITOR  
 SEP 13 1988

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening	100
Costs	77181
Graves	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78380

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 10-87)

ISSUED BY

[Signature]

TOTAL PAID

\$

20 00

E-6750 Credit Lot

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Solway L. Caesar  
641 Detroit Place  
San Diego, CA 92114

E 6750

10  
Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								20.00			

Amount due when paid on, or before,  
due date above.

1.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$

\$

Amount Received

\$

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY

264-3151

No 36928

From:

 Sylvia Casan  
 10000

Address:

 441 Detroit Ave, SD  
 10000

Date:

11-17-88

Dollars (\$

20.00)

In

Payment of

10000

Lot

91

Grave

384

Row

Section

2

Division

Block 11

Invoice No.

Acct. No.

W.O.

2-6750

BALANCE DUE

200.00

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

## 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  
 77182  
 100  
 77185  
 100  
 77183  
 83023  
 9022  
 80101  
 78280

TOTAL PAID

6

ISSUED BY

Linda Clark

 2000  
 CITY AUDITOR

NOV 15 1988

2000



Send or bring one coupon with each remittance

**COUPON**

**16**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**441 Detroit Place  
San Diego, CA 92114**

EL6750

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								20.00			

Amount due when paid on, or before,  
due date above.



**1.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**21.00**

\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 36779


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

From:

Lynia Coates

Address:

441 Detroit Place, SD 92114

Date:

10-5 1988

Dollars (\$

20.00)

In

Payment of

Coupon 15 Credit Set

Lot

91

Grave

344

Row

Section

2

Division  
Block

11

Invoice No.

Acct. No.

W.O.

BALANCE DUE

E-6250

220.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

OCT 7 1988

CREDIT	57007
20% Sales Cars	77184
80% Sales of Lots	100
Opening/Closing	77181
Burial Containers	100
Handling Fee	77185
Recording & Misc. Fees	100
Pre-Need Trust	83033
Sales Tax	9022
	80101
	78380

20 00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

6417

ISSUED BY

Lynia Coates

TOTAL PAID

20 00 ✓

Send or bring one coupon with each remittance

**COUPON**

**15**

**DO NOT MAIL ENTIRE BOOK**

**ACOUNT No. 101 Detroit Place**

**San Diego, CA 92114**

**E6750**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								<b>20.00</b>			

Amount due when paid on, or before,  
due date above



**1.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**21.00**

\$

\$

Amount Received

\$

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

☐ check (✓) if this is new address



## OFFICIAL RECEIPT

No 37185


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

 From: Alfred Casper Address: 441 Detroit Pl SD Date: 1-6, 1989
Twenty Dollars Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of coupon 17 credit lot

 Lot 91 Grave 344 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-6950BALANCE DUE 100.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007
20% Sales Tax	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	80101
	78360

TOTAL PAID

	20	00
CITY AUDITOR		
JAN 11 1989		
	20	00

Send or bring one coupon with each remittance

**COUPON**

**17**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. 441 Detroit Place**

**San Diego, CA 92114**

E6750

**10**  
**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								20.00			

Amount due when paid on, or before,  
due date above.



**1.00**

\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**21.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 37332


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

 From: Alfred L. Crosser Address: 441 Detroit St, San Diego, CA  
Twenty Dollars 20/00 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Coupon 18 Credit Lit

 Lot 91 Grave 374 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6750BALANCE DUE 160.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fee	77183
Pre-Need	63033
Trust	9032
Sales Tax	80101
	75390

TOTAL PAID

\$

20 00
 CITY AUDITOR  
 FEB 16 1989
20 00

ISSUED BY

Andrea [Signature]



Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Detroit Place**  
**San Diego, CA 92114**

E6750

10  
Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								20.00			

Amount due when paid on, or before,  
due date above.



1.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



21.00

\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37420

 From: Luis Carras Address: 444 Retreat St, SD Date: 2-2, 19 89  
Thurs 2/2/89  
 In \_\_\_\_\_ Payment of Camp 19 Credit Dollars (\$) 20.00

 Lot 91 Grave 384 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6750BALANCE DUE 140.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
 CITY AUDITOR  
 MAR 10 1989

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Processing/	100
Graves	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63003
Trust	9022
Sales Tax	80301
	78380

ISSUED BY

TOTAL PAID

\$

20 00

Send or bring one coupon with each remittance

**COUPON**

**19**

**DO NOT MAIL ENTIRE BOOK**

**441 Detroit Place**

**San Diego, CA 92114**

E67.50

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								20.00			

Amount due when paid on, or before,  
due date above.



**1.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**21.00**

\$

\$

Amount Received

\$

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 37629

From:

 Sylvia (Mrs)  
 Throat, 20/100

Address:

441 Sunset Pl, SD

Date:

4-6, 1989

Dollars (\$

20.00)

In

Payment of

Coupon 20 Credit Left

Lot

91

Grave

3F4

Row

Section

2

Division

Block 11

Invoice No.

Acct. No.

W.O.

2-6750

BALANCE DUE

120.00

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

 CITY AUDITOR  
 APR 17 1989

ISSUED BY

[Signature]

 CREDIT  
 20% Sales Cars  
 80% Sales  
 of Lots  
 Opening/  
 Closing  
 Sales  
 Containers

67007

77184

100

77184

100

77181

100

77182

100

77185

100

77183

83003

9022

80101

73390

TOTAL PAID

\$

 20 00  
 20 00

Send or bring one coupon with each remittance **COUPON**

**20**

**DO NOT MAIL ENTIRE BOOK.**

ACCOUNT No.

**444 Detroit Place  
San Diego, CA 92114**

*EL6750*

**10**  
Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								<b>20.00</b>			

Amount due when paid on, or before,  
due date above.



**1.00**

\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**21.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 37736

 From Sylvia J. Caesar Address: 441 N. Detroit Place San Diego, CA 92114  
Twenty Dollars & 00/100 Dollars (\$) 20.00  
 In part Payment of Credit for coupon #21

 Lot 91 Grave 314 Row — Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6750BALANCE DUE 100.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

Sue Black
 CREDIT  
 20% Sales Care 77184  
 80% Sales 100  
 of Lots 77184  
 Opening/ 100  
 Closing 77181  
 Burial 100  
 Containers 77182  
 Handling Fee 100  
 Recording & 77185  
 Misc. Fees 100  
 Pre-Need 53033  
 Trust 9022  
 Sales Tax 90101  
 72390

TOTAL PAID

 77184  
 100  
 77184  
 100  
 77181  
 100  
 77182  
 100  
 77185  
 100  
 77183  
 53033  
 9022  
 90101  
 72390  
 20.00  
 20.00

CITY AUDITOR

MAY 08 1989



Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **444 Detroit Place**

**San Diego, CA 92114**

EL6750

**10**  
Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								20.00			

Amount due when paid on, or before,  
due date above.

1.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

21.00

\$

\$

Amount Received \$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

 N<sup>o</sup> 38269

 Date: 7-10, 1989

 From: Lefra's (Mason) Address: 4411 Lotman St. SD 92114
Twenty dollars & 20/100 Dollars (\$ 20.00 )

 In Payment of Aug 23 Credit Lot

 Lot 91 Grave 344 Row 2 Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. 2-6750

 BALANCE DUE 60.00

 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
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

CITY AUDITOR

JUL 14 1989

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

 ISSUED BY [Signature]

 TOTAL PAID \$ 20.00

Send or bring one coupon with each remittance

**COUPON**

**23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **441 Detroit Place**

**San Diego, CA 92114**

*E6750*

**10**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								<b>20.00</b>			

Amount due when paid on, or before,  
due date above



**1.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**21.00**

\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

441 Detroit Place  
San Diego, CA 92114

E6750

10  
Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								20.00			

Amount due when paid on, or before,  
due date above.



1.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



21.00

\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

 No 38117 750  
 6-6-89

 From: Alma Gomez Address: 441 Detroit Ave, SD  
City, address 10110  
 In \_\_\_\_\_ Payment of Compan 22 Credit Let Dollars (\$ 20.00 )

 Lot 41 Grave 384 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6760BALANCE DUE 80.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

 CITY AUDITOR  
 JUN 09 1989
ISSUED BY \_\_\_\_\_

CREDIT	67007		
20% Sales Care	77184	20	00
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	8022		
Sales Tax	80101		
	78380		
TOTAL PAID	\$	20	00

Send or bring one coupon with each remittance

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **441 Detroit Place**

**San Diego, CA 92114**

EL6750

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV

Amount due when paid on, or before,  
due date above



1.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above



41.00

\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

N2 38419

From: Sylvia Crasso Address: 441 Wilmet Place Date: \_\_\_\_\_, 19\_\_\_\_  
Forty-one Dollars (\$ 41.00)  
 In \_\_\_\_\_ Payment of Final payment on credit  
dot  
 Lot 91 Grave 384 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-6750BALANCE DUE 19.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

 CITY AUDITOR  
 AUG 21 1989
ISSUED BY Andrea Vard

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>41.00</u>

NAME CAESAR, SYLVIA L.

ACCT. NO. E-6750

ADDRESS 441<sup>st</sup> Detroit Place, San Diego, Ca 92114

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Jun 87	Lot 91, Graves 3 & 4, Section 2, Division 11	500 00		80 00	420 00
1-9 88	Coupon #6, Receipt # 35488			20 00	400 00
2-3 88	Coupon #7, Receipt # 35635			20 00	380 00
3-8 88	Coupon #8, Receipt # 35827			20 00	360 00
4-7 88	Coupon #9, Receipt # 35982			20 00	340 00
5-9 88	Coupon #10, Receipt # 36185			20 00	320 00
6-7 88	Coupon #11, Receipt # 36261			20 00	300 00
7-6 88	Coupon #12, Receipt # 36385			20 00	280 00
8-3 88	Coupon #13, Receipt # 36490			20 00	260 00
9-7 88	Coupon #14, Receipt # 36645			20 00	240 00
10-5 88	Coupon #15, Receipt # 36779			20 00	220 00
11-7 88	Coupon #16, Receipt # 36928			20 00	200 00
1-5 89	Coupon #17, Receipt # 37185			20 00	180 00
2-8 89	Coupon #18, Receipt # 37332			20 00	160 00
3-7 89	Coupon #19, Receipt # 37420			20 00	140 00
4-0 89	Coupon #20, Receipt # 37629			20 00	120 00
5-3 89	Coupon #21, Receipt # 37736			20 00	100 00
6-6 89	Coupon #22, Receipt # 38117			20 00	80 00
7-10 89	Coupon #23, Receipt # 38269			20 00	60 00



NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

DATE

ITEMS

DEBIT

✓

CREDIT

BALANCE

8-14-87	Coupon 24, Receipt 38419				4100	900
12-7-87	Coupon 5, Receipt 35386				2000	700

late fee on Coupon 24



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date

6/24/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Yvonne S. Hernandez - AKA Hernandez

in a None Vault/Liner Funeral, date, time 2 P.M. Thurs

Church, Chapel, Graveside No-Disp El Cajon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 122 Grave 3 Row Doubledeep - Bottom Section 2 Division/Block 11

Grave space & Care Fund 55-

Additional spaces and care fund

Opening/Closing & Setup 90

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145<sup>00</sup>

Paid receipt number

Balance due

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Zip Code

Telephone

Invoice #

Acct. #

Work Order #

PY-593 (REV. 8-85)

E 6751

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

66751

NAME OF DECEDENT <b>Yvonne Elizabeth Hernandez AKA: Yvonne Elizabeth Sanchez</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Dec. 3, 1955</b>	DATE OF DEATH <b>June 16, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Public Administrator 5201-A Ruffin Road San Diego, CA 92123</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>El Cajon Carroll Mortuary 684 So. Mollison Avenue-El Cajon, CA 92020</b>		CALIFORNIA LICENSE NUMBER <b>F-1022</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)                       | <input checked="" type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)          | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

## FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery-3751 Market Street-San Diego, CA 92102</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>Bottom</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <b>Air Tray + Cardboard Cover</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b> <b>Bottom</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 24 1987</b>
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/25/87</b> (DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/24/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ernest Sebastian Polk

in a urn Funeral, date, time Mon 6/29/11 AM

Church, Chapel, Graveside Chapel 485 ; Alegdale Mortuary

All Funeral cars must 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 120 Grave 9 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund 50 \$ 200 250.00

Additional spaces and care fund Res adj. 30 day 20.10 0

Opening/Closing & Setup 320.00

Burial Container Courtesy Bell Linn 100.00

Handling Fees 145.00

Flower vases - Marker setting fee 35.00

Recording and filing fee 6.00

Sales taxes 856.00

Total Due 856.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature

Address

City

Telephone

Initials

Account #

Dorothy H. Polk  
7407 Melrose Pl.  
San Diego, CA 92114  
263-1255

Work Order #

PY-593 (REV. 8-85)

E 6752

258163  
01225-8



E6752

## NOTE-STRAIGHT

\$ 856<sup>00</sup>

San Diego, California,

June 24

1987

-30-

days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Eight thousand five hundred and no DOLLARS.with interest from July 25, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Olestra H. Fulk  
740 Melrose Place S.D. 92114

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6752

NAME OF DECEDENT <b>Ernest Sebastian Polk</b>		SEX <b>Male</b>	DATE OF BIRTH <b>May 3, 1913</b>	DATE OF DEATH <b>Found:</b> <b>June 23, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Odessa H. Polk - Wife</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary, 5050 Federal Blvd. San Diego, CA 92102</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>740 Melrose Place San Diego, CA 92114</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

## FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND <u>COUNTY</u> OF DISPOSITION <b>n/a</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 25 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald E. Rios, M.D.</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF <u>COUNTY</u> OF DEATH		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

7/23/87

No 34822

Date: July 16, 1987
 From: Odessa H. Polk Address: 740 Malrose Park S.D. 92114  
Eight hundred fifty six dollars and 00/100 Dollars (\$ 856.00)  
 In Payment of Ernest Sebastian Polk services

 Lot 120 Grave 9 Row \_\_\_\_\_ Section 7 Division Block 11
Invoice No. 058163Acct. No. 022538W.O. E 6752

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AD-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	87007	
30% Sales Care	77184	
80% Sales	100	
of Lira	77184	
Opening	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83093	
Trust	8082	
Sales Tax	80101	
	78390	

TOTAL PAID \$ 856.00

ck # 779



6752

ITY OF SAN DIEGO  
UDITOR & COMPTROLLER  
EPORT NO. C65-102

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 07/23/87

DATE: 07/23/87  
TIME: 221028  
PAGE: 5

EPARTMENT 072      PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER FUND	NAME DEPT	ORG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
58163	07/09/87	022538	DOESSA H.	POLK				07/16/87	CK	779	856.00	856.00	0.00
			100	072		77181	000072				320.00		
			100	072		77182	000072				100.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				200.00		
			100	072		77185	000072				145.00		
			60101			78390					6.00		
			67007			77184					50.00		

PAID IN FULL

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/24/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Fusae Mukai

in a T. Seal Vault Funeral, date, time Tuesday 6/30/10AM

Church, Chapel, Graveside Graveside Lewis Ch. Bnks Mortuary.

All Funeral cars must 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 3 Grave 3 Row ~ Section 11 Division/Block 7

Grave space & Care Fund Grave A-7727

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee ~

Recording and filing fee 35.00

Sales taxes 10.50

Total Due

Paid receipt number 34789 710.50

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Telephone

Zip Code

Work Order #

E 6753

PV-553 (REV. 8-85)

Invoice

Acct.

E6753

## NOTE-STRAIGHT

\$ 710<sup>50</sup> San Diego, California, June 24, 1987  
-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order  
 at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Seven Hundred Ten and 50/100 DOLLARS.

with interest from July 25, 1987 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X. Thomas A. Munkin

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

66753

NAME OF DECEDENT <b>FUSAE MUKAI</b>		SEX <b>female</b>	DATE OF BIRTH <b>Nov 10, 1891</b>	DATE OF DEATH <b>June 23, 1967</b>
PLACE OF DEATH—CITY OR TOWN <b>Lemon Grove</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Thomas D. Mukai - son</b> <b>1207 Helix Street</b> <b>Spring Valley, CA 92077</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR, OTHERS, OR CARRIER <b>Lewis Colonial/Benbough</b> <b>3051 El Cajon Blvd.</b> <b>San Diego, CA 92104</b>		CALIFORNIA LICENSE NUMBER <b>F-480</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

## FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - San Diego, CA (3751 Market St.)</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>"Lady Row" 1990 Sted Buterwille</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b> DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 25 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos, M.D.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/30/87</b> ENTER DATE	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>n/a</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

E6753 No 34789

Date: 7/7/87

 From: Thomas Makai  
 Address: 1207 Helix St Spring Valley 92077  
 Seven Hundred Ten and 50/100 Dollars (\$ 710.50)  
 In full Payment of Interment of Fess Makai

Lot 3 Grave 3 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E 6753

BALANCE DUE 0

 Pre-Need Lot ☐ At Need ☐ On Acct ☒

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-85)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

Legend

CREDIT	57007	
20% Sales Core	77184	
10% Sales of Lots	100	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	69033	
	9022	
Sales Tax	60101	
	78880	
TOTAL PAID	\$	710.50



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/24/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eva Lometa Paul

in a          Vault/Liner          Funeral date, time         

Church, Chapel, Graveside          Mortuary         

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Loc 2313 Grave 0 Row 0 Section 0 Division/Block 10

Grave space & Care Fund Span. Home - 595<sup>00</sup>

Additional spaces and care fund         

Opening/Closing & Setup         

Burial Container         

Handling Fees         

Flower vases - Marker setting fee         

Recording and filing fee         

Sales taxes         

Total Due 595<sup>00</sup>

Paid receipt number 34736 - 300<sup>00</sup>

Balance due 295<sup>00</sup>

I hereby certify I am the myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

\* Eva L. Paul  
Signature 232 EAST LINE #B  
Address MONROVIA, CA 91016  
State          Zip Code         

Telephone         

Work Order #

**E 6754**

PV-293 (REV. 5-85)

Invoice #         

Acct. #



8-11-87 34926

9-3-87 34991

10-7-87 35128

11-13-87 35297

12-9-87 35401

1-6-88 35507

295<sup>00</sup>

25<sup>00</sup>

270<sup>00</sup>

25<sup>00</sup>

245<sup>00</sup>

25<sup>00</sup>

220<sup>00</sup>

25<sup>00</sup>

195<sup>00</sup>

25<sup>00</sup>

170<sup>00</sup>

25<sup>00</sup>

145<sup>00</sup>

NAME Paul, Eva Lometa

ACCT. NO. E-6754

ADDRESS 232 E. Lime Street, Apt B, Monrovia, Ca 91016 RATING

LIMIT

[illegible]

перезагрузка

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 34736

Date: 6/24/87, 19From: Eva Lometa Paul Address: 232 East Hine #B / Monrovia Ca 91016
Three Hundred and no 1.00 Dollars (\$ 300.00)
In Part Payment of Credit Sale - Bu herd grave forherself
 Lot 2312 Grave --- Row --- Section --- Division 10
Invoice No. ---Acct. No. ---W.O. E-6754BALANCE DUE 295.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-80)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	300.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	300.00



## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 254-3151

No 34926

Date: 8-11, 1987

From: Eva L. Paul Address: Monrovia, CA

 Twenty-five dollars Dollars (\$ 25.00 )  
 In Coupon Payment of Credit Sale - Coupon # 1  
 E-6754

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6754

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☐ On Acct ☒Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-80) 2226

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

AUG 20 1987

001641

ISSUED BY JD

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	25.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	25.00

Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-6754

Credit Lot

Eva L. Paul

232 East Lime #B

Monrovia, CA 91016

E6754

**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

\$ 25.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ 1.00

\$ 26.00

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-5151

No 35128

 Date: 10-7 1987  
 From: Mrs. Paul Address: 232 E. June Apt 2 Miramar  
twent, five Dollars (\$ 25.00 )  
 In \_\_\_\_\_ Payment of Paym. # 3 Credit

 Lot 2313 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6754BALANCE DUE 220.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AO-212 (Rev. 11-80)

2253NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

Paul, David

CREDIT	57007	
20% Sales Care	77184	
80% Sales	100	<u>25</u>
of Lot	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	59033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>25</u>



Send or bring one coupon with each remittance

**COUPON**

**3**

DO NOT MAIL ENTIRE BOOK  
#6754  
ACCOUNT No.

**Credit Lot**

**Eva L. Paul**  
**232 East Line #B**  
**Monrovia, CA 91016**

**E6754**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10				

Amount due when paid on, or before,  
due date above

**25.00**

\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ 25.00

NAME

Eva L. Paul

ADDRESS

232 E Line #B

CITY

Monrovia

STATE

Ca ZIP 91016

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 35297


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY

284-3151

From:

Mr. L. Paul

Address:

232 E. 1st St. Apt B

Date:

11-13

19

87

In

Payment of

Twenty-five

Dollars (\$

25.00)

Voucher # 4 Credit Act

Lot

2313

Grave

Row

Section

Division

Block

10

Invoice No.

Acct. No.

W.O.

E-6754

BALANCE DUE

195.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

## CREDIT

20% Sales Cars	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	83033
Trust	9022
Sales Tax	80101
	76380

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AQ-212 (Rev. 11-66)

ISSUED BY

TOTAL PAID

\$

25-

Send or bring one coupon with each remittance **COUPON**

**4**

DO NOT MAIL ENTIRE BOOK

**E-6754 Credit Lot**

ACCOUNT No.

**Eva L. Paul**

**232 East Lime #B**

**Monrovia, CA 91016**

**E6754**

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							<b>10</b>				

Amount due when paid on, or before,  
due date above.

**25.00**

\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

**\$ 25.00**

NAME **EVA L. PAUL**

ADDRESS **232 E. LIME #B**

CITY **MONROVIA** STATE **CA** ZIP **91016**

☐ check (✓) if this is new address



## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
284-3151

No 34991

Date: 9-3, 1987  
From: Mr Paul Address: 232 E. Line, Apt 3, 91016  
Twenty Five Dollars (\$ 25.00)  
In \_\_\_\_\_ Payment of Urgen #2 Urn Set

Lot 2313 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6754BALANCE DUE 245.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

2234

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

*[Signature]*

CREDIT	87007	
20% Sales Tax	77184	
60% Sales of Lots	100	<u>25</u> -
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	8032	
Sales Tax	80101	
	78390	
TOTAL PAID		<u>25</u> -

Send or bring one coupon with each remittance **COUPON**

**2**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6754** Credit Lot

**Eva L. Paul**

**232 East Lime #B**

**Monrovia, CA 91016**

*E 6754*

**Month and Day Due Indicated Below**

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 \_\_\_\_\_ days  
after due date above.

**\$ 1.00**

**\$ 26.00**

NAME **Eva L. Paul** Amount Received \$ \_\_\_\_\_

ADDRESS **232 EAST LIME # B**

CITY **Monrovia** STATE **Ca** ZIP **91016**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35507

 Date: 1-6 1988  
 From: Eva L. Paul Address: 232 E. Lime, Apt B, Miramar  
Twenty Five 10/100 Dollars (\$ 25.00)  
 In \_\_\_\_\_ Payment of Cheque #6 Credit

 Lpt 2313 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6754BALANCE DUE 145.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

JAN 11 1988

ISSUED BY [Signature]

CREDIT	67007
20% Sales Care	77184
20% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78380

TOTAL PAID

\$

25-



Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

E-6754 GREAT LOT

ACCOUNT No.

Eva L. Paul

232 East Line #B

Monrovia, CA 91016

E  
6754

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							10				

Amount due when paid on, or before,  
due date above.



25.00

\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



1.00

\$ \_\_\_\_\_

75.00

\$ 25.00

Amount Received

\$ \_\_\_\_\_

NAME Eva L. Paul

ADDRESS 232 E. Line #B

CITY Monrovia STATE Ca ZIP 91016

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35704

From: Eva J Paul Date: 2-10 19 88  
 Address: 232 E. Lime, Apt B Mar Vista  
Twenty-five no 1100 Dollars (\$ 25.00)  
 In Payment of Wagon #17 Credit Lot

Lot 2313 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6754BALANCE DUE 120.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 12 1988

ISSUED BY

CREDIT	57007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>25.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	00101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

2327Andrea Ward

Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No.**

**Eva L. Paul**

**232 East Line #B**

**Monrovia, CA 91016**

660754

**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.



**25.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**

\$

**26.00**

\$

Amount Received

\$

25.00

**NAME**

EVA L. PAUL

**ADDRESS**

232 E. Line #B

**CITY**

MONROVIA

**STATE**

CA

**ZIP**

91016

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY

264-3151

No 35848

From

Eva Paul

Address

232 E. Line, Apt B, Monrovia

Date

3-9 1988

Dollars (\$

25.00

In

Payment of

Cemeter #8 credit for

Lot

2313

Grave

Row

Section

Division  
Block

10

Invoice No.

Acct. No.

W.O.

E-6754

BALANCE DUE

95.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAR 11 1988

ISSUED BY

 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  
 77182  
 100  
 77185  
 100  
 77183  
 63033  
 9022  
 60101  
 76290

 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

2334

TOTAL PAID

\$

25.00

Send or bring one coupon with each remittance

**COUPON**

**8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Eva L. Paul**

**232 East Line #B**

**Monrovia, CA 91016**

**E-6754**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							<b>10</b>				

Amount due when paid on, or before,  
due date above,



**25.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above,



**1.00**

\$

\$

Amount Received

**\$ 25.00**

NAME

**EVA L. PAUL**

ADDRESS

**232 E. LINE APT B**

CITY

**MONROVIA**

STATE

**CA**

ZIP

**91016**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35993

 From: 200 Paul Address: 232 E. June Apt B, Miramar  
Twenty-five 20/100 Dollars (\$ 25.00)  
 In \_\_\_\_\_ Payment of Lauren 9 Credit

 Lot 2313 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6754BALANCE DUE 70.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR

APR 14 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	<u>25.00</u>
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

2353



Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No.**

E6754

**Eva L. Paul**

**232 East Line #B**

**Monrovia, CA 91016**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							10				

Amount due when paid on, or before,  
due date above.



**25.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**

\$

**26.00**

\$

Amount Received

\$

25<sup>00</sup>

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 35401

 From: Eva J Paul Address: 232 E Line Apt B Miramar CA 91816  
Twenty five dollars & 00/100 Dollars (\$ 25.00)  
 In part Payment of Credit lot sales coupon # 5
Date: 12-9, 1987
 Lot 2313 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10754BALANCE DUE 170.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒
2291NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

Lora Black

CREDIT	67007	
20% Sales Tax	77184	
80% Sales	100	<u>25.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	6022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No.**

**Eva L. Paul**

**232 East Lime #B**

**Monrovia, CA 91016**

*E6754*

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							<b>10</b>				

Amount due when paid on, or before,  
due date above.



**25.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**

\$

**26.00**

\$

*25.00*

**NAME**

*Eva L. Paul*

Amount Received

\$

**ADDRESS**

*232 E. Lime apt B*

**CITY**

*Monrovia*

**STATE**

*Ca*

**ZIP**

*91016*

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 36127

 Date: 5-9 19 88  
 From: Eva & Paul Address: 232 E. Line, Apt B Monrovia  
Twenty-five dollars no/100 - Dollars (\$) 25.00  
 In Payment of Coupon 10 credit det

 Lot 2313 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6754BALANCE DUE 45.00Pre-Need Lot ☒ At Need ☐ On Acct. ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

2379

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

MAY 12 1988

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	<u>25.00</u>
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>25.00</u>

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Eva L. Paul

232 East Line #B

Monrovia, CA 91016

E 6754

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							10				

Amount due when paid on, or before,  
due date above

25.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

1.00

\$

26.00

\$

Amount Received

\$

25.00

NAME

Eva L. Paul

ADDRESS

232 E. Line Apt B

CITY

Monrovia

STATE

Ca

ZIP

91016

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36264

 From: Eva Paul Address: 232 E Lema, Apt B Hermosa  
twente, - five n/w  
 In: \_\_\_\_\_ Payment of Coupon 11 Credit for Dollars (\$) 25.00

 Lot 2313 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6754BALANCE DUE 20.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

JUN 13 1988

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Com	77184	<u>25.00</u>
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>25.00</u>



Send or bring one coupon with each remittance

**COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**Eva L. Paul**

**232 East Line #B**

**Monrovia, CA 91016**

*E6754*

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							<b>10</b>				

Amount due when paid on, or before,  
due date above



**25.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**

\$

**26.00**

\$

Amount Received

\$

NAME Eva L. Paul

ADDRESS 232 E. Line #B

CITY Monrovia STATE Ca ZIP 91016

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 36373


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

 From: Eva Paul Address: 232 E. Line Street, Apt 2  
Twente - Fern no 100  
 In \_\_\_\_\_ Payment of younger 12 Credit lot -  
\$5.00 overpayment  
 Lot 2313 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6754BALANCE DUE 0Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

JUL 11 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	20 00
90% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	5 00
Trust	9022	
Sales Tax	60101	
	78390	25 00
TOTAL PAID	\$	

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Eva L. Paul

232 East Line #B

Monrovia, CA 91016

E6754

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							10				

Amount due when paid on, or before,  
due date above.



25.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



1.00

\$

26.00

\$

Amount Received

\$25.00

NAME EVA L. PAUL

ADDRESS 232 E. LINE #B

CITY MONROVIA STATE CA ZIP 91016

☐ check (✓) if this is new address



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 6-25-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Beonga Maxwell ☒

in a \_\_\_\_\_ Vault/Liner Funeral, date, time 7/2 4:30 p.m.

Church, Chapel, Graveside Inwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Drag off

Lot 131 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 105

Burial Container \_\_\_\_\_ 40.00

Handling Fees \_\_\_\_\_ 60.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35

Sales taxes \_\_\_\_\_ 2.40

Total Due \_\_\_\_\_ 242.40

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Rosemarie Minnick  
Signature  
2752 Grove St.  
Address  
National City, CA 92050  
State  
474-3046  
Telephone

Work Order #

**E 6755**

PR-583 (REV. 8-85)

Invoice # 058165

Acct. # 022540

E6755

## NOTE—STRAIGHT

\$ 242.40 San Diego, California, July 1, 1987days after date, for value received, the undersigned maker(s) promise(s) to pay toMt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Martin Luther King Way, San Diego, CA 92102the sum of Two hundred forty-two 40/100 DOLLARS.

with interest from \_\_\_\_\_ on the unpaid principal at the rate of

12 per cent per annum, payable on demand

\* Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

x Rosemarie Minnick2752 Grove St. N.C. 92050MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

0237 N2313373



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6755

NAME OF DECEDENT <b>Delona Delous Maxwell</b>		SEX <b>Female</b>	DATE OF BIRTH <b>May 1, 1923</b>	DATE OF DEATH <b>June 25, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Terrence Minnick -Son</b> <b>2752 Grove St.</b> <b>National City, Ca. 92050</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Greenwood Mortuary</b> <b>1-805 &amp; Imperial</b> <b>San Diego, Ca.</b>		CALIFORNIA LICENSE NUMBER <b>F-843</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                       |   |   |

FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery 3751 Market St. San Diego, Ca.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Greenwood Crematory San Diego, Ca.</b>	DATE CREMATED <b>JUL 1 1987</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>D. W. Kallansrud</i>
BURIAL AT SEA OR POSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Cordboard Box ash Vault</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b> <i>Cement</i>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <i>[Signature]</i>
			DATE SIGNED <i>[Signature]</i>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUL 0 1 1987</b>
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Roman M.D. B.S.</i>	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>9/2/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE		
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.



058165 07/09/87 022540 TERRENCE MINNICK

100 072  
100 072  
100 072  
100 072  
60101

NUMBER OF INVOICES PAID  
TOTAL AMOUNT PAID

2  
1,098.40

07/21/87 CA

77181 000072  
77182 000072  
77183 000072  
77185 000072  
78390

242.40  
105.00  
40.00  
35.00  
60.00  
2.40

242.40

0.00  
PAID IN FULL



Credit Sale

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/25/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Decie Young

in a \_\_\_\_\_ Vault/Urner \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside Before head sale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 68 Grave 9 Row ~ Section 2 Division/Block -11-

Grave space & Care Fund ..... 250<sup>00</sup>

Additional spaces and care fund ..... not assessed

Opening/Closing & Setup ..... for at this time

Burial Container ..... Time

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

PAID

JUN 30 1987

MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due

Tyson  
Paid receipt number 34743 50<sup>00</sup>

Balance due 34753 200<sup>00</sup>  
200<sup>00</sup>

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

17-13  
Signature

Address

State

Zip Code

Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

E 6756 ✓

PY-583 (REV. 8-86)

no payment book

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

*Credit Sale*
CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

284-3151

No 34743

Date: *6/26* 87From: *Decie Young* Address: *Via Tyron*In *Payment of* *Credit Sale of single grave* Dollars (\$) *50.00*Lot *68* Grave *9* Row *—* Section *2* Division *11*

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. *E 6756*BALANCE DUE *200.00*Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

*170*NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
*Leoyen L. Lott*  
 ISSUED BY

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	<i>50</i>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	75380	
TOTAL PAID	\$	<i>50.00</i>

*Ch from Tyron Rev*



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34753

Date: June 30, 1987From: Debie YoungAddress: 873 N. 49th St. S.D. 92102
 Two hundred dollars and <sup>NO</sup>/<sub>100</sub> Dollars (\$ 200.<sup>00</sup>)

 In full Payment of Pre-need Credit bks. - Debie Young

 Lot 68 Grave 9 Row \_\_\_\_\_ Section 3 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6756BALANCE DUE 0
 NOT VALID FOR PURPOSES STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78360	

Pre-Need Lot ☐ At Need ☐ On Acct ☐
~~Pre-Need Lot~~ Cash ☒ Check ☐
ISSUED BY Dave LoneyTOTAL PAID \$ 200.00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/25/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Thermon Earl Kirk

in a Bill Liner Funeral, date, time 7pm - 1 PM 6/29

Church, Chapel, Graveside Shawnee ; Heath Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 - army -

Lot 2380 Grave ~ Row ~ Section ~ Division/Block 10

Grave space & Care Fund See E-6604

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container liner 100.00

Handling Fees 145.00

Flower vases - Marker setting fee ~

Recording and filing fee 35.00

Sales taxes 6.00

**PAID** 347.38 + 9 606.00

**JUN 24 1987** Total Due 606.00

**MT. HOPE CEMETERY** Paid receipt number 34740 606.00

**CITY of SAN DIEGO, CALIF.** Balance due 0

I hereby certify I am the Thermon of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Zip Code

Telephone

Invoice #

Acct. #

Work Order #

**E 6757**

PY-593 (REV. 3-85)



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 34740

Date: 6/25/87, 19

 From: Curtis Kirk Address: S.D.  
Very Handled See and no Dollars (\$ 606<sup>00</sup>)  
 In: full Payment of Interment fees for Herman Earl Kirk - Dec  
Veteran

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 6759BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 11-86)

231NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	87007	
20% Sales Com.	77184	
80% Sales of Lots	100	
Opening/Closing	77181	320 00
Grav. Containers	100	100 00
Handling Fee	77183	145 00
Recording & Misc. Fees	100	35 00
Pre-Need Trust	80033	
Sales Tax	8022	
	80101	6 00
	78360	
TOTAL PAID	\$	606 00

ISSUED BY



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6757

NAME OF DECEDENT <b>HERMAN EARL KIRK</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>OCT. 24, 1926</b>	DATE OF DEATH <b>JUNE 24, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Carl G. Kirk - Brother</b> <b>4775 Normandie Place</b> <b>La Mesa, CA 92041</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Heath Funeral Home</b>		CALIFORNIA LICENSE NUMBER <b>807</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <p><input type="checkbox"/> 10 DISPOSITION PENDING</p> </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market St., San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 26 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos, M.D.M.M.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36180

 From: Curtis J Kerk Address: P.O. Box 2469, La Mesa Date: 5-23, 1988

 In \_\_\_\_\_ Payment of Marker Installation for  
Herman E. Kerk Dollars (\$ 135.00)

 Lot 2300 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6757BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

MAY 26 1988

ISSUED BY Linda Kerk

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Purchased	90033
Trust	9022
Sales Tax	60101
	28390

TOTAL PAID

\$

135.00135.00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6-25-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

La Verne & Betty Ann Burdick

In a \_\_\_\_\_ Vault/Line Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 77B Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 6AR Division/Block 3

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_

Total Due 35.00

Paid receipt number 34742 35.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature 2605 Balboa Vista

Address S.D. LA 92105

State 264-2244 Zip Code

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6758

PY-593 (REV. 3-85)

LG



THE CITY OF SAN DIEGO  
PARK DEPARTMENT—CEMETERY DIVISION

*Processed*  
*6/25/87*  
*E6758*

Quitclaim Deed

In consideration of *one dollar*

I/We *Elva Ferch, a widow,*

DO HEREBY REMISE, RELEASE AND QUITCLAIM to THE CITY OF SAN DIEGO, a Municipal Corporation, all that Cemetery property situated in *mt Hope* CEMETERY, in said City of San Diego, County of San Diego, State of California, described as follows: *Lot 77B*

*Section 14AR Division 3*

*(C-3447) dated 8/1/1966 Deed #2422 in Part*

TO HAVE AND TO HOLD the above-described quitclaimed property unto the said THE CITY OF SAN DIEGO, its successors and assigns forever.

WITNESS my/our hand this *25* day of *June* 19*87*

EXECUTED IN THE PRESENCE OF  
THE FOLLOWING WITNESSES:

*X Elva S. Ferch*

*George Stiller, Cem. Mgr.*

*X Betty-Lou Birdsell*  
Witnesses.

STATE OF CALIFORNIA, }  
COUNTY OF SAN DIEGO. } SS.

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me \_\_\_\_\_

\_\_\_\_\_, a Notary Public in and for said County and State,  
residing therein, duly commissioned and sworn, personally appeared \_\_\_\_\_

\_\_\_\_\_ known to be the person described in and whose  
name \_\_\_\_\_ subscribed to the above instrument and acknowledged to me that \_\_\_\_\_ executed  
the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal at my  
office in said county of San Diego, State of California, on the date first above written.

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for said County and State

## OFFICIAL RECEIPT



WHITE ..... TO-CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

No 34742

Date: 6/25/87 .19

From: Betty Lou Burdell Address: 2605 Balboa Vista Dr. 100 92104

Therapeutic ad no 100 Dollars (\$ 35.00)

In full Payment of Transfer of grave space from Elva Ferch to Laverne & Betty Lou Burdell -

Lot 77B Grave Row Section GAR Division Block 3

Invoice No. ~~~~~

Acct. No. ~~~~~

W.O. E-6758

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

287

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/ Closing	77184	
Burial Containers	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	53038	
	8022	
Sales Tax	80101	
	76360	
TOTAL PAID	\$	35.00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34739

E6758

Date June 25, 1987From: Curtis V KiekAddress: P.O. Box 90529 S.D. 92109

Dollars (\$ \_\_\_\_\_)

 In full Payment of Flower Vases for O Herman and O Allie  
Kiek
Lot 2380 and 2381 Grave \_\_\_\_\_

Row \_\_\_\_\_ Section \_\_\_\_\_

Division  
Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Com	77184	
50% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	85033	
Trust	9022	
Sales Tax	80101	
	76380	

ISSUED BY

TOTAL PAID

31 80

CK # 230



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 6-26-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Darrell Kalpouff, (deceased)

in a ash vault Funeral, date, time 2:00 p.m.

Church, Chapel, Graveside Graveside Therwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 1063 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 105.

Burial Container 40

Handling Fees 60.

Flower vases - Marker setting fee 35.

Recording and filing fee 2.40

Sales taxes 242.40

Total Due 242.40

Paid receipt number 34750 242.40

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

Ma M J Kalpouff  
Signature  
1320 Nedden Knoll Ct.  
Address  
San Diego CA 92020  
State  
480-0601 Zip Code  
Telephone

Work Order # **E 6759**  
PV-583 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

26759

NAME OF DECEDENT <b>Darriell E. Kolpacoff</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Nov. 11, 1951</b>	DATE OF DEATH <b>June 26, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>M.J. Kolpacoff-Father 1320 Hidden Knolls Ct. El Cajon, Ca. 92020</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Greenwood Mort. I-805 &amp; Imperial, San Diego, Ca. 7-843</b>			CALIFORNIA LICENSE NUMBER	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                       |   |   |

FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Dr. Martin Luther King Jr. Way, San Diego San Diego</b>			COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Greenwood Crematory, I-805 &amp; Imperial San Diego, Ca</b>	DATE CREMATED <b>JUN 29 1987</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>D. St. Hallanor</i>	
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 <b>n/a</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>			
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>			SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$6.00</b>	DATE PERMIT ISSUED <b>6-28-87</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald G. Ramirez</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/29</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Reginald</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE			
	NAME AND ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>n/a</b>			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34750

 From: Mrs. M. J. Lafferty Address: 1320 Hidden Trail, El Cajon  
Two hundred forty-two 40 Dollars (\$ 242.40)  
 In \_\_\_\_\_ Payment of Verriell Lafferty

 Lot 1062 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6759

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-88)

6573

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE
 ISSUED BY India Ward

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	100	105 -
Burial Containers	77181	40 -
Handling Fee	100	60 -
Recording & Misc. Fees	77183	35 -
Pre-Need Trust	83030	
Sales Tax	9022	240
	60101	
	78380	
TOTAL PAID		242.40



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 6/26/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dorothy Irene ORTON  
in a Double Crypt Vault/Liner Funeral, date, time Mon 1 P.m. 6/29  
Church, Chapel, Graveside Wich. + AS ; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

✓ Lot 829 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section -1- Division/~~Unit~~ -8-

Grave space & Care Fund For Double Crypt 595.00

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container Double Concrete Crypt 320.00

Handling Fees 320.00

Flower vases - Marker setting fee —

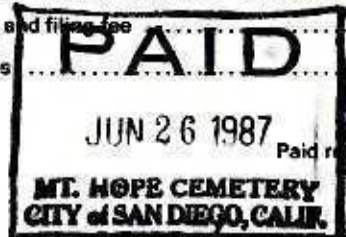
Recording and filing fee 35.00

Sales taxes 19.80

Total Due 1619.80

Paid receipt number 34745 1619.80

Balance due 0



I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

\* Lavella E. Orton  
Signature  
\* 4846 Long Branch Ave.  
Address  
\* San Diego, Ca 92107  
State Zip Code  
\* 233-7897  
Telephone

Work Order # E 6760  
PY-593 (REV. 3-86)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6760

NAME OF DECEDENT <b>DOROTHY IRVINE ORTON</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 10, 1901</b>	DATE OF DEATH <b>June 25, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Flavella Orton daughter</b> <b>4846 Long Branch Ave.</b> <b>San Diego, CA. 92107</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Rogers Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>69</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Martin Luther King Way, San Diego, CA.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>NA</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$ 3.00</b>	DATE PERMIT ISSUED <b>JUN 29 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶</b>
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE		
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR 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**  
 254-3151

No 34745

 From: North Orlan Address: 4846 Long Beach Ave, S.D. Date: 6-26, 1987  
one thousand six hundred nineteen 80 Dollars (\$ 1619.80)  
 In \_\_\_\_\_ Payment of \_\_\_\_\_

 Lot 829 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 8  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6760BALANCE DUE 6Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-85)

1003

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	119
80% Sales	100	476
of Lot	77184	
Opening/	100	320
Closing	77181	-
Burial	100	330
Containers	77182	
	100	320
Handling Fee	77183	
Recording &	100	35
Misc. Fees	77183	
Pre-Need	68033	
Trust	8022	
Sales Tax	60101	19 80
	78360	

ISSUED BY

TOTAL PAID

\$ 1619 80



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/27/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Viola Edwards Wilhelm

in a T.S. Vault Funeral, date, time Wed 1:30 7/1

Church, Chapel, Graveside Chapel & G.S. Poc. Beach Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 224 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section -1- Division/Block 8

Grave space & Care Fund Per need see A-9200

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 70.00 Remove urn of Arthur C. (Husband)

Remove urn of Viola Edwards Wilhelm from 224 and return to Vault 105.00

Recording and filing fee 35.00

Sales taxes 10.50

Total Due 815.50

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the GRANDSON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Telephone

Donald Y. Krueger  
1625 LAW STREET  
SAN DIEGO, CALIFORNIA 92109  
(619) 273-9038

Zip Code

Invoice #

Acct. #

058164  
022539

Work Order #  
PY-583 (REV. 8-85)

**E 6761**

E 6761

## NOTE—STRAIGHT

\$ 815<sup>50</sup> San Diego, California, June 27, 1987- 30 - days after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mt. Hope Cemetery or San Diego City Treasureror order  
at 3751 Martin Luther King Way, San Diego, CA 92102the sum of Eight hundred fifteen and 50/100 DOLLARS.with interest from July 28, 1987 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Kenneth F. Kling

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

EC6761

NAME OF DECEDENT <b>VIOLA L. WILHELM</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>JULY 14, 1895</b>	DATE OF DEATH <b>JUNE 26, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>BUFFALO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>NEW YORK</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>ARLENE KLING-DAU. 1625 LAW ST. SAN DIEGO, CA 92109</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>PACIFIC BEACH MORTUARY SAN DIEGO, CA 92109</b>		CALIFORNIA LICENSE NUMBER <b>815</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

## FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>metal home sealed - 20 ga</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>P.C. "Note Husband's Remains Vault at head of grave at Vault top outside -"</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
			DATE SIGNED <b>[Signature]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 29 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/1/87</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramez, M.D.</b>	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>VITAL RECORDS, P.O. BOX 85222, SAN DIEGO, CA 92138-5222</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE 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.



058164 07/09/87 022539 ARLENE KLING-DAU

E-6761

100 072  
100 072  
100 072  
100 072  
60101

77181 000072  
77182 000072  
77183 000072  
77185 000072  
78390

07/31/87 CK 348

815.50  
320.00  
175.00  
35.00  
275.00  
10.50

315.50

0.00  
PAID IN FULL

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 6-29-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Anna Carpenter <sup>11:30</sup>

in a Vault/Liner Funeral, date, time 10 AM Thurs 7/2

Church, Chapel, Graveside Logan Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 96 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup DIP - Top 320.

Burial Container \_\_\_\_\_ 100.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.

Sales taxes \_\_\_\_\_ 6.00

Orthodox Service claim Total Due \_\_\_\_\_ 606.00

therefore here Paid receipt number 35282 606.00

about 11:30 Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

See Reverse side

Work Order # E 6762

PV-583 (REV. 3-85)

Signature

Address

State

Zip Code

Telephone

Invoice #

Acct. #

Estate —

Person in charge:

Robert W Stevens

5630 Navajo Rd

El Cajon, Ca

Phone 463-5507



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6762

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ANNA A. CARPENTER</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Feb. 14, 1905</b>	DATE OF DEATH <b>June 29, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Nina Rubanow - Executrix</b> <b>3460 Meade Ave.</b> <b>San Diego, CA 92116</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Rogers Mortuary, 4094 University, San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>69</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <p><input type="checkbox"/> 10. DISPOSITION PENDING</p> </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Martin L. King Way, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY  
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>NA</b> <i>Polished Pine nat wood P.C.</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  
			DATE SIGNED  
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 1 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u><b>7/2/87</b></u> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D. M.M.</i>
	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Scoville</i>		
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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 THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35282

Date: 11/10/87, 19

From: Ex. of Estate of Anna CarpenterAddress: San DiegoDollars (\$ 606<sup>00</sup>)In full Payment of Creditor's Claim for Interment of and forAnna Carpenter - decLot 96Grave 2Row —Section 1Division  
Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6762BALANCE DUE *[Signature]*NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

#2

ISSUED BY *[Signature]*

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ <i>D.P.</i>	100	320	00
Closing <i>(P.D.)</i>	77181		
Burial	100	100	00
Containers	77182		
	100	145	00
Handling Fee	77183		
Recording &	100	35	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	6	00
	78390		
TOTAL PAID	\$	606	00



# HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6/29/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Anthony Ref Pearson

in a T.S. Vault Funeral, date, time 6/30 11 AM Tues.

Church, Chapel, Graveside Church & S. Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

✓ Lot 51 Grave 6 Row ~ Section 2 Division/Block 12

Grave space & Care Fund 99 \$ 396 495.00

Additional spaces and care fund \$ 2

Opening/Closing & Setup 320.00 320.00

Burial Container 175

Handling Fees 170

Flower vases - Marker setting fee ~

Recording and filing fee 35

Sales taxes 35.00 10.50

Total Due 347.50 1205.50

Paid receipt number 34751 105.50

Balance due 200.00 305.50

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

✓ Ref Pearson  
Signature  
✓ 4345 KEELER AVE.  
Address  
✓ SAN DIEGO 92113  
City  
✓ 263-9676  
Telephone  
Zip Code

Invoice #

Acct #

Work Order #

PY-593 (REV. 3-85)

**E 6763**

058/58  
022533



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6763

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Anthony Refall Pearson</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Sept. 5, 1957</b>	DATE OF DEATH <b>June 18, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Mesa</b>		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>James L. Pearson - Father 4365 Keeler Street San Diego, CA 92113</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary: 3050 Federal Blvd. San Diego, CA 92102</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

<input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)  <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)  <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY  <input type="checkbox"/> 4 SCIENTIFIC USE	<input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)  <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)  <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)  <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> 10 DISPOSITION PENDING       </div>
--	---	--

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a Solid Steel 20ga non-sealer PC</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 30 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramos, M.D. MFM</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/24/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶ George Stoltz</b> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

**COPY 2** IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 34748

Date:

6/29

87

From:

 Vladimir J. McCain  
 Five Hundred and no/100

Address:

16980 Laramie Way - S.D. 92139

In:

Part

Payment of

Interment fees for Anthony Pearson - dec

Dollars (\$500.00)

Lot

51

Grave

6

Row

Section

2

Division

Block 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot

☐

At Need

☒

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 11-80)

3040

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT

80% Sales Cars

67007

77194

80% Sales

100

of Lots

77194

Opening/

100

Closing

77181

Burial

100

Containers

77182

Handling Fee

100

Recording &amp;

77183

Misc. Fees

100

Pre-Need

63033

Trust

9022

Sales Tax

60101

76380

TOTAL PAID

\$

500.00



## OFFICIAL RECEIPT



WHITE.....TO CUSTOMER  
CANARY.....CEMETERY  
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
294-3151

No 34751

Date: 6-29, 1987  
From: Gladiol Mr Crisp Address: 1698 Alvarado Way, S.D. 92139  
and deceased  
In \_\_\_\_\_ Payment of Cemetery Service Dollars (\$ 200 -)  
Lot 51 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.D. E-6763BALANCE DUE \$505.50Pre-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	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	<u>500 -</u>
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	60039	
Trust	9002	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>200 -</u>

ISSUED BY [Signature]



E-6763

058158 07/09/87 022533 JAMES PEARSON  
100 072  
100 072  
100 072  
100 072  
60101  
E-6763  
NUMBER OF INVOICES PAID 2  
TOTAL AMOUNT PAID 1,010.50

07/10/87 CA  
77181 000072  
77182 000072  
77183 000072  
77185 000072  
78390

300.00  
68.25  
103.86  
20.77  
100.89  
6.23

505.50 205.50  
PARTIAL PAYMENT

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 10/09  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 35118

 Date: 10-6-87  
 From: James Pearson Address: 4365 Keeler Ave, SD  
 In: 515 dollars Payment of Cemetery Deacons Service  
 Dollars (\$ 50.00 )  
 Lot 51 Grave 6 Row Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 6763

BALANCE DUE 55.50

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-80)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

OCT 9 1987

ISSUED BY

CREDIT	67007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	8022	
Sales Tax	60101	
	78280	
TOTAL PAID		50-

## OFFICIAL RECEIPT

No 34872


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

001283

Date: 8/3/87, 19

 From: James Pearson Address: S.D.  
 In: Cash Payment of Anthony Pearson Dollars (\$ 100<sup>00</sup>)

Lot 51 Grave 6 Row Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E6763

BALANCE DUE \_\_\_\_\_

 Pre-Need Lot ☐ At Need ☒ On Acct ☒

 Pre-need Trust ☐ Cash ☒ Check ☐

AO-212 (Rev. 11-86)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR

AUG 12 1987

ISSUED BY

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	100 00
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77183	
Recording & Misc. Fees	77183	
Pre-Need Trust	80033	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	100 00



MEMO

E6763

☐ URGENT - ☒ ONLY IMMEDIATELY☐ NO REPLY REQUIRED

9-30-87

TO Ernest, Auditors

Inst # 022533

Inv # 058158

James Pearson

FOLD  
MESSAGE

Customer paid \$100 on Aug 3  
which was deposited on Dec 1283  
Please apply it to invoice  
# 058158.

SIGNED

Andre Ward  
Robert Steele II  
MT 464 264-2151

REPLY

FOLD

SIGNED

DATE



E6763

MT HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date

6/29/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Anthony Ref Pearson

In a T.S. Vault Funeral, date, time 6/30 11Am Tues

Church, Chapel, Graveside Church of S.S. Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 51 Grave 6 Row ~ Section 2 Division/Block 12

Grave space & Care Fund 99 8 396 495.00

Additional spaces and care fund #2 320.00

Opening/Closing & Setup 175

Burial Container 170

Handling Fees 35

Flower vases - Marker setting fee 10.50

Recording and filing fee 200.00

Sales taxes 30.50

Total Due 1205.50

Paid receipt number 34751 705.50

Balance due 500.00

305.50

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Ref Pearson

4365 KEELER RD

SAN DIEGO 92113

263-9676

Telephone

Invoice

Work Order # **E 6763**

CV-500 (REV. 5-85)

100-77181 = 46.74  
100-77182 = 53.26

last payment







E6763

OFFICIAL RECEIPT

No 34872



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

Date: 8/3/87 19

From: James Pearson  
Grove Street and my  
in East

Address: S.D.

Dollars (\$ 100<sup>00</sup>)

Payment of Anthony Pearson

Lot 51 Grave 6 Row Section 2 Division Block 12

Invoice No.  
Acct. No.  
W.O. E6763  
BALANCE DUE

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	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	90101	
	78380	
TOTAL PAID		100 00

Pre-Need Lot ☐ At Need ☒ On Acct ☒  
Pre-need Trust ☐ Cash ☒ Check ☐  
AC-212 (Rev. 11-86)

ISSUED BY [Signature]



## OFFICIAL RECEIPT

No 36393


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 7/13  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3181

 From: James Pearson Address: 4365 Kedew Ave, SD  
fifth - floor SD/100  
 In: Payment of Anthony Pearson's burial Dollars (\$) 55.50

 Lot 21 Grave 6 Row      Section 2 Division Block 12

 Invoice No. 058158  
 Acct. No. 022533  
 W.O. E-6763  
 BALANCE DUE     

 Pre-Need Lot ☐ At Need ☒ On Acct ☐  
 Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

 Rec'd 7/13/88  
 City Auditor  
 ISSUED BY [Signature]

CREDIT	87007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	89033
Trust	8022
Sales Tax	80101
	76390
TOTAL PAID	\$ <u>55.50</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6/29/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Maatta Twin Jilly -

in a none Funeral, date, time Wed - 1 P.M. 7/1

Church, Chapel, Graveside none; neptune Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 111 Grave 4 Row \_\_\_\_\_ Section 100F Division/Block 43

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 2-P. Flat

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 Via Phone of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Ord. #

**E 6764**

PY-593 (REV. 8-74)



Ann - mpton

---

E6764

Birial - 1 day old  
5 days.

Maatta, ~~H~~ Kristini 1033077  
Kaala - 1033085

---

Joe Mc Cormick

Wed - 1 P.M.

2-0

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6-29-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Marjorie Thompson

in a Casket Funeral, date, time 6-5-87

Church, Chapel, Graveside St. Mary's Shimshrey (Sale) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran diag. 68

Lot 58 Grave 5 Row 3 Section 3 Division/Block 5

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup ..... 105

Burial Container ..... 40

Handling Fees ..... 60-

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35

Sales taxes ..... 2.40

Total Due ..... 242.40

Paid receipt number 34749 242.00

Balance due 6

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

MARIE ARNOUX  
Signature 2165 Hale Thoma  
Camgo, CA 92006  
State 478-5401 Zip Code

Telephone

Work Order #

**E 6765**

PT-583 (REV. 8-85)

Invoice #

Acct. #

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6765

NAME OF DECEDENT <b>MARGARET VIVIAN THOMPSON</b>		SEX <b>Female</b>	DATE OF BIRTH <b>10-03-1907</b>	DATE OF DEATH <b>June 28, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>Lemon Grove</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Marie M. Arnold (Daughter) 2165 Lake Morena Drive Campo, CA 92006</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary—855 Broadway Chula Vista, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Leneda, Inc. 14065 Olde Highway 80 - El Cajon, CA</b>	DATE CREMATED <b>7/1/87</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
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 <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT _____ DATE SIGNED _____
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 30 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/6/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

**COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.**



## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34749

 Date: 6-29, 1987  
 From: Marie Arnold Address: 2165 Lake Murray Drive  
Two hundred forty-two 40 Dollars (\$ 242.40)  
 In \_\_\_\_\_ Payment of Mount Hope Cemetery Services

 Lot 38 Grave 5 Row \_\_\_\_\_ Section 3 Division 5

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.D. E-6765BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-80)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Loss	77184	
Opening/	100	165 -
Closing	77181	
Burial	100	40 -
Containers	77182	
	100	60 -
Handling Fee	77183	
Recording &	100	35 -
Misc. Fees	77183	
Pre-Need	63033	2 40
Trust	9022	
Sales Tax	80101	
	78360	
TOTAL PAID	\$	242 40

ISSUED BY

Andy Ward

1319

## MT. HOPE CEMETERY

## INTERMENT ORDER

City of San Diego

Date

6/29/87

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of Frank Whittingtonin a Double Crypt Funeral, date, time Monday - 1 1/2 3PMChurch, Chapel, Graveside Pasadena Mortuary.All Funeral cars must 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 For Double CryptLot 111 Grave 12 Row 2 Section 2 Division/Block 11Grave space & Care Fund For Double Crypt 250.00Additional spaces and care fund none reservedOpening/Closing & Setup 320.00Burial Container 320.00Handling Fees 320.00Flower vases - Marker setting fee 35.00Recording and filing fee 19.80Sales taxes 1274.80Total Due 1274.80

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the WIFE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Reilly  
Signature  
620 ELIZABETH  
Address  
SAN DIEGO 92113  
State  
264-6062  
Telephone  
Zip Code

Work Order #  
PY-883 (REV. 8-85)

E 6766 ✓

Invoice # 058160Amount 1225.38



E-6766

## NOTE—STRAIGHT

\$ 1274<sup>80</sup> San Diego, California, June 29, 1987  
-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mt. Hope Cemetery or San Diego City Treasurer

\_\_\_\_\_ or order  
 at 3751 Martin Luther King Way, San Diego, CA 92102  
 the sum of Twelve Hundred Seventy four and 80/100 DOLLARS.  
 with interest from July 30, 1987 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

*[Signature]*

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6766

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>FRANK WHITTINGTON</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Nov. 17, 1907</b>	DATE OF DEATH <b>June 29, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Pinkney O. Whittington - Wife 620 Elizabeth Street San Diego, California 92113</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort., San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1 BURIAL (INCLUDES ENTOMBMENT)

☐ 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Martin Luther King Way, San Diego, Ca.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUL 2 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/6/87</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Canales, M.D., M.P.H.</b>	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 07/31/87

DATE: 07/31/87  
TIME: 202322  
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/U	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
058160	07/09/87	022535	PINKNEY U. WHITTINGTON						07/27/87	CK	0907	1,274.80	1,274.80	0.00
			100	072			77181	000072				320.00		
			100	072			77182	000072				330.00		
			100	072			77183	000072				35.00		
			100	072			77184	000072				200.00		
			100	072			77185	000072				320.00		
			60101				78390					19.80		
			67007				77184					50.00		

E-6766

PAID IN FULL

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6-29-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of George Novoa  
in a Liner Funeral, date, time Wed 7-1-87 4 PM  
Church, Chapel, Graveside Chapel L.S. ; Berge Roberts Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran NO

✓ Lot 102 Grave 2 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund SD \$200 250

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

Total Due \$856

Paid receipt number 34752 500

Balance due 356

I hereby certify I am the Father of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Celstino Novoa  
Signature  
2762 ISLAND AV. APA  
Address  
SAN DIEGO CA 92102  
State Zip Code  
544 9451  
Telephone

Work Order #  
PY-593 (REV. 8-86)

**E 6767**

Invoice # 958161

Acct. # 002526



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6767

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>JORGE AURELIO BIVCA</b>		SEX <b>Male</b>	DATE OF BIRTH <b>NOV. 25, 1976</b>	DATE OF DEATH <b>June 28, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Mr. Celestino Noves -Father</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH <b>WILLIAM-BONNETT MORTUARY 107 National City Blvd. National City, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-284</b>	2762 Island Ave. Apt. A <b>San Diego, CA 92102</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>St. Hope Cemetery 3751 Market St., San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <div style="text-align: center;"><i>Cloth covered Flat Churn wooden</i></div> <b>E-6767</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT  AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 30 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramey, M.D.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/1/87</b> <small>INTERMENT DATE</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>George Stettin</b>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE 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

No 34752


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

Date: 6-29 1987  
 From: Celestino Noroa Address: 2762 Island apt A S.D.  
five hundred no Dollars (\$ 500 <sup>72102</sup>)  
 In Payment of for Noroa services  
 Lot 102 Grave 2 Row \_\_\_\_\_ Section 2 Division 11 Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6767BALANCE DUE 356.00Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-88)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 PAID IN THIS SPACE

CREDIT	67007		
20% Sales Tax	77184	<u>50</u>	<u>-</u>
50% Sales of Lots	100	<u>200</u>	<u>-</u>
Opening/Closing	77181	<u>250</u>	<u>-</u>
Burial	100		
Containers	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	65033		
Sales Tax	9022		
	60101		
	76300		
TOTAL PAID		<u>500</u>	<u>-</u>

ISSUED BY Andrea Card

058161 07/09/87 022536 CELESTINO NOVOA  
E-6767  
100 072  
100 072  
100 072  
100 072  
60101

77181 000072  
77182 000072  
77183 000072  
77185 000072  
78390

07/31/87 CK 2371

20.00  
356.00  
70.00  
100.00  
35.00  
143.00  
6.00

356.00 PAID IN FULL 0.00



## OFFICIAL RECEIPT

No 36301


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151
Date: 6-15, 1988From: Attalena Haroon Address: \_\_\_\_\_In eighty dollars Dollars (\$ 80.00)Payment of marker installation fee forforse Haroon's plotLot 102 Grave 2 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6767BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-67)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

JUN 20 1988

ISSUED BY Arash Haroon

CREDIT	57007	
20% Sales Com	77184	
50% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	80.00
Pre-Need	50033	
Trust	9022	
Sales Tax	50101	
	75360	
TOTAL PAID	\$	80.00

MT. HOPE CEMETERY

INTERMENT ORDER

See Fri  
Bar - mon.

City of San Diego

Date

6/29/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mildred Lee Briggs

in a Bell heier Funeral, date, time Monday - 9 AM - 1/6

Church, Chapel, Graveside Graveside; Rapidale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 103 Grave 6 Row ~ Section 1 Division/Block 12

Grave space & Care Fund ..... 79 63/6 325<sup>00</sup>

Additional spaces and care fund ..... none per

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container ..... 100<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

Flower vases - Marker setting fee ..... 0.

Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... 6<sup>00</sup>

Total Due ..... 1001<sup>00</sup>

Paid receipt number 1001

Balance due 0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Lisa Sanders  
X 7015 Benson Ave  
X San Diego, Ca 92114  
X (619) 263-1544  
Telephone

Invoice # 058157

Acct. # 022534

Work Order # E 6768  
PY-593 (REV. 8-85)



E 6768

## NOTE-STRAIGHT

\$ 1001<sup>00</sup> San Diego, California, June 29, 1987  
-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mt. Hope Cemetery or San Diego City Treasurer

or order  
 at 3751 Martin Luther King Way, San Diego, CA 92102  
 the sum of One Thousand and One 20<sup>00</sup> DOLLARS.  
 with interest from July 29, 1987 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Lisa Anderson

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6768

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Mildred Lee Braggs</b>		SEX <b>Female</b>	DATE OF BIRTH <b>August 25, 1934</b>	DATE OF DEATH <b>Bound</b> <b>June 26, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lisa M. Sanders - Daughter</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON HAVING AS SUCH) <b>Anderson-Ragsdale Mortuary, 5050 Federal Blvd., San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>7065 Benson Ave. San Diego, CA 92114</b>

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <p><input type="checkbox"/> 10 DISPOSITION PENDING</p> </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, CA</b>		COUNTY <b>San Diego,</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b> <i>Mt. Hope Cemetery</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT  AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 30 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Brown, M.D., M.P.H.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/6/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Seoyun Park</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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.

89692

CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 08/28/87

DATE: 08/28/87  
TIME: 204219  
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/O	PAYM DATE UPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
058159	07/09/87	022534	LISA SANDERS				08/25/87	CA		1,001.00	1,001.00	0.00
			100 072		77181	000072				320.00		
			100 072		77182	000072				100.00		
			100 072		77183	000072				35.00		
			100 072		77184	000072				316.00		
			100 072		77185	000072				145.00		
			60101		78390					6.00		
			67007		77184					79.00		

E-6768

NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 1,001.00

PAID IN FULL



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/29/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Tommy Dawsey, Jr.

in a Double Crypt Funeral, date, time Mon - 11 AM - 7/6

Church, Chapel, Graveside 485 ; Payable Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran W22 - Navy

Lot 17 Grave 8 Row 30 Section 2 Division/Block 11

Grave space & Care Fund For Double Crypt - 200 250.00

Additional spaces and care fund 320.00

Opening/Closing & Setup 330.00

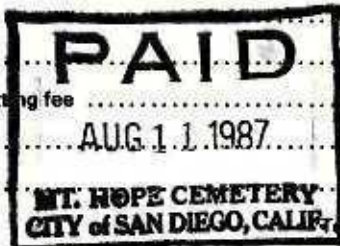
Burial Container 320.00

Handling Fees 35.00

Flower vases - Marker setting fee 19.80

Recording and filing fee 1274.80

Sales taxes 274.80



Total Due 274.80

Paid receipt number 34916

Balance due 0

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Edna S Dawsey  
Signature  
30.552 St Apt 1  
Address  
San Diego Ca. 92102  
State  
239-3812  
Telephone  
Zip Code

Work Order #

E 6769

PV-593 (REV. 5-85)

Invoice #

Acct #

058162  
0022537



E-6769

## NOTE-STRAIGHT

\$1274<sup>80</sup>

San Diego, California,

June 29

1987

-30-

days

after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of

Twelve Hundred Seventy four &amp; 80/100

DOLLARS.

with interest from

July 30, 1987

on the unpaid principal at the rate of

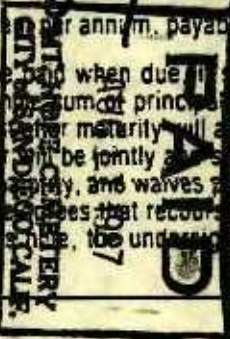
12

per cent

per annum, payable

on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity shall accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker shall 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 Edward S. Danvers

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6769

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>TOMMY DAWSEY</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>SEPT. 14, 1925</b>	DATE OF DEATH <b>JUNE 26<sup>th</sup> 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>ELDORA DAWSEY -WIFE 3055 "L" STREET, APT. 1 SAN DIEGO, CALIFORNIA 92102</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>ANDERSON-RAQSDALE MORTUARY 5050 FEDERAL BLVD.</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1 BURIAL (INCLUDES ENTOMBMENT)  
  
☐ 2 CREMATION AND BURIAL (INCLUDES INURNMENT)  
  
☐ 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY  
  
☐ 4 SCIENTIFIC USE

☐ 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)  
  
☐ 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)  
  
☐ 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)  
  
☐ 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY  
  

**FOR CORONER'S USE ONLY**  
  
☐ 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY 3751 MARTIN LUTHER KING WAY SAN DIEGO, CA.</b>			COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY  	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.			SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUN 30 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Dorothy E. Ramos, M.D. mtr</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/6/87</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Raymond Little</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 34916

Date: Aug 10, 1967

From: Eldora S. Dawsey Address: 3055 L St Apt. #1, SD 92102

Twelve Hundred seventy four dollars and 80 cents Dollars (\$ 1274.80)

In full Payment of Johnny Dawsey - E 6769 - 30 Day Note

Lot 17 Grave 8 Row Section 2 Division Block 11

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E 6769

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	67007	50.00
20% Sales Care	77184	
80% Sales	100	200.00
of Lots	77184	
Opening/	100	320.00
Closing	77181	
Burial	100	330.00
Containers	77182	
	100	320.00
Handling Fee	77185	
Recording &	100	35.00
Misc. Fees	77183	
Pre-Need	63033	
Trust	80022	
Sales Tax	80101	19.80
	76090	

ISSUED BY Dave Lounney

TOTAL PAID \$ 1,274.80

 Official Ck # 001 - 0058270  
 Addt # 11076014 0005



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 35132

Date: 10-7-, 1987
 From: Eldora J. Dunsen Address: 3055 E. St. Apt. #1  
San Diego, CA 92102 (239-3822) Dollars (\$ 125.00)

 In Full Payment of Installation of marker for J. Dunsen Jr.  
One hundred twenty-five Dollars and 00/100  
 Lot 17 Grave 8 Row \_\_\_\_\_ Section 2 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E6769BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

2009

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY W.J. League

CREDIT	87007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	60033	
Trust	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>125 00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

6/30/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Alexander Mac Donald

in a lined Funeral, date, time 2:30 pm 7/2 Thur

Church, Chapel, Graveside Chapel 405; Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran ☒

Lot 15 Grave 1 Row ~ Section 2 Division/Block 6

Grave space & Care Fund Per deed 1910 - N/C

Additional spaces and care fund Sp 2 for Caller

Opening/Closing & Setup - 110.00

Burial Container Linen 73.50

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes

Total Due

Paid receipt number 34769 3500

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Zip Code

Telephone

Invoice #

Acct. #

Work Order #

E 6770

PY-593 (REV. 5-86)



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6770

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Alexander Chives Roe Macdonald</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Feb. 2, 1895</b>	DATE OF DEATH <b>June 27, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Self-by pre-arrangement</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Cypress View/Bonham Brothers 3953 Imperial Ave., San Diego, CA 92113</b>		CALIFORNIA LICENSE NUMBER <b>676</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery, 3751 Market St., San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>P.C.</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>19 La Brea, San Diego, CA</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 01 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/2/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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 THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY

264-3151

No 347

From D. Walter Conservator Address 2060 Camino Mallorca St  
Thirti-five Dollars (\$ 35.00)  
 In Payment of Reopening Fees for Urn  
Mac Donald  
 Lot 15 Grave 1 Row \_\_\_\_\_ Section 2 Division 6  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6770BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-66)

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	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	8022	
Sales Tax	80101	
	76360	
TOTAL PAID	6	35 -

ISSUED BY Andrea V...

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

D.I.P.

Date 6/30/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Luzenia Hudspeth

in a Funeral Funeral, date, time Thurs 2 P.M. 7-2-87

Church Chapel Graveside Chapel : Ragdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 39 Grave 2 Row \_\_\_\_\_ Section 16 Division/Block 7

Grave space & Care Fund Pre-need \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container 100

Handling Fees 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes 6.00

Total Due 606.00

Paid receipt number 34757 606.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 6771 ✓

PY-583 (REV. 3-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 34757

Date: 7-1, 1987

 From: Ortman - Nazdale Address: 5050 Federal Blvd., SD 92103  
Six hundred six dollars Dollars (\$ 606.00)  
 In \_\_\_\_\_ Payment of \_\_\_\_\_

 Lot 32 Grave 2 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6771BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

8134

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	07007		
20% Sales Com	77184		
80% Sales of Lots	100		
Opening/Closing	77181	320	00
Burial Containers	100	100	00
	77182	145	00
Handling Fee	100	35	00
Recording & Misc. Fees	77183		
Pre-Need Trust	03033		
	9022	6	00
Sales Tax	00101		
	78390	606	00
TOTAL PAID			



## OFFICIAL RECEIPT

No 34770


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

Date:

7-2

19

87

From:

Anderson &amp; Kaysdale

Address:

5050 Federal Road, SD.

In

Payment of

Six hundred and six dollars

Dollars (\$ 606.00 )

Lot

35

Grave

2

Row

Section

16

Division

Block 7

Invoice No.

Acct. No.

W.O.

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT

87007

77184

100

77184

100

77181

100

77182

100

77183

100

77183

53023

9022

00101

78380

Pre-Need Lot

☐

At Need

☒

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 11-88)

8140

ISSUED BY

Nancy Ward

TOTAL PAID

\$ 606

-

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6771

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Luvina Hudspeth</b>		SEX <b>Female</b>	DATE OF BIRTH <b>June 24, 1924</b>	DATE OF DEATH <b>June 25, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>James Bladney - Brother</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON IN CHARGE) <b>Anderson-Ragsdale Mortuary, San Diego, CA 92102</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>844 Pyramid Street San Diego, CA 92114</b>	

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1 BURIAL (INCLUDES ENTOMBMENT)

☐ 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY FOR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b> <i>Last Seen at Sealer</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUN 30 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/2/87</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos, M.D. mtr</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Credit Sale

Date 6/30/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Norah Valorie Yates

in a \_\_\_\_\_ Vault/Liner \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside On-need Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 66 Grave 9410 Row ~ Section 2 Division/Block 11

Grave space & Care Fund ..... 0 250 = 500

Additional spaces and care fund ..... Companion location

Opening/Closing & Setup ..... paid in full 89

Burial Container ..... not changed at this date

Handling Fees ..... 7-11-89

Flower vases - Marker setting fee ..... 7-11-89

Recording and filing fee ..... not changed at this date

Sales taxes ..... 500

Tax Total Due ..... 500

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed 960

Signature Valorie Yates

Address 950 - 47th St

City S.D. Zip Code 92102

Telephone \_\_\_\_\_

Work Order #

**E 6772**

PT-593 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



8/7/87	34905	500. <sup>00</sup> <u>20.<sup>00</sup></u>
9/4/87	34996	480. <sup>00</sup> <u>20.<sup>00</sup></u>
10-5-87	35106	460. <sup>00</sup> <u>20.<sup>00</sup></u>
11-3-87	35237	440. <sup>00</sup> <u>20.<sup>00</sup></u>
12-8-87	35397	420. <sup>00</sup> <u>20.<sup>00</sup></u>
1-6-88	35518	400. <sup>00</sup> <u>20.<sup>00</sup></u>
		380. <sup>00</sup>

## OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
284-3151

No 34905

Date: 8-7, 1987From: Valorie Yates Address: 950 47th St. San Diego

Twenty Dollars Dollars (\$ 20.00 )

In Coupon Payment of Credit Sale - Coupon #1  
E-6772

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6772

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☐ On Acct ☒Pre-need Trust ☐ Cash ☐ Check ☒AC-212 (Rev. 11-85) 787NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID IN FULL"

CITY AUDITOR  
AUG 12 1987

001284

ISSUED BY JD

CREDIT	67007		
80% Sales Care	77184		
80% Sales of Lots	100	20	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	8022		
Sales Tax	80101		
	78080		
TOTAL PAID	\$	20	00

Send or bring one coupon with each remittance **COUPON**

**1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6772 - Credit Lot

Horace & Valorie Yates

950 47th Street

San Diego, CA 92102 E 6772

**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.



\$ 20.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ 21.00

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35106

From: Salvador Yates Address: 250 47th Street, SD Date: 10-5, 1987  
Twenty Dollars Dollars (\$) 20.00  
 In \_\_\_\_\_ Payment of Coupon 3 Credit Act  
 Lot 91 Grave 546 Row \_\_\_\_\_ Section 2 Division Block 11

 Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-6772  
 BALANCE DUE 440.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 11-86)

826

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	57007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>20 -</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77183	
Recording & Misc. Fees	77183	
Pre-Need Trust	03032	
Sales Tax	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>20 -</u>

Send or bring one coupon with each remittance

**COUPON**

**3**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6772 Credit Lot**

**Horace & Valorie Yates**

**950 47th Street**

**San Diego, CA 92102**

*E6772*

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							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**

\$ .

Amount Received

\$

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35237

Date: 11-3, 1987From: HDRATE O VALORIE YATES Address: 950 4TH ST. S.D. 92102Twenty Dollars Dollars (\$ 20.00 )In Part Payment of Credit Sales Coupon #4Lot 91 Grave 546 Row — Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6772BALANCE DUE \$20.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

846

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY Bruce Morrison

CREDIT	87007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	<u>20 00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77185	
Pre-Need	83033	
Trust	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>20 00</u>



Send or bring one coupon with each remittance

**COUPON**

**4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6772** Credit Lot

**Horace & Valorie Yates**

**950 47th Street**

**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.

\$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 34996


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

 From: Horace Yates Address: 950 47th Street 92102 Date: 9/2/02  
Twenty Dollars Dollars (\$) 20.00  
 In Payment of Coupon # 2 Credit

 Lot 91 Grave 5 E 6 Row 2 Section 11 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6772BALANCE DUE 460.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-98)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lot	77184	<u>20</u> -
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	80033	
Trust	8022	
Sales Tax	80101	
	78880	
TOTAL PAID		<u>20</u> -

ISSUED BY: [Signature]

Send or bring one coupon with each remittance

**COUPON**

**2**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-6772

Credit Lot

Horace & Valorie Yates

950 47th Street

San Diego, CA 92102

ELOTIR

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	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

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 35518

 Date: 1-6, 1988

 From: Valerie L. Yates Address: 950-47th St, SD
Twenty dollars 20/100 Dollars (\$ 20.00)

 In: Coupon #6 Payment of Credit Tot

 Lot 66 Grave 9 & 10 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. E-6772

 BALANCE DUE 380.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

876

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR

JAN 11 1988

ISSUED BY

Andrea Ward

CREDIT	67007	
20% Sales Tax	77184	
80% Sales	100	20 -
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	8022	
Sales Tax	80101	
	78280	
TOTAL PAID	\$	20 -

Send or bring one coupon with each remittance

**COUPON**

**6**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6772**

**Credit Lot**

**Horace & Valorie Yates**

**950 47th Street**

**San Diego, CA 92102**

*E-6772*

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35642

Date: 2-3, 1988From: Velorie Yates Address: 950 47th Street SDTwenty dollars no/100 Dollars (\$ 20.00)In \_\_\_\_\_ Payment of Coupon # 7 Credit forLot 66 Grave 9410 Row \_\_\_\_\_ Section 2 Division 11

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-6772BALANCE DUE 360.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

FEB 05 1988

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>20.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>20.00</u>



Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6772 Credit Lot**

**Horace & Valorie Yates  
950 47th Street  
San Diego, CA 92102**

*ELGT12*

**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.



\$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 35838

Date: 3-8, 19 88From: Valerie Yates Address: 950 47th St, SDtwenty dollars no/100 Dollars (\$ 20.00)In Payment of Funeral #8 Mount HopeLot: 66 Grave: 3410 Row: 5 Section: 5 Division Block: 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6772BALANCE DUE 340.00Pre-Need Lot ☒ At Need ☐ On Acct. ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAR 11 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
90% Sales	100	<u>20</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20</u>

916

 ISSUED BY Laura Wood

Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6772**

**Credit Lot**

**Horace & Valoria Yates**

**950 47th Street**

**San Diego, CA 92102**

**E6772**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							<b>10</b>				

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**

**\$ \_\_\_\_\_**

Amount Received **\$ \_\_\_\_\_**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35963

 Date: 4-4, 1988  
 From: Valorie Yates Address: 950 47th St, SD  
Twenty Dollars Dollars (\$ 20.00)  
 In Payment of Coupon 9, Credit Act

 Lot 66 Grave 9410 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6772BALANCE DUE 340.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

APR 8 1988

ISSUED BY

CREDIT	87007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	83030
Trust	9022
Sales Tax	80101
	78390

TOTAL PAID

\$

20

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6772 Credit Lot**

**Horace & Valorie Yates**

**950 47th Street**

**San Diego, CA 92102**

*E6772*

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							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**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35397

 Date: 12-8 1987  
 From: Valerie L. Upitis Address: 950-47th St. L.D. 92102  
Twenty dollars Dollars (\$) 20.00  
 In part Payment of Pre-need Credit Sales Coupon #5

 Lot 91 Grave 566 Row — Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6772BALANCE DUE 400.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

869

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

Maria Black

CREDIT	67007	
20% Sales Care	77194	
60% Sales	100	
of Lots	77194	<u>20.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63083	
Trust	9022	
Sales Tax	80101	
	78980	
TOTAL PAID		<u>20.00</u>



Send or bring one coupon with each remittance

**COUPON**

**5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6772** Credit Lot

**Horace & Valorie Yates**

**950 47th Street**

**San Diego, CA 92102**

*E 6772*

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							<b>10</b>				

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 36086


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

 From: Valerie Yates Address: 950 47th Street, SD 92102 Date: 5-3, 1988  
twenty dollars 20/100 Dollars (\$ 20.00 )  
 In Payment of Coupon 10 Adult Lot

 Lot 66 Grave 9 & 10 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6772BALANCE DUE 320.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

952

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR

MAY 06 1988

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	20 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	20 00

Send or bring one coupon with each remittance

**COUPON**

**10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6772**

**Credit Lot**

**Horace & Valerie Yates**

**950 47th Street**

**San Diego, CA 92102**

*56 772*

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							<b>10</b>				

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT

No 36277


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

 From: Valerie Yates Address: 980 27th Street, SD  
Twenty Dollars 20/100 Dollars (\$ 20.00)  
 In: \_\_\_\_\_ Payment of Coupon 11 Credit Act
Date: 6-8, 1988
 Lot 66 Grave 9810 Row \_\_\_\_\_ Section 4 Division 11 Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6772BALANCE DUE 300.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

975

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

JUN 13 1988

ISSUED BY

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>20 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	80033	
Sales Tax	80101	
	76380	
TOTAL PAID	\$	<u>20 00</u>

Send or bring one coupon with each remittance

**COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6772 Credit Lot**

**Horace & Valeria Yates**

**950 47th Street**

**San Diego, CA 92102**

*E6772*

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							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**

\$ \_\_\_\_\_

NAME *H & V Yates* Amount Received \$ \_\_\_\_\_

ADDRESS *950-47th St*

CITY *SD* STATE *Cal* ZIP *92102*

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 36367

From:

Valerie Yates

Address:

950 47th Street, SD 92102

Date:

7-5 1988

In

Payment of

Twenty dollars no/100 — Dollars (\$ 20.00 )  
 Coupon 12 Credit set

Lot

66

Grave

9710

Row

Section

2

Division

Block 11

Invoice No.

Acct. No.

W.O.

E-6772

BALANCE DUE

280.00

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

JUL 11 1988

ISSUED BY

CREDIT	67007	
20% Sales Tax	77184	
50% Sales of Lots	100	20 00
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
	83033	
	9022	
	80101	
	78290	
TOTAL PAID	\$	20 00



Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6772**

**Credit Lot**

**Horace & Valerie Yates**

**950 47th Street**

**San Diego, CA 92102**

*E6772*

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							<b>10</b>				

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**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 36488


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 254-3151

Date: 8-3-88

From: Valerie Yates Address: 950 - 47th Street

In: Twenty Dollars (\$ 20.00) -  
Payment of Credit Fee

Lot: 6 Grave: 4 + 10 Row: Section: 2 Division Block: 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6772

BALANCE DUE 260.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

AUG 09 1988

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

ISSUED BY

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	83033
Trust	9022
Sales Tax	60101
	78380
TOTAL PAID	\$ 20 -

1005

Send or bring one coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6772 Credit Lot**

**Horace & Valerie Yates**

**950 47th Street**

**San Diego, CA 92102**

*E6772*

**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.



\$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



## OFFICIAL RECEIPT

N<sup>o</sup> 36655
 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151
Date: 9-7, 1988

From:

Valerie Yates

Address:

950 47th Street, SD 92102Dollars (\$ 20.00 )

In

Payment of

coupon 14 Credit Ref

Lot

66

Grave

9810

Row

Section

2

Division

Block

11

Invoice No.

Acct. No.

W.O.

8-6772

BALANCE DUE

240.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
 CREDIT  
 20% Sales Care 67007  
 80% Sales 77184  
 of Lots 100  
 Opening/ 77184  
 Closing 100  
 Burial 77181  
 Containers 100  
 Handling Fee 77182  
 Recording & 77185  
 Misc. Fees 100  
 Pre-Need 77183  
 Trust 03033  
 Sales Tax 9022  
 80101  
 78290

 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

ISSUED BY

 CITY AUDITOR  
 SEP 19 1988  
[Signature]

TOTAL PAID

\$

20 00

Send or bring one coupon with each remittance

**COUPON**

**14**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6772**

**Credit Lot**

**Horace & Valorie Yates**

**950 47th Street**

**San Diego, CA 92102**

*E677A*

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 36797


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

 From: Valerie L. Yates Address: 950 4th St. San Diego, CA 92102  
Twenty Dollars 00/100 Dollars (\$ 20.00)  
 In part Payment of coupon #15 credit sales

 Lot 166 Grave 9110 Row — Section 2 Division 11 Block —

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6772BALANCE DUE 220.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

1045

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

OCT 14 1988

ISSUED BY

L. Pina Black

CREDIT	67007	
20% Sales Care	77184	<u>20.00</u>
80% Sales of Lots	100	<u>20.00</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	83033	
9022		
Sales Tax	80101	
76360		
TOTAL PAID	\$	<u>20.00</u>



Send or bring one coupon with each remittance

**COUPON**

**15**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6772 Credit Lot**

**Horace & Valorie Yates**

**950 47th Street**

**San Diego, CA 92102**

E6772

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10	4			

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 36920


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3181

 From: Valerie Yates Address: 950 47th Street, San Diego  
twent, no 100 Dollars (\$) 20.00  
 In \_\_\_\_\_ Payment of Coupon 16 Credit Lot

 Lot 66 Grave 9 & 10 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6772BALANCE DUE 200.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

1062NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
 CREDIT  
 20% Sales Cars 67007  
 77184  
 80% Sales 100  
 of Lots 77184  
 Opening/ 100  
 Closing 77181  
 Burial 100  
 Containers 77182  
 100  
 Handling Fee 77185  
 Recording & 100  
 Misc. Fees 77183  
 Pre-Need 63033  
 Trust 9022  
 Sales Tax 80101  
 78380
ISSUED BY Indra Ward

TOTAL PAID

\$

 20th Nov  
 AUDITOR  
 NOV 15 1988
20 00

Send or bring one coupon with each remittance

**COUPON**

**16**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6772**

**Credit Lot**

**Horace & Valerie Yates**

**950 47th Street**

**San Diego, CA 92102**

*E6772*

**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.



\$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37065

From: Valerie L. Yates Address: 950 47th St. San Diego Ca 92102 Date: 12-7 1988  
Twenty dollars & 00/100 Dollars (\$ 20.00 )  
 In part Payment of Credit Int. Coupon #17

Lot 666 Grave 9210 Row — Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. E-6772

W.O. \_\_\_\_\_

BALANCE DUE \$180.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AO-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

Jana Black

CREDIT	57007
20% Sales Care	77154
80% Sales	100
of Lots	77154
Opening/	100
Closing	77151
Burial	100
Containers	77152
	100
Handling Fee	77155
Recording &	100
Misc. Fees	77153
Pre-Need	63033
Trust	8022
Sales Tax	60101
	78380
TOTAL PAID	\$ <u>20.00</u>

CHARGED  
 DEC 12 1988  
 AUDITOR

recorded

Send or bring one coupon with each remittance

**COUPON**

**17**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. K-6772 Credit Lot**

**Kersee & Valerie Yates**

**950 47th Street**

**San Diego, CA 92102**

6772

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3181

No 37170

 From Valerie Yates Address: 950 47th Street, SD Date: 1-4, 19 89  
twenty 20/100 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Coupon 18 Credit

 Lot 66 Grave 9710 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6772BALANCE DUE 160.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AQ-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

 JAN 09 1989  
 AUDITOR

 CREDIT  
 20% Sales Tax  
 Sales of Lots  
 Opening/Closing  
 Social Containers  
 Handling Fee  
 Recording & Misc. Fees  
 Pre-Need Trust  
 Sales Tax

 87007  
 77184  
 100  
 77184  
 100  
 77181  
 100  
 77182  
 100  
 77185  
 100  
 77183  
 83033  
 9022  
 60101  
 78380
20.00

TOTAL PAID

20.00



Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6772** Credit Lot

**Horace & Valerie Yates**

**950 47th Street**

**San Diego, CA 92102**

*E6772*

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 37340


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

 From: Valerie Yates Address: 950 47th Street, SD 92102  
twentieth 20100 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Couzon 19 Credit Set

 Lot 66 Grave 7410 Row \_\_\_\_\_ Section 2 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-6772BALANCE DUE 140.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	97007
20% Sales Care	77184
50% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77180
Recording &	100
Misc. Fees	77183
Pre-Need	53083
Trust	5022
Sales Tax	80101
	78380

TOTAL PAID

\$

20 00

ISSUED BY

1115

20 00CITY AUDITOR  
FEB 16 1989

Send or bring one coupon with each remittance

**COUPON**

**19**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. A-6772 Credit Lot**

**Horace & Valorie Yates**

**950 47th Street**

**San Diego, CA 92102**

*E6772*

**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.

\$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 37446

From: Valerie Yates Address: 950 47th Street, D Date: 3-6, 19 89  
Twenty no/100 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Coupon 20 Credit 20  
 Lot 66 Grave 9 & 10 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6772BALANCE DUE 120.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR

MAR 10 1989

ISSUED BY Andrea Wood

CREDIT	67007
20% Sales Com	77184
80% Sales	100
of Lots	77184
Opening/	100
Pre-need	77181
Graves	100
Containers	77182
	100
Handling Fee	77186
Recording &	100
Misc. Fees	77183
Pre-Need	83053
Trust	9022
Sales Tax	80101
	78380

TOTAL PAID

\$

20.00

Send or bring one coupon with each remittance

**COUPON**

**20**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6772**

**Credit Lot**

**Horace & Valorie Yates**

**950 47th Street**

**San Diego, CA 92102**

E6772

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

254-3151

CITY AUDITOR

No 37606

APR 07 1989

 From: Valerie Yates Address: 950 47th St, SD  
Twenty Dollars 20/100  
 in \_\_\_\_\_ Payment of coupon 21 Credit 20 Dollars (\$ 20.00 )

 Lot 66 Grave 9410 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6772BALANCE DUE 100.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

(AC-212 (Rev. 10-87))

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Tax	77184	
60% Sales of Lots	100	<u>20.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
TOTAL PAID	75360	<u>20.00</u>

ISSUED BY



Send or bring one coupon with each remittance

**COUPON**

**21**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6772 Credit Lot**

**Horace & Valorie Yates**

**950 47th Street**

**San Diego, CA 92102**

*E6772*

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 37757


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 254-3151

 From: Valorie Yates Address: 950 47th Street, #2102  
Twente, CA 94105  
 In \_\_\_\_\_ Payment of Coupon #2 - Credit for Dollars (\$ 20.00)

 Lot 66 Grave 9-10 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6772BALANCE DUE 80.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007
20% Sales Tax	77184
80% Sales of Lots	100
Opening/Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording & Misc. Fees	100
Pre-need Trust	83033
Sales Tax	8022
	80101
	78380

20 00

CITY AUDITOR

MAY 6 1989

ISSUED BY

TOTAL PAID

20 00

Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6772

Credit Lot

Horace & Valerie Yates

950 47th Street

San Diego, CA 92102

E672

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							10				

Amount due when paid on, or before,  
due date above.



\$ 20.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 38111

 From: Valencia Yates Address: 950 47th Street Date: 6-5-89  
Twenty No/100 Dollars (\$) 20.00  
 In \_\_\_\_\_ Payment of Coupon 23 Credit Set

 Lot 66 Grave 9410 Row \_\_\_\_\_ Section 2 Division 11  
 Block 20

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6772BALANCE DUE 60.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

 CITY AUDITOR  
 JUN 09 1989
ISSUED BY Andy

CREDIT	67007	
20% Sales Care	77184	<u>20</u>
80% Sales	100	<u>00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	89033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>20</u>

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6772** Credit Lot

**Horace & Valorie Yates**

**~~950~~ 47th Street**

**San Diego, CA 92102**

*EL 772*

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							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**

\$ \_\_\_\_\_

NAME HORACE / VALORIE YATES Amount Received \$ \_\_\_\_\_

ADDRESS 960 - 47th St

CITY San Diego STATE Ca ZIP 92102

☒ check (✓) if this is new address



NAME Yates, Horace &amp; Valorie

263-5375

E6772

ACCT. NO. E-6772

ADDRESS 950 47th Street, San Diego, Ca 92102

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
30 87	Lot 66, Graves 9 & 10, Section 2, Division 11	500 00		120 00	380 00
2-3 88	Coupon #7, Receipt # 35642			20 00	360 00
3-8 88	Coupon # 8, Receipt # 35838			20 00	340 00
5-3 88	Coupon 10, Receipt 36086			20 00	320 00
6-8 88	Coupon 11, Receipt 36277			20 00	300 00
7-5 88	Coupon 12, Receipt 36367			20 00	280 00
8-3 88	Coupon 13, Receipt 36488			20 00	260 00
9-7 88	Coupon 14, Receipt 36655			20 00	240 00
10-6 88	Coupon 15, Receipt 36747			20 00	220 00
11-4 88	Coupon 16, Receipt 36920			20 00	200 00
12-7 88	Coupon 17, Receipt 37065			20 00	180 00
1-4 89	Coupon 18, Receipt 37170			20 00	160 00
2-8 89	Coupon 19, Receipt 37340			20 00	140 00
3-6 89	Coupon 20, Receipt 37446			20 00	120 00
4-1 89	Coupon 21, Receipt 37615			20 00	100 00
5-4 89	Coupon 22, Receipt 37757			20 00	80 00
6-5 89	Coupon 23, Receipt 38111			20 00	60 00
7-3 89	Coupon 24, Receipt 38218			20 00	40 00
4-4 88	Coupon 4, Receipt 35963			20 00	40 00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO

38274

E6772

From: Volunt. Pmts Address: 980 - 47th St, SD Date: 7-11 1989  
Porty / dollars value  
 In Payment of Group 84 United Lst Payment Dollars (\$ 40.00)  
in full  
 Lot 66 Grave 1810 Row 2 Section 2 Division 11 Block 40.00

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-6772  
 BALANCE DUE 2

Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	8022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>40.00</u>

CITY AUDITOR

JUL 14 1989

1217

Send or bring one coupon with each remittance

COUPON **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6772** Credit Lot

**Horace & Valerie Yates**  
**950 47th Street**  
**San Diego, CA 92102**

*E 6772*

**960**

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							<b>10</b>				

Amount due when paid on or before due date above.

► \$ **40.00**

Amount due if paid more than \_\_\_\_\_ days after due date above.

► \$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME **Valerie Yates**

ADDRESS **960-47th**

CITY **San Diego** STATE **Ca** ZIP **92102**

☒ check (✓) if this is new address

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-1-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Bladys Davis (X)  
in a Ash Vault Funeral, date, time Fri 7/10 2:00  
Vault/Liner

Church, Chapel Graveside Graveside ; Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran NO

Lot 783 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 5 Division/Block 8

Grave space & Care Fund In space with Jerry H. Fennel

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 105.00

Burial Container \_\_\_\_\_ 40.00

Handling Fees \_\_\_\_\_ 60.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 2.40

Total Due \_\_\_\_\_ 242.40

Paid receipt number 34759 50.00

Balance due 192.40

I hereby certify I am the Daughter of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Betty Fennel  
Signature  
208 Tapt Ave. #1  
Address  
El Cajon, Calif. 92020  
State  
0444-4953  
Telephone Zip Code

Work Order # E 6773  
PY-683 (REV. 8-85)

Invoice # 08371

Acct. # 022619



## NOTE-STRAIGHT

\$ 192.40 San Diego, California, July 1, 1987\$25 month each 30 days after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mt. Hope Cemetery or San Diego City Treasureror order  
at 3751 Martin Luther King Way, San Diego, CA 92102the sum of \$25 month until balance of \$192.40 paid in full DOLLARS.with interest from \_\_\_\_\_ on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Betty Fennell200 Taylor Ave. #1, El Cajon, Ca. 92020

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE0512233



George

from MT. HOPE CEMETERY

3751 Market Street  
San Diego, CA 92102  
264-3151

MEMO

Call Betty Fennell  
@ 444-4953

Re: 783 - 5 - 8

She would like to  
have ashes interred in  
above grave. (Believe Mother)

She would like to talk  
to you about money  
arrangements. \$100 down  
and rest in payments  
if possible.

She will come in on  
7-1 if you don't get her  
by phone.

Dave

She talked to  
D. Naley from  
Goodbody



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6773

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>GLADYS B. DAVIS</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>AUGUST 25, 1906</b>	DATE OF DEATH <b>JUNE 26, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>EL CAJON</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>BETTY FENNEL DAUGHTER</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>GOODBODY MORT. 5027 EL CAJON BLVD., SAN DIEGO, CA</b>		CALIFORNIA LICENSE NUMBER <b>F790</b>		200 TAFT AVENUE, APT. #1 <b>EL CAJON, CALIFORNIA 92020</b>

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>GREENWOOD CREMATORY, 1805 S. IMPERIAL AVE., SAN DIEGO, CA</b>	DATE CREMATED <b>JUL 2 1987</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>D. W. Hallansrud</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Fiberglass urn box - In Concrete Ash Vault</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <div style="border-top: 1px solid black; height: 20px; width: 100%;"></div>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUL 02 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/10/87</b> <small>(ENTER DATE)</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Georgina S. Seltzer</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		
SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Brown, M.D.</i>			
LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE			

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


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 34759

From: Petty, Texell Address: 200 Taft Ave. Apt I, El Cajon Date: 7-1 1987  
Fifty dollars Dollars (\$ 50.00)  
 In \_\_\_\_\_ Payment of Marjorie Davis  
 Lot 283 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 5 Division Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6773BALANCE DUE 192.40Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-85)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	50 -
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fee	77183	
Pre-Need	83033	
Trust	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	50 -

ISSUED BY Donny Reed



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date

7/2/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Colleen Grace O'Brien  
in a Double Crypt Funeral, date, time 10 AM - 7/6-87 - Mon

Church, Chapel, Graveside Chapel & S Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran       

Lot 119 Grave 8 Row        Section 2 Division/Block 11

Grave space & Care Fund 850.00

Additional spaces and care fund Willard T. O'Brien 320.00

Opening/Closing & Setup 330.00

Burial Container D.C. 320.00

Handling Fees 35.00

Flower vases - Marker setting fee 19.80

Recording and filing fee 1274.80

Sales taxes 1274.80

Win Bishop ordered  
will pay Monday  
OK



Paid receipt number 54775

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

S/ Willard T O'Brien  
Signature #243 Copeland Ave  
Address 89 92105  
State 563-1073 Zip Code  
Telephone

Work Order #

**E 6774** ✓

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6774

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>COLLEEN GRACE O'BRIEN</b>		SEX <b>Female</b>	DATE OF BIRTH <b>May 21, 1908</b>	DATE OF DEATH <b>July 1, 1967</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Willard T. O'Brien - Husband 4243 Copeland Ave. San Diego, CA</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Rogers Mortuary-4094 University Ave.-San Diego</b>		CALIFORNIA LICENSE NUMBER <b>CA 92105 69</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery- 3751 Martin Luther King - San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	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 SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>non-metal casket metal on bottom</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b> <i>Double Crypt</i>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$ 3.00</b>	DATE PERMIT ISSUED <b>JUL 2, 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/6/87</b> <small>(ENTER DATE)</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Leoyun Seltzer</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

**COPY 2** IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 34775

To Willard O'Brien Date: 7/6/87, 19\_\_  
 From: Willard O'Brien Address: 4243 Copeland Ave - SD - Ca  
Twelve Hundred Seventyfour and 80/100 Dollars (\$ 1274<sup>80</sup>/<sub>2</sub>)  
 In full Payment of Interment of Colone Jean P'Brien - Dad and  
double crypt for Willard O'Brien - all Pd but second opening & closing & marker.  
 Lot 119 Grave 8 Row 2 Section 2 Division Blank Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E6774BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-80)

081426  
Horn Federal
NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	60007	
25% Sales Tax	77184	<u>50 00</u>
80% Sales	100	<u>200 00</u>
of Lab	77184	
Opening/	100	<u>320 00</u>
Closing	77181	
Burial	100	<u>330 00</u>
Containers	77182	
	100	<u>320 00</u>
Handling Fee	77183	
Recording &	100	<u>35 00</u>
Misc. Fees	77185	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	<u>19 80</u>
	78390	
TOTAL PAID		<u>\$ 1274 80</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Credit  
Sale

Date 7/2/87

Charlie Turner

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Henretta Turner "a married woman"

in a Liner funeral, date, time Tuesday - 2 P.M.

Church, Chapel, Graveside Depot St. head Loggale Mortuary.

All Funeral cars must 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 65 Grave 516 Row ~ Section 2 Division/Block 11

Grave space & Care Fund 2 sp @ 250 500.00

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container Liner 100.00

Handling Fees 145.00

Flower vases - Marker setting fee 35.00

Recording and filing fee 6.00

Sales taxes 756.00 due

Total Due 1106.00

Receipt number 34915 756.00

34959 100.00

Balance due 250.00

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature 5416 Geneva Ave

Address 58. 92 114

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 059697

Acct # 023037

Work Order # E 6775



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6775

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>CHARLIE H. TURNER</b>		SEX <b>Male</b>	DATE OF BIRTH <b>April 24, 1913</b>	DATE OF DEATH <b>August 8, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Henretta H. Turner - Wife 5416 Geneva Avenue San Diego, California 92114</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <div style="text-align: center;"><b>Steel</b></div>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT   DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.  AMOUNT OF FEE PAID <b>3.00</b> DATE PERMIT ISSUED <b>AUG 12 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald E. Carras, M.D., M.H.</b>	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>6/5/2/11</b> (YEAR/MONTH/DAY)  SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY IF NOT APPLICABLE. COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**

254-3151

No 34859

Date: 7-28 1987

From: Berretta Turner Address: 5446 Jencor Ave SD 92114

one hundred 00 Dollars (\$ 100 -- )

In: Payment of Credit for Sales Coupon 1-5

Lot 65 Grave 546 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 6775

BALANCE DUE 7/100

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AO-212 (Rev. 11-80)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	100 --
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	60035	
Trust	8022	
Sales Tax	50101	
	78380	
TOTAL PAID	\$	100 --

ISSUED BY [Signature]

1325



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34915

Date: 8-10-, 1987From: HEURETTA TURNER Address: 5416 GENEVA AVE. S.D. CA 92114
Seven hundred fifty six dollars and 14/100 Dollars (\$ 756.00 )
In \_\_\_\_\_ Payment of Interment for Charlie Turner - dec.
 Lot 65 Grave 5 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 6775

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

208

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY Wendy Jo League

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	150
of Lots	77184	
Opening/	100	320
Closing	77181	
Survival	100	100
Containers	77182	
	100	145
Handling Fee	77183	
Recording &	100	35
Misc. Fees	77183	
Pre-Need	63003	
Trust	9022	
Sales Tax	00101	6
	78290	
TOTAL PAID	\$	756



Send or bring one coupon with each remittance **COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-6775 Credit Lot

Henretta Turner & Husband

5416 Geneva Avenue

San Diego, CA 92114 E6775

**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.



\$ 20.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ 21.00

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**2**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6775** Credit Lot

**Henretta Turner & Husband**

**5416 Geneva Avenue**

**San Diego, CA 92114**

**E-6775**

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	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

Amount Received

\$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6775** Credit Lot

**Henrietta Turner & Husband**

**5416 Geneva Avenue**

**San Diego, CA - 92114**

*E6775*

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address



Send or bring one coupon with each remittance **COUPON**

**4**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6775 Credit Lot**

**Henretta Turner & Husband**

**5416 Geneva Avenue**

**San Diego, CA 92114**

*E6775*

**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.

\$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6775 Credit Lot**

**Henretta Turner & Husband**  
**5416 Geneva Avenue**  
**San Diego, CA 92114** *76775*

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							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**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

Credit Sale

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

7/2/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jerelene Nichols

in a \_\_\_\_\_ Vault/Urner \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside Pr Med Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 66 Grave 243 Row ~ Section 2 Division/Block 11

Grave space & Care Fund 2240 2500 5000

Additional space and care fund Reserve 2240 to 7/1/88

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling \_\_\_\_\_

Flower vases, marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 500-

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature 4557 Logan - apt D

Address 20 98113

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6776

PR-693 (REV. 8-85)



7-13-87 34810

7-15-87 34820

8-4-87 34878

8-4-87 34879

8-5-87 34891

8-18-87 34948

9-3-87 34983

9-14-87 35038

9-23-87 35065

9-23-87 35066

500 -  
40 -

460 <sup>00</sup>

40 <sup>00</sup>

420 <sup>00</sup>

40 <sup>00</sup>

380 <sup>00</sup>

40 <sup>00</sup>

340 <sup>00</sup>

40 <sup>00</sup>

300 <sup>00</sup>

40 <sup>00</sup>

260 <sup>00</sup>

60. <sup>00</sup>

200 <sup>00</sup>

60. <sup>00</sup>

140. <sup>00</sup>

60. <sup>00</sup>

80. <sup>00</sup>

80. <sup>00</sup>

~~0~~

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34810

From:

*Jeslene Nichols*  
*Forty Dollars*

Address:

*4557 Logan Ave #D SD 92113*

Date:

*7-13 87*

Dollars (\$

*40*

In

Payment of

*Coupon 182, Credit Lot*

Lot

*66*

Grave

*243*

Row

Section

*2*
Division  
Block
*11*

Invoice No.

Acct. No.

W.O.

BALANCE DUE

*E-6776*  
*460.00*
NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT

20% Sales Care

87007

77184

80% Sales

100

of Lots

77184

Opening/

100

Closing

77181

Burial

100

Containers

77182

100

Handling Fee

77183

Recording &amp;

100

Misc. Fees

77183

Pre-Need

63033

Trust

8022

Sales Tax

80101

78380

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 11-86)

*239*

ISSUED BY

*Andy Wood*

TOTAL PAID

\$

*40*

Send or bring one coupon with each remittance

**COUPON**

**1**

**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**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							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 JERELENE NICHOLS

ADDRESS 4557 LOGAN AVE # D

CITY SAN DIEGO STATE CA. ZIP 92113

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**2**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

E-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	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

Amount Received

\$ 20.00

NAME JERELENE NICHOLS

ADDRESS 4557 Logan #D

CITY SAN DIEGO STATE CA. ZIP 92113

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34879

Date: 8-4, 1987From: Jerlene Nichols Address: SD.
Forty Dollars Dollars (\$) 40.00

 In Coupon Payment of Credit Sale - Coupon # 7 & 8  
E-6776

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6776

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☐ On Acct ☒Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

764NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEISSUED BY JTD

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>40.00</u>
Opening/	77154	
Closing	100	
Burial	77181	
Containers	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	03033	
Sales Tax	0022	
	00101	
	75300	
TOTAL PAID	\$	<u>40.00</u>

And or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6776** Credit Lot

**Jarelene Nichols**

**4557 Logan Avenue, Apt D**

**San Diego, CA 92113**

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.



\$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME **JERELENE NICHOLS**

ADDRESS **4557 LOGAN AVE #D**

CITY **SAN DIEGO** STATE **CA** ZIP **92113**

☐ check (✓) if this is new address



and or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6976 "Credit Lot"

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	JUL
							10				

Amount due when paid on, or before,  
due date above



\$ 20.00

Amount due if paid more than 6776 days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

NAME JERLENE NICHOLS Amount Received \$ 20.00

ADDRESS 4557 LOGAN AVE # D

CITY SAN DIEGO STATE CA ZIP 92113

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34878

Date: 8-4, 1987From: Jerlene Nichols Address: S.D.Forty Dollars Dollars (\$ 40.00)In Coupon Payment of Credit Sale - Coupon # 5 & 6  
E-6776

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6776

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☐ On Acct ☒Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-88)

766NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY JJD

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>40.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Mac. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	76380	
TOTAL PAID	\$	<u>40.00</u>

Send or bring one coupon with each remittance

**COUPON**

**5**

**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**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							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**

\$ \_\_\_\_\_

NAME **JERELENE NICHOLS** Amount Received \$ **20.00**

ADDRESS **4557 LOGAN AVE #D**

CITY **SAN DIEGO** STATE **CA.** ZIP **92113**

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6776 Credit Lot

**Jerelene Nichols**

**4557 Logan Avenue, Apt D**

**San Diego, CA 92113**

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							10				

Amount due when paid on, or before,  
due date above.

\$ 20.00

Amount due if paid more than 76 days  
after due date above.

\$ 1.00

\$

NAME

Amount Received

\$ 20.00

**JERELENE NICHOLS**

ADDRESS

**4557 LOGAN AVE #D**

CITY

**SAN DIEGO**

STATE

**CA**

ZIP

**92113**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34891

Date: 8-5, 1987From: Jerlene Nichols Address: S.D.Forty Dollars Dollars (\$ 40.00 )In Coupon Payment of Credit Sale - Coupons #9, 10.  
E-6776
 Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6776

BALANCE DUE \_\_\_\_\_

 Pre-Need Lot ☐ At Need ☐ On Acct. ☒  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

782NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

JD

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>40.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>40.00</u>

Send or bring one coupon with each remittance **COUPON**

**9**

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

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							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**

\$ \_\_\_\_\_

NAME **JERELENE NICHOLS** Amount Received \$ **20.00**  
ADDRESS **4557 LOGAN AVE. #D**  
CITY **SAN DIEGO** STATE **Ca.** ZIP **92113**  
☐ check (✓) if this is new address



Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6776

Credit Lot

Jarlene Nichols

4557 Logan Avenue, Apt D

San Diego, CA 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							10				

Amount due when paid on, or before,  
due date above.



\$ 20.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 20.00

NAME JERELENE NICHOLS

ADDRESS 4557 LOGAN AVE #D

CITY SAN DIEGO STATE CA ZIP 92113

☐ check ☒ if this is new address

## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34948

From:

*Perlene Nichols*  
*Forty dollars*

Address:

*9557 Logan St, SD 92113*

Date:

*8-18-87*

Dollars (\$

*40.00*

In

Payment of

*Coupon # 1112 Credit Lot*

Lot

*66*

Grave

*243*

Row

Section

*2*

Division

*Block 11*

Invoice No.

Acct. No.

W.O.

*E-6776*

BALANCE DUE

*260.00*
NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE

CREDIT

20% Sales Care

67007

80% Sales

77184

of Lots

100

Opening/

77184

Closing

100

Burial

77181

Containers

100

Handling Fee

77182

Recording &amp;

100

Misc. Fees

77183

Pre-Need

63033

Trust

8022

Sales Tax

80101

TOTAL PAID

78390

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 11-88)

ISSUED BY

*Sandra Ward*

TOTAL PAID

\$

*40 -*

Send or bring one coupon with each remittance

**COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6776** Credit Lot

**Jarelane Nichols**  
**4557 Logan Avenue, Apt D**  
**San Diego, CA 92113**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							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**

\$ \_\_\_\_\_

NAME **JERELANE NICHOLS** Amount Received \$ **20.00**  
ADDRESS **4557 LOGAN AVE #D**  
CITY **SAN DIEGO** STATE **CA** ZIP **92113**

☐ check (✓) If this is new address



Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6776 Credit Lot

Jerelene Nichols

4557 Logan Avenue, Apt D

San Diego, CA 92113

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							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

\$ 20.00

NAME JERELENE NICHOLS Amount Received \$

ADDRESS 4557 LOGAN AVE. #D

CITY SAN DIEGO STATE CA ZIP 92113

☐ check ☒ if this is new address

## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35038

Date: 9-14, 1987

From: Jessie Nichols Address: 4557 Oregon St, SD 92113In Sixty dollars Dollars (\$ 60.00)In Payment of Coupon 16, 17 & 18 Credit SaleLot 66 Grave 2 & 3 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 6776BALANCE DUE 140.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-85)

842

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77154	
80% Sales of Lots	100	60 -
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-filled Trust	77183	
Sales Tax	83033	
	9022	
	80101	
	78300	
TOTAL PAID	\$	60 -

ISSUED BY

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6776 Credit Lot

Jarelene Nichols

4557 Logan Avenue, Apt D

San Diego, CA 92113

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.



\$ 20.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 20.00

NAME JERELENE NICHOLS

ADDRESS 4557 LOGAN AVE #D

CITY SAN DIEGO STATE CA. ZIP 92113

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6776** Credit Lot

**Jerelene Nichols**

**4557 Logan Avenue, Apt D**

**San Diego, CA 92113**

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							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**

\$ \_\_\_\_\_

NAME

Amount Received \$ **20.00**  
**JERELENE NICHOLS**

ADDRESS

**4557 LOGAN AVE #D**

CITY

**SAN DIEGO** STATE **CA.** ZIP **92113**

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6776 Credit Lot

Jerelene Nichols

4557 Logan Avenue, Apt D

San Diego, CA 92113

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							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

\$ \_\_\_\_\_

Amount Received

\$ 20.00

NAME JERELENE NICHOLS

ADDRESS 4557 LOGAN AVE #D

CITY SAN DIEGO STATE CA, ZIP 92113

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 35066

From:

*Joseline T. Haisels* Address: *4557 Legan #A, SD*

Date:

*9-23*, 19*87*

In

Payment of

*Eighty dollars* Dollars (\$) *80.00*  
*Manager # 22, 23 & 24 Credit*

Lot

*66* Grave: *283* Row \_\_\_\_\_ Section *2* Division Block *11*

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. *E-6776*BALANCE DUE *8*NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	87007
20% Sales Tax	77184
80% Sales of Lots	100
Opening/Closing	77181
Burial Containers	100
	77182
	100
Handling Fee	77183
Recording & Misc. Fees	100
	77183
Pre-Need Trust	83093
	8022
Sales Tax	80101
	78360

 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

ISSUED BY

*Sandy Ward*

TOTAL PAID

\$

*80*



Send or bring one coupon with each remittance. COUPON

22

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

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							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

\$ \_\_\_\_\_

Amount Received

\$ 20.00

NAME JERLENE NICHOLS

ADDRESS 4557 LOGAN APT D

CITY SAN DIEGO STATE CA, ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**23**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6776 Credit Lot**

**Jarelane Nichols**

**4557 Logan Avenue, Apt D**

**San Diego, CA 92113**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							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**

\$

\$

NAME

**JERELANE NICHOLS**

ADDRESS

**4557 LOGAN #D**

CITY

**SAN DIEGO**

STATE

**CA.**

ZIP

**92113**

☐ check ☒ if this is new address

Send or bring one coupon with each remittance

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6776 Credit Lot

Jerelene Nichols

4557 Logan Avenue, Apt D

San Diego, CA 92113

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							10				

Amount due when paid on or before  
due date above

\$ 40.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above

\$ 1.00

\$ 40.00

Amount Received

\$ ~~2100.00~~

NAME JERLENE NICHOLS

ADDRESS 4557 LOGAN APT D

CITY SAN DIEGO STATE CA ZIP 92113

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 35065

Date: 9-23, 1987From: Jerome Nichols Address: 4557 Logan #A, SDIn Sixty Dollars Payment of Caskets 19, 20 & 21 Credit Ref Dollars (\$ 60.00)Lot 66 Grave 2 & 3 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6776BALANCE DUE 80.00Pre-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	67007	
20% Sales Care	77184	<u>20</u> -
80% Sales	100	<u>40</u> -
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78300	
TOTAL PAID	\$	<u>60</u> -

ISSUED BY [Signature]

0853

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6776**

**Credit Lot**

**Jerelene Nichols**

**4357 Logan Avenue, Apt D**

**San Diego, CA 92113**

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.



\$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received, \$

**20.00**

NAME **JERELENE NICHOLS**

ADDRESS **4357 LOGAN AVE #D**

CITY **SAN DIEGO** STATE **CA.** ZIP **92113**

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6776 Credit Lot

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	JUL
							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

\$ \_\_\_\_\_

NAME

JERELENE NICHOLS

ADDRESS

4557 LOGAN AVE #D

CITY

SAN DIEGO

STATE

CA, ZIP 92113

☐ check ☒ if this is new address



Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **B-6776** Credit Lot

**Jerlene Nichols**

**4557 Logan Avenue, Apt D**  
**San Diego, CA 92113**

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							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**

\$ \_\_\_\_\_

NAME JERELNE NICHOLS  
ADDRESS 4557 LOGAN APT D  
CITY SAN DIEGO STATE CA ZIP 92113

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34820

From: Jerelene Nichols Address: 4557 Loma Ave, Apt 15  
Forty dollars Dollars (\$ 40.00)  
 In Payment of Coupon 3 & 4 Credit Lot  
 Lot 66 Grave 2 & 3 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6776BALANCE DUE 7.20Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-88)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	87007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	40 -
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	40 -

ISSUED BY Andrea Valle

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6776**

Credit Lot

**Jerelene Nichols**

**E6776**

**4557 Logan Avenue, Apt D**

**San Diego, CA 92113**

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							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**

\$ **20.00**

NAME **JERELENE NICHOLS**

ADDRESS **4557 Logan Ave Apt D**

CITY **SAN-DIEGO** STATE **CA.** ZIP **92113**

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 254-3151

No 34983

Date: 9-2, 1987

From: Arcene N. N. Address: 4552 Laguna A, SD 92113

In: Sixty dollars Payment of 200.00 13-15 Credit for

Dollars (\$ 60.00)

Lot 66 Grave 243 Row Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6776

BALANCE DUE 200.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AD-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77164	
80% Sales	100	60 -
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	60 -

ISSUED BY: [Signature]

805

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6776** Credit Lot

**Jerelene Nichols** *E6776*  
**4557 Logan Avenue, Apt D**  
**San Diego, CA 92113**

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.



\$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ **20.00**

NAME **JERELENE NICHOLS** Amount Received \$  
ADDRESS **4557 LOGAN AVE #D**  
CITY **SAN DIEGO** STATE **CA** ZIP **92113**

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6776**

**Credit Lot**

**Jerelene Nichols**

**4557 Logan Avenue, Apt D**

**San Diego, CA 92113**

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							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**

\$ \_\_\_\_\_

NAME JERELENE NICHOLS

ADDRESS 4557 LOGAN # D

CITY SAN DIEGO STATE CA. ZIP 92113

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-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	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

\$

NAME JERELENE NICHOLS

ADDRESS 4557 LOGAN AVE #D

CITY SAN DIEGO STATE CA ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6776**

**Credit Lot**

**Jerelene Nichols**

**4557 Logan Avenue, Apt D**

**San Diego, CA 92113**

*E-6776*

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							<b>10</b>				

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**

~~\$ 20.00~~

NAME JERELENE NICHOLS

ADDRESS 4557 LOGAN AVE D

CITY SAN DIEGO STATE CA ZIP 92113

☐ check (✓) if this is new address

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-6-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Leslie Nicholas

in a liner Funeral, date, time Wed 7/8 at 10:00 a.m.

Church, Chapel, Graveside Goodbody Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran Drop off

Lot 58 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section IOOF Division/Block 22

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_

Total Due 35.00

Paid receipt number 34776 35.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # OK

Acct # \_\_\_\_\_

Work Order #

**E 6777**

PY-693 (REV. 8-85)



# **PERMIT FOR DISPOSITION OF HUMAN REMAINS**

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>LESSIE FLORENCE NICHOLAS</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>Nov. 19, 1897</b>	DATE OF DEATH <b>JULY 3, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>LA MESA</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>CHARLES E. NICHOLAS 2070 RUE DE LA MONTAGNE OCEANSIDE, CA 92054</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>GOODBODY MORTUARY 5027 EL CAJON BLVD., SAN DIEGO, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-790</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |  |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                     |  |  |

**FOR CORONER'S USE ONLY**

☐ 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	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 SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 8 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Cameros, M.D.M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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**

**COPY 2**

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS

(REV. 1-86) FORM VS-9

**6777**

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY

254-3151

No 34776

From

E. Nicolas

Address

2020 Rue De La Montagne

Date

7-6-87

In

Payment of

thirty-five 00/100  
Recording Fees for Leslie Nicholas

Dollars (\$)

Beardside 35

Lot

58

Grave

Row

100F

Section

100F

Division

22

Invoice No.

Acct. No.

W.O.

E-6777

BALANCE DUE

0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT

20% Sales Care

67007

77154

80% Sales

100

of Lots

77164

Opening/

100

Closing

77181

Burial

100

Containers

77182

Handling Fee

100

Recording &amp;

77183

Misc. Fees

100

Pre-Need

63033

Trust

9022

Sales Tax

80101

78390

TOTAL PAID

\$

35 -

Pre-Need Lot

☐

At Need

☒

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

ISSUED BY

Andy Ward



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

7/6/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Khambong Sihavong ♂

in a Crematorium Funeral, date, time Thurs Eve 7/10

Church, Chapel, Graveside No graveside : Pogers Mortuary.

All Funeral cars must 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 3 Grave 6 Row 1 Section 1 Division/Block 12

Grave space & Care Fund Single urn spec 100<sup>00</sup>

Additional spaces and care fund none

Opening/Closing & Setup 105<sup>00</sup>

Burial Container 40<sup>00</sup>

Handling Fee 60<sup>00</sup>

Flower vases - Marker setting fee

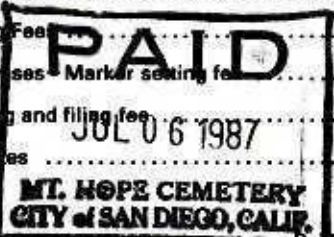
Recording and filing fee 35<sup>00</sup>

Sales taxes 2.40

Total Due 342.40

receipt number 34772 342.40

Balance due 0



I hereby certify I am the Widow of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of authorized holder of deed

Khambong  
281-3820  
Call When Completed

Work Order # E 6778

PV-593 (REV. 8-86)

X Khambong Sihavong  
Signature  
X 1635 W. Flint way.  
Address  
X Fresno, CA 93705  
State Zip Code  
X  
Telephone

Invoice #

Acct. #



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>KHAMBONG SIRAVONG</b>		SEX <b>Male</b>	DATE OF BIRTH <b>May 2, 1943</b>	DATE OF DEATH <b>July 5, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Khanty Siravong - wife 1635 W. Flint Way Fresno, CA</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Rogers Mortuary, 4094 University, San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>69</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Ht. Hope Cemetery, 3751 Martin L. King Way, San Diego, CA 92102</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS TO BE CREMATED <b>Lanada Crematory, 14065 Olds Hwy 80</b>	DATE CREMATED <b>7/11/87</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>NA</b> <i>Plastic urn in ashvaul (county)</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b> <i>Center of Surgery</i>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <div style="border-top: 1px solid black; height: 20px; width: 100%;"></div>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID <b>\$3.00</b> DATE PERMIT ISSUED <b>JUL 7 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D. Imm</i>	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/11/87</b> <small>(ENTER DATE)</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Boyer Skellis</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

**COPY 3** OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY IF NOT APPLICABLE. COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.

N2 34772

## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

Date:

July 6

87

From:

Khamby B. Bavon

Address:

1635 W. Front Way Fresno 93705

In

JGL

Payment of

Interment of Cremains of Khamby B. Bavon

Lot

3

Grave

6 (1st sp)

Row

Section

-1-

Division

Block 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT

20% Sales Tax

6700Y

77184

80% Sales

100

of Lots

77184

Opening/

100

Closing

77181

Burial

100

Containers

77182

Handling Fee

100

Recording &amp;

77183

Misc. Fees

100

Pre-Need

63033

Trust

9022

Sales Tax

80101

TOTAL PAID

76380

Pre-Need Lot

☐

At Need

☒

On Acct

☐

Pre-need Trust

☐

Cash

☒

Check

☐

AC-212 (Rev. 11-88)

ISSUED

TOTAL PAID

t

342 40

 Single  
 1st sp

Dollars (\$342 40)

Three Hundred Forty-two and 40/100

Schavoy &amp; Co. Within 24 Working hrs after delivery



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-6-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of Daniel Sate <sup>29-m.</sup>

in a - Bell - Funeral, date, time Wed 7-8-87

Church, Chapel Graveside Graveside; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran \_\_\_\_\_

Lot 19 Grave (2) Row \_\_\_\_\_ Section 4 Division/Block 6

Grave space & Care Fund Grave Fee Trust

Additional spaces and care fund \$ Lot

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 0

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6779**

PY-593 (REV. 9-86)



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>DANIEL ARTHUR TATE</b>		SEX <b>Male</b>	DATE OF BIRTH <b>October 19, 1913</b>	DATE OF DEATH <b>July 4, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Mrs. Martha Walashek - sister</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Rogers Mortuary, 4094 University, San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>69</b>	P. O. Box 637 <b>Hydesville, CA 95547</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Martin L. King Way, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>NA</b> <i>flat behind Alister Hadwase</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b> DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 7 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D.M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/8/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Raymond [Signature]</i> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

P.A.

1033247  
Mark Host

MT HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-7

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ellie Cash

in a \_\_\_\_\_ Vault/Liner \_\_\_\_\_ Funeral, date, time Wed 7/8 11:00

Church, Chapel, Graveside \_\_\_\_\_ El Cajon Colla Monterey

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran drag off

Lot 122 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund Top 55

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 90

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 145.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 058375

Acct. # 000852

Work Order # E 6780



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Ellie Laron Cash</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Aug. 21, 1940</b>	DATE OF DEATH <b>June 27, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>Campe</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Public Administrator 5201- A Ruffin Road San Diego, CA 92123</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>El Cajon Carroll Mortuary 684 E. Mollison Avenue El Cajon, CA 92020</b>		CALIFORNIA LICENSE NUMBER <b>F-1022</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery - 3751 Market St. - San Diego, CA 92102</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 8 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

Credentialed

City of San Diego

Date 6-7-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruby West

in a \_\_\_\_\_ Vault/Liner \_\_\_\_\_ Funeral, date, time On need

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 495.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... none arranged at this time

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 495.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature T. J.

Address 27050th apt I

State CA Zip Code 92102

Telephone \_\_\_\_\_

Work Order # E 6781  
PY-583 (REV. 9-55)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

8/5/87 34887  
9-8-87 35012

11-3-87 35236

12-7-87 35388

1-6-88 3555

495<sup>00</sup>  
20<sup>00</sup>

475<sup>00</sup>  
20<sup>00</sup>

455<sup>00</sup>  
20<sup>00</sup>

435<sup>00</sup>  
20.00

415 00  
20.00

395.00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36140

From:

Lake West

Address:

270 - 50th St, SD 92102

Date:

5-10-88

In

Payment of

Twenty dollars no/100 - Dollars (\$ 20.00)  
 Coupon 10 Credit Lot

Lot

43

Grave

8

Row

Section

1

Division  
Block

12

Invoice No.

Acct. No.

W.O.

E-6781

BALANCE DUE

315.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAY 12 1988

CREDIT

 20% Sales Care 77184  
 80% Sales 100  
 of Lots 77184  
 Opening/ 100  
 Closing 77181  
 Burial 100  
 Containers 77182  
 Handling Fee 100  
 Recording & 77185  
 Misc. Fees 100  
 Pre-Need 03033  
 Trust 9022  
 Sales Tax 80101  
 78390

 77184  
 100  
 77184  
 100  
 77181  
 100  
 77182  
 100  
 77185  
 100  
 77183  
 03033  
 9022  
 80101  
 78390

20 00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY

TOTAL PAID

\$

20 00



Bring this coupon with each remittance

**COUPON**

**10**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6781 Credit Lot**

**/ Ruby West  
277 50th Street, Apt 1  
San Diego, CA 92102**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							10				

Amount due when paid on, or before,  
due date above.



\$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 36268

 From: Leiby West Address: 270 50th Street, San Diego Date: 6-7 1988  
Twenty Dollars no/100 Dollars (\$) 20.00  
 In Payment of Coupon 11 Credit Ref

 Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6781BALANCE DUE 295.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

821

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

JUN 13 1988

ISSUED BY

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	20 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	20 00

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6781**

**Credit Lot**

**Rady West**

**270 50th Street, Apt. 1**

**San Diego, CA 92102**

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							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**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME

*Rady West*

ADDRESS

*250 Euclid Ave, apt. 1*

CITY

*San Diego*

STATE

*CA*

ZIP

*92114*

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36366

 From Ruby West Address: 290 50th Street #1 SD Date: 7-5 1988  
twenty dollars 70/100 Dollars \$ 20.00  
 In \_\_\_\_\_ Payment of Coupon 12 Credit sat

 Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6781BALANCE DUE 275.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

832

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

JUL 11 1988

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	20	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	60033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	20	00

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6781**

**Credit Lot**

**/ Ruby West**

**277 50th Street, Apt 1**

**San Diego, CA 92102**

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							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**

\$ 20.00

NAME Ruby West Amount Received \$ \_\_\_\_\_

ADDRESS 257 Encino Ave, Apt. 1

CITY San Diego STATE CA ZIP 92114

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 36528

 From: Wm West Address: 350 Euclid Avenue

 Date: 8-8, 1988
Twenty dollars Dollars (\$) 20.00

 In payment of credit for sales

 Lot 43 Grave 8 Row 1 Section 1 Division Block 2

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-1781BALANCE DUE 255.00
 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AD-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 12 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>20</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
	77183	
Sales Tax	83033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>20</u>

847



Send or bring one coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6781**

**Credit Lot**

**Ruby West**

**277 50th Street, Apt. 1**

**San Diego, CA 92102**

**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.



\$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME**

*Ruby West*

**ADDRESS**

*258 Euclid Ave, Apt. 1*

**CITY**

*San Diego*

**STATE**

*CA*

**ZIP**

*92114*

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

N<sup>o</sup> 36638
 WHITE.....TO CUSTOMER  
 CANARY.....CEMETERY  
 PINK.....AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

From:

Ruby West

Address:

270 South Street, SD CH

Date:

9-6-88

In

Payment of

Coupon 14 Credit for

Dollars (\$

20.00)

Lot

43

Grave

8

Row

Section

1

Division  
Block

12

Invoice No.

Acct. No.

W.O.

E-6781

BALANCE DUE

235.00

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

 CITY AUDITOR  
 SEP 13 1988

ISSUED BY

 CREDIT  
 20% Sales Care  
 50% Sales  
 of Lots  
 Opening/  
 Closing  
 Burial  
 Containers  
 Handling Fee  
 Recording &  
 Misc. Fees  
 Pre-Need  
 Trust  
 Sales Tax

 67007  
 77184  
 100  
 77184  
 100  
 77181  
 100  
 77182  
 100  
 77185  
 100  
 77183  
 63033  
 9022  
 60101  
 78380

TOTAL PAID

\$

20 00

Send or bring one coupon with each remittance **COUPON****14****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. **E-6781** **Credit Lot****/ Ruby West**  
**277 50th Street, Apt 1**  
**San Diego, CA 92102****Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							<b>10</b>				

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**\$ **20.00**

Amount Received \$ \_\_\_\_\_

NAME

**Ruby West**

ADDRESS

**250 Encinitas Ave apt 1**

CITY

**San Diego**

STATE

**Ca**

ZIP

**92114**☐ check ( ☒ ) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 36790

Date: 10-5, 1988
 From: Lucy West Address: 270 50th St, SD  
twenties, no 100  
 In \_\_\_\_\_ Dollars (\$ 20.00)  
 Payment of Auger - 15. Credit Lat

 Lot 13 Grave 8 Row \_\_\_\_\_ Section 1 Division 12  
 Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-678BALANCE DUE 215.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

OCT 7 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>20.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6781**

**Credit Loc**

**Ruby West**

**277 50th Street, Apt. 1**

**San Diego, CA 92102**

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							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**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME

**Ruby West**

ADDRESS

**277 50th St, Apt 1**

CITY

**San Diego**

STATE

**CA**

ZIP

**92114**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 254-3151

No 36935

 Date: 11-7 1988  
 From: Ruby West Address: 270 30th Street, SD  
Twenty dollar 20/100 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Coupon 16 Credit for

 Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6781BALANCE DUE 195.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	87007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78290	
TOTAL PAID	\$	<u>20.00</u>

ISSUED BY

 CITY AUDITOR  
 NOV 15 1988



Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6781** Credit Lot

/ **Ruby West**

~~277 50th Street, Apt 1~~

~~San Diego, CA 92102~~

*250 Enclid Ave* 92114

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.

\$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME *Ruby West*

ADDRESS *250 Enclid Ave, apt I*

CITY *San Diego* STATE *CA* ZIP *92114*

☒ check (✓) If this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 254-3151

No 37044

Date: 12-5-88

From: Ruby West Address: 270 50th Street SD

In: twenty, no/100 Dollars (\$ 20.00 )

Lot 43 Grave 8 Row City Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6781

BALANCE DUE 175.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

DEC 9 1988

 CREDIT  
 67007 Sales Care 87007  
 77184 100  
 60% Sales of Lots 77184  
 Opening/ Closing 100  
 77181  
 Burial Containers 100  
 77182  
 Handling Fee 100  
 77185  
 Recording & Misc. Fees 100  
 77183  
 Pre-Need Trust 63033  
 9022  
 Sales Tax 80101  
 78390

ISSUED BY

TOTAL PAID

\$

20 00

Send or bring one coupon with each remittance

**COUPON**

**17**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6781**

**Credit Loc**

**Eddy West**

**277 50th Street, Apt. 1**

**San Diego, CA 92102**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							<b>10</b>				

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 37181

Date: 1-5, 1989
 From: Ruby West Address: 270 5th Street, SD  
Twenty Dollars Dollars (\$ 20.00 )

 In \_\_\_\_\_ Payment of Coupon 18 Credit Lot

 Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division 12 Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6781BALANCE DUE 155.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	83033
Trust	9022
Sales Tax	80101
	78390

TOTAL PAID

\$ 20.00

ISSUED BY

Supra Word

 CITY AUDITOR  
 JAN 11 1989

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6781** Credit Lot

/ **Ruby West**

~~277 50th Street, Apt 1~~

~~San Diego, CA 92102~~

**250 Encinitas Ave.**

**92114**

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							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**

\$ **20.00**

Amount Received \$ \_\_\_\_\_

NAME **Ruby West**

ADDRESS **250 Encinitas Ave #1**

CITY **San Diego** STATE **Ca** ZIP **92114**

☐ check ☒ if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37339

 Date: 2-8, 1989  
 From: Ruby West Address: 250 Euclid Ave, SD 92114  
Twenty Dollars 10/100 Dollars (\$) 20.00  
 In \_\_\_\_\_ Payment of Funeral 19 Credit for

 Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6781BALANCE DUE 135.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Com	77184		
90% Sales	100	<u>20</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>20</u>	<u>00</u>

 CITY AUDITOR  
 FEB 16 1989



Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6781**

**Credit Lot**

**Ruby West**

**277 50th Street, Apt. 1**

**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:

\$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above:

\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37461

From:

Rebekah West

Address:

270 50th St, SD 92102

Date:

3-7 1989

In

Payment of

Twenty \$/100 Coupon 20 Credit 20

Dollars (\$ 20.00)

Lot

43

Grave

8

Row

Section

1

Division

Block 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE

8-6781

115.00

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 10-87)

929

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAR 10 1989

ISSUED BY:

 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  
 77182  
 100  
 77185  
 100  
 77183  
 63033  
 8022  
 60101  
 78390

TOTAL PAID

\$

 20 00  
 20 00

Send or bring one coupon with each remittance

**COUPON**

**20**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6781**

**Credit Lot**

**/ Ruby West**

**277 50th Street, Apt 1**

**San Diego, CA 92102**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							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**

\$ \_\_\_\_\_

NAME

*Ruby West*

Amount Received

\$ **20.00**

ADDRESS

*250 Archid Ave, Apt 1*

CITY

*San Diego*

STATE

*CA*

ZIP

*92114*

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 37657

 From: Ruby West Address: 250 Euclid Ave, SD Date: 4-10, 1989  
Twins, 10/10  
 In \_\_\_\_\_ Payment of Lauren 21 Credit Dollars (\$ 20.00)

 Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE 95.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

JC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

APR 17 1989

ISSUED BY Andy [Signature]

CREDIT	67007	
20% Sales Tax	77184	<u>16.00</u>
80% Sales of Lots	100	<u>4.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

939

Send or bring one coupon with each remittance

COUPON **21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6781**

Credit Lot

**Rady West**

**277 50th Street, Apt. 1**

**San Diego, CA 92102**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							<b>10</b>				

Amount due when paid on, or before,  
due date above.

**\$ 20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

**\$ 15.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

*Rady West*

ADDRESS

*250 Euclid Ave apt. B*

CITY

*San Diego*

STATE

*CA*

ZIP

*92114*

☐ check ☒ if this is new address

*new apt. number*

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 254-3151

No 37783

 From: Lucy West Address: 2077 50th Street Date: 5-8, 1989
Twenty, 20/100 Dollars (\$ 20.00)  
 In Payment of Open 22 Credit Lot

 Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6781BALANCE DUE 25.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390
TOTAL PAID	\$ <u>20.00</u>

ISSUED BY

Lucy West

CITY AUDITOR

MAY 12 1989

957



Send or bring one coupon with each remittance

**COUPON**

**22**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6781 Credit Lox**

**/ Ruby West  
277 50th Street, Apt 1  
San Diego, CA 92102**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							10				

Amount due when paid on, or before,  
due date above.



\$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

**20.00**

NAME

**Ruby West**

ADDRESS

**277 50th Street, Apt 1**

CITY

**San Diego**

STATE

**CA**

ZIP

**92102**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38123

 Date: 6-6, 1989

 From: Yule, West Address: 250 Pinedale, SD 92114  
Walter Ballars 10/100 Dollars (\$ 20.00)

 In Union 23 Credit Lot Payment of

 Lot 43 Grave 8 Row 1 Section 1 Division 12  
 Block 2000

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. E-678

 BALANCE DUE 55.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

 CITY AUDITOR  
 JUN 09 1989

 ISSUED BY [Signature]

CREDIT	67007
20% Sales Care	77184
80% Sales of Lots	100
Opening/Closing	77184
Burial Containers	100
Handling Fee	77181
Recording & Misc. Fees	100
Pre-Need Trust	77182
Sales Tax	100
	77185
	100
	77183
	63033
	9022
	60101
	78360
TOTAL PAID	\$ <u>20.00</u>

Send or bring one coupon with each remittance

**COUPON 23**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6781**

**Credit Lot**

**Ruby West**

**277 50th Street, Apt. 1**

**San Diego, CA 92102**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							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**

\$ \_\_\_\_\_

\$ **20.00**

**NAME**

**Ruby West**

**ADDRESS**

**2510 Euclid Ave. Apt. B**

**CITY**

**San Diego**

**STATE**

**CA**

**ZIP**

**92114**

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38252

 From: Baby West Address: 250 Elitch Ave, SD 92114  
twente dollars no fee Dollars (\$ 20.00)  
 In: Payment of Coupon 24 Credit 26

 Lot 43 Grave 8 Row      Section 1 Division Block 12
Invoice No.     Acct. No.     W.O. 2-6781BALANCE DUE 35.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	<u>20.00</u>
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
P/a-Need Trust	77185	
Sales Tax	100	
	77183	
	83033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

CITY AUDITOR

JUL 14 1989

ISSUED BY

Andrea Wood

979

Send or bring one coupon with each remittance

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6781 Credit Lot

/ Ruby West  
277 50th Street, Apt 1  
San Diego, CA 92102

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							10				

Amount due when paid on or before  
due date above

\$ 40.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ 1.00

\$ 2

Amount Received

\$ 20.00

NAME

Ruby West

ADDRESS

250 Euclid Ave (Apt. B)

CITY

San Diego

STATE

Ca.

ZIP

92114

☒ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34887

Date: 8-5, 1987From: Ruby West Address: S.D.
Twenty Dollars Dollars (\$ 20.00 )

 In Coupon Payment of Credit Sale - Coupon #1  
E-6781

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6781

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☐ On Acct ☒Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

109

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

JD

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	20	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77183		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	20	00



Send or bring one coupon with each remittance **COUPON**

**1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6781 - Credit Lot

Rudy West

270 50th Street, Apt. 1

San Diego, CA 92102

**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.



\$ 20.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ 21.00

NAME Ruby West Amount Received \$ 20.00

ADDRESS 270 50th St HI

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 35117

Date: 10-6, 1987From: Lady West Address: 270 50th St SD 92102Twenty dollars Dollars (\$ \_\_\_\_\_)In \_\_\_\_\_ Payment of Coupon # 3 Credit LotLot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6781BALANCE DUE 455.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>20</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20</u>

Send or bring one coupon with each remittance

**COUPON**

**3**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6781**

**Credit Lot**

**Rady West**

**270 50th Street, Apt. 1**

**San Diego, CA 92102**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 35236

Date: 11-3, 1987From: RUBY WESTAddress: 277 50th ST APT. 4 S.D. 92102
 In Twenty Dollars Dollars (\$ 20.00 )  
 In Port Payment of Credit Sales Coupon #4

 Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6781BALANCE DUE 435.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

724

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

ISSUED BY

Bruce Morrison

CREDIT	57007		
20% Sales Care	77184		
90% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77181		
Recording & Misc. Fees	100		
Pre-Need Trust	77182		
Sales Tax	100		
	83033		
	9022		
	80101		
	78300		
TOTAL PAID	\$	<u>20</u>	<u>00</u>

Send or bring one coupon with each remittance

**COUPON**

**4**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6781      Credit Lot**

**/ Ruby West**

**270 50th Street, Apt 1**

**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.

\$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 3501

From

Mike West

Address

270 50th Street 92102

Date

9-8-87

In

Payment of

Twenty Dollars  
Coupon # 2 Credit Set

Dollars (\$ 20.00)

Lot

43

Grave

8

Row

Section

1

Division  
Block

12

Invoice No

Acct. No

W.O.

BALANCE DUE

E-6761  
455.00

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 11-85)

324

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT

20% Sales Care	67007
100% Sales	77184
of Lot	100
Opening/	77184
Closing	100
Burial	77181
Containers	100
	77182
Handling Fee	100
Recording &	77183
Misc. Fees	100
Pre-Need	77183
Trust	63033
Sales Tax	9022
	60101
	78390

TOTAL PAID

\$

20 -

ISSUED BY



Send or bring one coupon with each remittance

**COUPON**

**2**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-6781

Credit Lot

Ruby West

270 50th Street, Apt 1

San Diego, CA 92102

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	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

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 35515

 From: Ruby West Address: 270 50th St, Apt 1 SD. Date: 1-6 1987  
Twenty dollars Dollars (\$) 20.00  
 In \_\_\_\_\_ Payment of Coupon #6 Credit Lot

 Lot 4/3 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6781BALANCE DUE 395.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

760

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
 CITY AUDITOR  
 JAN 11 1988

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	20	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	20	00

Send or bring one coupon with each remittance

**COUPON**

**6**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6781**

**Credit Lot**

**/ Ruby West**

**277 50th Street, Apt 1**

**San Diego, CA 92102**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							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**

\$ \_\_\_\_\_

NAME Ruby West Amount Received \$ 20.00

ADDRESS 277 50th St. Apt 1

CITY San Diego STATE Ca ZIP 92102

☐ check ☒ if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35679

Date: 20, 1988From: Lucy West Address: 270 50th StreetIn Payment of Payroll 7 United Nat Dollars (\$ 20.00)Lot B Grave 1 Row 1 Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6701BALANCE DUE 375.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

FEB 10 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>20 00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78090	
TOTAL PAID	\$	<u>20 00</u>

Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6781**

**Credit Lot**

**Ruby West**

**270 50th Street, Apt. 1**

**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.

\$ 20.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ 1.00

\$ 20.00

NAME Ruby West Amount Received \$ \_\_\_\_\_

ADDRESS 250 Encinita Ave, Apt I

CITY San Diego STATE CA ZIP 92114

☒ check (✓) if this is new address

## OFFICIAL RECEIPT

No 35849


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

 From: Luby West Address: 250 Exclamation, Apt F 55 Date: 3-9 1988  
twenty dollars no/100 Dollars (\$) 20.00  
 In \_\_\_\_\_ Payment of Coupon # 8 Credit Off

 Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6781BALANCE DUE 355.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
PAID IN THIS SPACE

CITY AUDITOR

MAR 11 1988

ISSUED BY Luby West

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>20.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>20.00</u>



Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6781**

**Credit Lot**

**/ Ruby West**

**278 50th Street, Apt 1**

**San Diego, CA 92102**

**92114**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							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**

\$ **20.00**

**NAME**

**Ruby West**

**ADDRESS**

**250 Encinal Ave, Apt 1**

**CITY**

**San Diego**

**STATE**

**Ca**

**ZIP**

**92114**

☒ check (✓) if this is new address

## OFFICIAL RECEIPT

No 35980


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

 From: Ruby West Address: 250 Euclid Ave, SD Date: 4-6, 1988  
Twenty Dollars no/100 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Payor 9 Credit dot

 Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6781BALANCE DUE 35.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

801

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

APR 8 1988

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	80	-
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	20	00

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6781**

**Credit Lot**

**Rady West  
270 50th Street, Apt. 1  
San Diego, CA 92102**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							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**

\$ **20.00**

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☒ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 35388

 From: Ruby West Address: 270 50th St. Apt 1 S.N. 92102  
Twenty dollars 00/100 Dollars (\$ 20.00 )  
 In Part Payment of Credit for sales coupon #5

 Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division 12  
 Block \_\_\_\_\_

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-6781BALANCE DUE 415.00Pre-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	67007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	<u>20.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fee	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>20.00</u>

ISSUED BY Lora Black

Send or bring one coupon with each remittance

**COUPON**

**5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6781**

**Credit Lot**

**Rady West**

**270 50th Street, Apt. 1**

**San Diego, CA 92102**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							<b>10</b>				

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**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



250 Euclid Ave

NAME West, Ruby

ACCT. NO. E-6781

ADDRESS 270 50th Street, San Diego, Ca 92102 92114

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
JUL 7 87	Lot 43, Grave 8, Section 1, Division 12	495 00		100 00	395 00
2-8 88	Coupon #7, Receipt # 35679			20 00	375 00
3-9 88	Coupon #8, Receipt # 35849			20 00	355 00
4-6 88	Coupon #9, Receipt 35980			20 00	335 00
5-10 88	Coupon #10, Receipt 36140			20 00	315 00
6-7 88	Coupon #11, Receipt 36268			20 00	295 00
7-5 88	Coupon 12, Receipt 36366			20 00	275 00
8-8 88	Coupon 13, Receipt 36528			20 00	255 00
9-6 88	Coupon 14, Receipt 36638			20 00	235 00
10-5 88	Coupon 15, Receipt 36790			20 00	215 00
11-7 88	Coupon 16, Receipt 36935			20 00	195 00
12-5 88	Coupon 17, Receipt 37044			20 00	175 00
1-5 89	Coupon 18, Receipt 37181			20 00	155 00
2-8 89	Coupon 19, Receipt 37339			20 00	135 00
3-7 89	Coupon 20, Receipt 37461			20 00	115 00
4-10 89	Coupon 21, Receipt 37657			20 00	95 00
5-8 89	Coupon 22, Receipt 37783			20 00	75 00
6-6 89	Coupon 23, Receipt 38023			20 00	55 00
7-7 89	Coupon 24, Receipt 38252			20 00	35 00



NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

35.00

DATE

ITEMS

DEBIT

✓

CREDIT

BALANCE

1/6 89 Coupon 6, Receipt  
8/7 89 NO Coupon, Receipt 38376

200  
1500

1500  
0

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38376

 Date: August 7, 1989

 From: Ruby West Address: 250 Euclid Ave S.D. CA

 In full Payment of fifteen 15/100 Dollars (\$) 15.00  
No Coupon Credit Lot

 Lot 43 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6781BALANCE DUE 0Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

## CREDIT

 20% Sales Cars 87007  
 80% Sales 77184  
 of Lots 100  
 Opening/ 77184  
 Closing 100  
 Burial 77181  
 Containers 77182  
 Handling Fee 100  
 Recording & 77185  
 Misc. Fees 100  
 Pre-Need 77183  
 Trust 63033  
 Sales Tax 9022  
 80101  
 78300

TOTAL PAID

 15 00  
 CITY AUDITOR  
 AUG 12 1989  
 15 00

ISSUED BY

Sharon D. Crean

986

Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John H. / Syrdella Pounds

in a Vault/Urns Funeral, date, time Funeral

Church, Chapel, Graveside Funeral Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ 65 Grave 142 Row ~ Section 2 Division/Block 11

Grave space & Care Fund @ 250<sup>00</sup> 500<sup>00</sup>

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Tyone Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature 5930 - Division 24

Address S.D. 92114

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 6782

PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



8-12-87 34930

\$ 500.00  
20.00

\$ 480.00  
20.00

9-10-87 35025

460.00  
40.00

10-8-87 35138

420.00  
40.00

12-7-87 35387

380.00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 35025

 From: Lyndella Pardo Address: 5930 Divessa St, 92114 Date: 9-10, 1987  
Twenty Dollars Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Coupon #2 Credit

 Lot 65 Grave 1 & 2 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6782BALANCE DUE 460.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-88)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	57007	
20% Sales Cars	77184	
50% Sales of Lots	100	<u>20</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	83033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>20</u>

ISSUED BY

Lyndella Pardo

Send or bring one coupon with each remittance. **COUPON**

**2**

**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**

FEB	MAR	APR	MAY	JUN	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

Amount Received

\$ 20.00

NAME John H & Syrdella Pounds

ADDRESS 5930 Division St.

CITY San Diego STATE CA ZIP 92114

☐ check ☒ if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 35138

 From: Ardele Puentes Address: 5930 Divisadero St, SD 92114 Date: 10-8 1887  
Fort Dallas  
 In: 5930 Divisadero St, SD 92114 Dollars (\$) 40.00  
 Payment of

 Lot 65 Grave 1 & 2 Row 2 Section 2 Division 11  
 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6782BALANCE DUE 420.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AQ-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	40
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	40

ISSUED BY

Send or bring one coupon with each remittance **COUPON**

**3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6782** Credit Lot

**MOHN, H. & Syrdella Pounds**  
**5930 Division Street**  
**San Diego, CA 92114**

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							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

\$ 20.00

Amount Received \$

NAME John H. & Syrdella M. Pounds

ADDRESS 5930 Division St.

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**4**

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

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							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

\$ 20.00

Amount Received \$

NAME John H. & Syrdella M. Pounds  
ADDRESS 5930 Division St.  
CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 204-3151

No 35676

Date: 28, 1988From: Surdella M. Pounds 5930 Division St
Twenty Dollars 20.00 Dollars (\$ 20.00 )
In Payment of Coupon #7 Under Lot
 Lot 65 Grave 1 & 2 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6782BALANCE DUE 20.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
 CITY AUDITOR  
 FEB 10 1988
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>20.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

Send or bring one coupon with each remittance **COUPON**

**7**

**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**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
							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**

\$ **20.00**

NAME John H. & Syrdella Pounds  
ADDRESS 5930 Division St.  
CITY San Diego STATE CA ZIP 92114

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 35961

 Date: 4-4, 19 88  
 From: Sydella Pounds Address: 5930 Deerwin St  
Fort - one above  
 In \_\_\_\_\_ Payment of Deacon 889 Credit for Dollars (\$ 41.00)

 Lot 65 Grave 182 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6782BALANCE DUE 312.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

APR 8 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>41.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>41.00</u>

274



Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6782 Credit Lot**

**HOHN H. & Syrdella Pounds  
5930 Division Street  
San Diego, CA 92114**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							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**

\$ \_\_\_\_\_

Amount Received

\$ 20.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. \* E-6782 Credit Lot**

**John H. & Syrdella Pounds  
5930 Division Street  
San Diego, CA 92114**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							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

\$ \_\_\_\_\_

Amount Received

\$ 21.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) If this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 35387

Date: 12-7, 1987From: SYRDELLA M. POUNDS Address: 5990 DIVISION ST. S.D. 92114
FORTY-DOLLARS & 00/100 Dollars (\$) 40.00
In PART Payment of CREDIT LOT SALES COUPONS 5¢/p
 Lot 65 Grave 162 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6782BALANCE DUE 380.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-88)

1777

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

Dea Block

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	
Opening/Closing	77184	<u>40.00</u>
Burial Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63053	
Sales Tax	9022	
	60101	
	78380	
TOTAL PAID	\$	<u>40.00</u>



Send or bring one coupon with each remittance

**COUPON**

**5**

**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**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							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**

\$ \_\_\_\_\_

NAME John H. & Syrdella Pounds  
ADDRESS 5930 Division Street  
CITY San Diego STATE CA. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**6**

**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**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							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**

\$ \_\_\_\_\_

Amount Received

\$ 20.00

NAME John H. & Syrdella M. Pounds

ADDRESS 5930 Division St.

CITY San Diego STATE CA ZIP 92114

☐ check (✓) if this is new address

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
264-3151

No 36783

From:

John &amp; Syrdella Pousad

Address:

5930 Devonian St SD

Date:

5-3

19

88

In

Payment of

Twenty dollars no/100

Dollars (\$

20.00)

Lot

65

Grave

1 &amp; 2

Row

Section

2

Division

Block 11

Invoice No.

Acct. No.

W.O.

BALANCE DUE

E-6782

299.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

MAY 06 1988

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 10-87)

ISSUED BY

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  
77182  
100  
77185  
100  
77183  
83033  
9022  
80101  
78390

TOTAL PAID

\$

20 00



Send or bring one coupon with each remittance **COUPON**

**10**

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

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							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**

\$ **20.00**

NAME John H. & Syrdella M. Pounds  
ADDRESS 5930 Division St.  
CITY San Diego STATE CA ZIP 92114

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NE 36246

 From: Sydney M. Pounds Address: 5230 1<sup>st</sup> Division St. San Diego, Ca 92114  
Twenty dollars \$20.00 Date: 6-6 1988  
 In part Payment of Credit sales coupon #11 Dollars (\$) 20.00

 Lot 65 Grave 152 Row ~ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6782

BALANCE DUE \_\_\_\_\_

 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

304

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR

JUN 13 1988

ISSUED BY

Lora Black

CREDIT	67007		
20% Sales Cars	77184		
80% Sales	100		
of Lots	77184		20 00
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	90101		
	78390		
TOTAL PAID	\$		20 00

Send or bring one coupon with each remittance

**COUPON**

**11**

**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**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							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**

\$ **20.00**

Amount Received \$

NAME *John H & Syrdella M. Pounds*  
ADDRESS *5930 Division St*  
CITY *San Diego* STATE *Ca* ZIP *92114*

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36374

 From: Syrdella Parks Address: 5930 Divisadero Street, SD  
Twenty 20/100 Dollars (\$ 20.00 )

 In \_\_\_\_\_ Payment of Coupon 12 Credit Lot

 Lot 65 Grave 142 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6782BALANCE DUE 259.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

JUL 11 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	20 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	20 00

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6782** Credit Lot

**John H. & Syreella Pounds**  
**5930 Division Street**  
**San Diego, CA 92114**

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							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**

\$ 20.00

Amount Received \$

NAME JOHN H. & SYRELLA M. POUNDS

ADDRESS 5930 Division St.

CITY San Diego STATE CA ZIP 92114

☐ check ☒ if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

RECEIPT No 36548

From:

Address:

Date:

19

In

Payment of

Dollars (\$

Lot

Grave

Row

Section

Division  
Block

Invoice No.

Acct. No.

W.O.

BALANCE DUE

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007
20% Sales Tax	77184
80% Sales of Lots	100
Opening/Closing	77184
Burial Containers	100
Handling Fee	77181
Recording & Misc. Fees	100
Pre-Need Trust	77182
Sales Tax	100
	77183
	83033
	9022
	80101
	78390

CITY AUDITOR

AUG 22 1988

 Pre-Need Lot ☐ At Need ☐ On Acct ☒  
 Pre-need Trust ☐ Cash ☒ Check ☐

ISSUED BY

TOTAL PAID



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 36813

From:

Address:

Date:

19

In

Payment of

Dollars (\$

Lot

Grave

Row

Section

Division  
Block

Invoice No.

Acct. No.

W.O.

BALANCE DUE

 NOT VALID FOR PURPOSE STATED UNLESS STAMPS  
 "PAID" IN THIS SPACE

 OCT 14 1988  
 AUDITOR

 CREDIT  
 20% Sales Cars  
 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  
 77182  
 100  
 77185  
 100  
 77183  
 63033  
 5022  
 80101  
 78090

Pre-Need Lot

☐

At Need

☐

On Acct

☐

Pre-Need Trust

☐

Cash

☐

Check

☒

ISSUED BY

TOTAL PAID

\$

Send or bring one coupon with each remittance

COUPON

15

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

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							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**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME **John H & Syrdella Pounds**

ADDRESS **5930 Division St.**

CITY **San Diego** STATE **CA** ZIP **92114**

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

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

FEB	MAR	APR	MAY	JUN	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**

Amount Received \$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 36933

 From: Lyndella Parks Address: 5930 Division Street SD
Twenty 20/100 Dollars (\$ 20.00)

 In \_\_\_\_\_ Payment of Coupon 16 Under Lot

 Lot 65 Grave 142 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6782BALANCE DUE 178.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

 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  
 77164  
 100  
 77161  
 100  
 77182  
 100  
 77185  
 100  
 77183  
 83033  
 9022  
 90101  
 78390

TOTAL PAID

 20 00  
 CITY AUDITOR  
 NOV 15 1988  
 20 00

ISSUED BY

Send or bring one coupon with each remittance

COUPON

16

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

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							10				

Amount due when paid on, or before,  
due date above.\$ 20.00Amount due if paid more than \_\_\_\_\_ days  
after due date above.\$ 1.00\$ 20.00

Amount Received \$

NAME John H. & Syrdella M. PoundsADDRESS 5930 Division St.CITY San Diego STATE CA ZIP 92114☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 37058

From:

 Syndella Pounds  
 twenty no/no

Address:

5930 Diversion St, SD

Date:

12-6

19

28

Dollars (\$

20.00)

In

Payment of

Casper 17 Credit for

Lot

65

Grave

142

Row

Section

2

Division  
Block

11

Invoice No.

Acct. No.

W.O.

2-6782

BALANCE DUE

158.00

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 10-87)

349

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

Linda Ward

CREDIT

20% Sales Com

67007

80% Sales

77184

of Lots

100

Opening/

77184

Closing

100

Burial

77181

Containers

100

Handling Fee

77182

Recording &amp;

100

Misc. Fees

77183

Pre-Need

63033

Trust

9022

Sales Tax

60101

78390

TOTAL PAID

\$

20.00

 DEC 12 1988  
 AUDITOR



Send or bring one coupon with each remittance

**COUPON**

**17**

**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**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							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**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME John H. & Syrdella M. Pounds

ADDRESS 5930 Division St.

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37179

 From: Lepidilla Pounds Address: 5930 Mission Street

 Date: 1-5 1989
Twenty two/100 Dollars (\$ 20.00 )

 In 1 Payment of Coupon 18 Credit

 Lot 65 Grave 1 & 2 Row 2 Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6782BALANCE DUE 138.00
 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
50% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77193	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

Send or bring one coupon with each remittance

COUPON

18

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

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							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**

\$ \_\_\_\_\_

NAME

ADDRESS

CITY

Amount Received

STATE

ZIP



check (✓) if this is new address

**20.00**  
**John H. & Syrdella Pounds**  
**5930 Division St**  
**San Diego CA 92114**



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 37354

 From: Lyndella Pounds Address: 5930 Division Street  
Twenty dollars 10/100 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Coupon 17 Credit Lot

 Lot 65 Grave 172 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 21-6782BALANCE DUE 118.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

1908

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77164	
80% Sales	100	<u>20.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

 CITY AUDITOR  
 FEB 16 1989

or bring one coupon with each remittance

COUPON

19

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

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
							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**

\$ \_\_\_\_\_

Amount Received

\$

**20.00**

NAME **John H. & Syrdella M. Pounds**

ADDRESS **5930 Division St.**

CITY **San Diego** STATE **Ca.** ZIP **92114**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37441

Date: 3-6, 1989
 From: Yvonne Pardo Address: 5930 Division Trl, SD  
Thousand Oaks, CA Dollars (\$ 20.00)

 In \_\_\_\_\_ Payment of Chapter 20 Credit

 Lot 65 Grave 142 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6762BALANCE DUE 98.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAR 10 1989

ISSUED BY Yvonne Pardo

CREDIT	67007	
20% Sales Tax	77184	<u>2.00</u>
80% Sales of Lots	100	<u>18.00</u>
Opening/Closing	100	
Gravestone	77181	
Gravestone Containers	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	8022	
	80101	
	78390	
TOTAL PAID	\$	<u>20.00</u>



Send or bring one coupon with each remittance

COUPON

20

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

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							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**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME

**John H. & Syrdella Pounds**

ADDRESS

**5930 Division St.**

CITY

**San Diego, Ca**

STATE

ZIP

**92114**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37655

Date: 4-10 1989
 From: Synella Pumps Address: 5930, Divisadero Street, S  
Twenty dollars no/100 Dollars (\$ 20.00)
In \_\_\_\_\_ Payment of coupon 21 credit for
 Lot 65 Grave 172 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6782BALANCE DUE 76.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

APR 17 1989

ISSUED BY Synella Ward

CREDIT	67007
20% Sales Com	77184
80% Sales of Lots	100
Opening/Closing	77184
Burial Containers	100
Handling Fee	77181
Recording & Misc. Fees	100
Pre-Need Trust	77182
Sales Tax	100
	77183
	63033
	9022
	60101
	78390
TOTAL PAID	\$ <u>20.00</u>

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6782 Credit Lot**

**JOHN H. & Syrdella Founda**  
**5930 Division Street**  
**San Diego, CA 92114**

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							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**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME **John H. & Syrdella m. Founda**

ADDRESS **5930 Division St.**

CITY **San Diego** STATE **Ch** ZIP **92114**

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37767

From:

*Arabella Puentes*  
 Address:

Date:

*5-5*, 19*89*
*5930 Division Street*
*Twenty dollars 20/100*
Dollars (\$ *20.00* )

In

Payment of

*coupon 22 Credit Lot*

Lot

*65*

Grave

*1 & 2*

Row

Section

*2*Division  
Block*11*

Invoice No.

Acct. No.

W.O.

*2-6782*

BALANCE DUE

*58.00*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
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390
TOTAL PAID	\$

 CITY AUDITOR  
 MAY 12 1989

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 10-87)

*407*

ISSUED BY

*Indira Vaid*
*20.00*

Send or bring one coupon with each remittance **COUPON 22**

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**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							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**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME **John H. & Syrdella Pounds**

ADDRESS **5930 Division St.**

CITY **San Diego** STATE **CA** ZIP **92114**

☐ check ( ) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38157

 Date: 6-13, 1989

 From: Willie Rouse Address: 5930 Levee Street, SD
Twenty, dollars 20.00 Dollars (\$) 20.00

 In Payment of Aug 83 Credit Lot

 Lot 65 Grave 142 Row      Section 2 Division Block 11

 Invoice No.     

 Acct. No.     

 W.O. E-6782

 BALANCE DUE 20.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>20.00</u>
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	8022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>20.00</u>

 CITY AUDITOR  
 JUN 15 1989

1925



Send or bring one coupon with each remittance

COUPON

23

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

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							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**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME **John H. & Syrdella Pounds**

ADDRESS **5930 Division St**

CITY **San Diego** STATE **Ch** ZIP **92114**

☐ check (✓) if this is new address

NAME Pounds, John H. &amp; Syrdella

ACCT. NO. E-6782

ADDRESS 5930 Division Street, San Diego, Ca 92114

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Jul 7 87	Lot 65, Graves 1 & 2, Section 2, Division 11	500 00		120 00	380 00
2-88	Coupon #7 Receipt # 35676			20 00	360 00
4-4 88	Coupon #8 Receipt # 35961			41 00	319 00
5-3 88	Coupon #10 Receipt # 36083			20 00	299 00
6-6 88	Coupon #11 Receipt # 36246			20 00	279 00
7-6 88	Coupon #12 Receipt # 36374			20 00	259 00
8-11 88	Coupon #13 Receipt # 36548			20 00	239 00
10-10 88	Coupon #14 & 15 Receipt # 36813			41 00	198 00
11-7 88	Coupon #16 Receipt # 36933			20 00	178 00
12-6 88	Coupon #17 Receipt # 37058			20 00	158 00
1-5 89	Coupon #18 Receipt # 37179			20 00	138 00
2-10 89	Coupon #19 Receipt # 37354			20 00	118 00
3-6 89	Coupon #20 Receipt # 37441			20 00	98 00
4-10 89	Coupon #21 Receipt # 37655			20 00	78 00
5-5 89	Coupon #22 Receipt # 37767			20 00	58 00
6-3 89	Coupon #23 Receipt # 38157			20 00	38 00
11-9 89	Coupon #24 Receipt # 38306			41 00	<300>

Late fees



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

NO 38306

 Date: July 19, 1989

 From: John + Syreella Pounds Address: 5930 Division St San Diego CA, 92114

 In Forty-one and 24/100 Dollars (\$ 41.00)  
 Payment of Coupon 24 Credit Lot

 Lot 65 Grave 1 + 2 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. E-6782

 BALANCE DUE 0

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS SIGNED  
 "PAID" IN THIS SPACE.

 CITY AUDITOR  
 JUL 24 1989

ISSUED BY

Sharon L. Davis

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>41.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fee	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>41.00</u>



Send or bring one coupon with each remittance **COUPON**

**24**

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

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							<b>10</b>				

Amount due when paid on or before  
due date above.



\$ **40.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

NAME

ADDRESS

CITY

STATE

ZIP

☐ check ☒ if this is new address

*Handwritten:*  
Amount Received \$ **41.00**  
NAME **John H & Syrdella Pounds**  
ADDRESS **5930 Division St**  
CITY **San Diego** STATE **CA** ZIP **92114**

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Carl Dumber

in a Liner Funeral date, time Friday 7/10 3 p.m.

Church, Chapel, Graveside Thornside Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 43 Grave \_\_\_\_\_ Row 5 Section 6 Division/Block 7

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 320.00

Burial Container \_\_\_\_\_ 100.00

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_ 145.00

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 600

Total Due \_\_\_\_\_ 606.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Bruce Smith  
Signature

2414 Bobcat Glen  
Address

Escondido CA 92025  
State Zip Code

619 480-6316  
Telephone

Invoice # 058367

Acct. # 000676

Work Order # E 6783

**NOTE—STRAIGHT**\$606.00

San Diego, California,

July 71987

days

after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Martin Luther King Way, San Diego, CA 92102the sum of six hundred six dollars no DOLLARS.

with interest from \_\_\_\_\_ on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

x Dwain Smith2414 Bobcat GlenMAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

ESCONDIDO CA, 92025

A0030959



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Carl Dangler</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Dec. 3, 1914</b>	DATE OF DEATH <b>July 6, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>Escondido</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Susan Smith-Daughter</b> <b>2414 Bobcat Glen</b> <b>Escondido, California 92025</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Greenwood Mort, 1-805 &amp; Imperial Ave., San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-843</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT) ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT) ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery, 3751 Market Street, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>Wooden Coffin Covered State Casket</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 08 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/10/87</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Rios, M.D.</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>NA</b>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Georgina S. Siller</b>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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.

058367 07/15/87 022616 SUSAN SMITH  
100 072  
100 072  
100 072  
100 072  
60101

NUMBER OF INVOICES PAID 2  
TOTAL AMOUNT PAID 1,880.80

E-6783

07/28/87 CK 002  
77181 000072  
77182 000072  
77183 000072  
77185 000072  
78390

606.00  
320.00  
100.00  
35.00  
145.00  
6.00

606.00 0.00  
PAID IN FULL

E6783

### INTERMENT ORDER

Date \_\_\_\_\_

7/7/87

of Romwell Mukai

in a Funeral Home

Church Chapel Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

**All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied**

and billed to undersigned. War time veteran \_\_\_\_\_.

Lot 124 Grave 2 Row 2 Section 11 Division 1

Grave space & Care Fund *Can be Double Repaid =* *6 2/3 %*

Additional spaces and care fund ..... none ..... 1.00

Opening/Closing & Setup ..... *1.50*

Burial Container ..... *100% This Case*

Handling Fees .....	21
---------------------	----

Flower vases - Marker setting fee .....

Recording and filing fee .....                     

Sales taxes .....

P. med. Lab. & Assoc. \$7.95

Full Name James Earl Ray Enclaved Card Total Due 0/00

[illegible]

Paid receipt number 2010-010-5

Balance due

Balance due                     

Prof. C. L.

I hereby certify I am the \_\_\_\_\_ of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and have it held in full faith and credit for the purpose intended.

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

any liability on account of said authorization and intentment.

I hereby authorize the interment in lot 1 \_\_\_\_\_

hold under deed. Signature

Address \_\_\_\_\_

Signature of recorded holder of deed

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Y-axis: 0 to 1000

Telephone \_\_\_\_\_

**E 6784** Invoice # \_\_\_\_\_

Work Order # **E 6784** Acct. #

PY-503 (REV. 8-86)



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7/7/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cromwell Mukai + KYOKO MUKAI

in a Funeral Home Vault/Urns Funeral Home Church, Chapel, Graveside Funeral Home Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran       

Lot 124 Grave 2 Row 2 Section 11 Division/Block 7

Grave space & Care Fund Can be Double Deep - 695.00

Additional spaces and care fund none

Opening/Closing & Setup not arranged for

Burial Container at this time

Handling Fees       

Flower vases - Marker setting fee       

Recording and filing fee       

Sales taxes       

Pre need Sale of Grave Lot Total Due \$ 695.00

only - Included Endowed Care Paid receipt number       

Balance due       

I hereby certify I am the myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed       

Work Order # E 6784  
PY-282 PREV. 5-88

Kyoko Mukai and  
Cromwell R. Mukai  
26 Brook Street, Berkeley Heights  
New Jersey 07922  
(201) 464 9340

Invoice #         
Acct. #       

This space reserved for 30 days.  
Please sign one copy and return with check to Mt. Hope Cemetery 3751 Market St. San Diego, Ca 92102

Deed will be issued and mailed upon receipt of check.

Thank you  
Raymond J. Miller

Dear Sir:  
Check for \$695.00 enclosed herewith.  
Please make Cromwell and Kyoko Mukai as joint owners on the deed.  
Thank you. RM.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34845

 Date: 7-21 1987  
 From: Ernesto Nufar Address: 26 Brook St. Berkeley City NJ  
six hundred ninety-five dollars Dollars (\$1695.00)  
 In \_\_\_\_\_ Payment of Preneed Lot

 Lot 124 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 11 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6784BALANCE DUE 0Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-26)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	<u>139.00</u>
80% Sales	100	<u>556.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	88033	
Trust	8022	
Sales Tax	80101	
	76590	
TOTAL PAID	\$	<u>695.00</u>

3505



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 7-8-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Arthur Cooper (X)

in a 8 chairs Vault/Liner Funeral, date, time 7/15 Wed 11:30

Church, Chapel, Graveside Graveside Diessa, Riverside Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 927 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund Foot of grave - (Shotgun)

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 8 chairs 165.00

Burial Container Casket 40.00

Handling Fees 60.00

Flower vases - Marker setting 35.00

Recording and filing fee 2.40

Sales taxes \_\_\_\_\_

Poured in Place OK'd by Dennis Sub

Total Due 342.40

Paid receipt number 242.40

Balance due 0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6785

PY-593 (REV. 8-85)



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6785

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

OF DECEDENT <b>ARTHUR COOPER</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>OCT 4, 1905</b>	DATE OF DEATH <b>JULY 5, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>FONTANA</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN BERNARDINO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>ELEANOR COOPER (DAUGHTER) 4000 PIERCE #29 RIVERSIDE, CA</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>SIERRA MEMORIAL CHAPEL MORTUARY P.O. BOX 8188 RIVERSIDE, CA 92515</b>		CALIFORNIA LICENSE NUMBER <b>1139</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>RIVERSIDE CREMATORY 4414 FOURTEENTH ST RIVERSIDE, CA</b>	DATE CREMATED <b>7-10-87</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Beatrice M. Pace</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <div style="border-top: 1px solid black; height: 20px; width: 100%;"></div> DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>7/13/87</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/15/87</b> (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>SAN BERNARDINO COUNTY HEALTH DEPT 351 MT VIEW AV SAN BERNARDINO, CA 92415-0010</b>		

**COPY 1** OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

**COPY 1**

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS

(REV. 1-86) FORM VS-9

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 34815

Date: 7/14/87

From: Eleanor Cooper Address: 4000 Pierce St Poway Ca 92155

Two hundred forty two and 40/100 Dollars (\$242.40)

In full Payment of Burialment in Power Plan Vault

Remains of Arthur Cooper dec'd

Lot 927 Grave ~ Row ~ Section 1- Division 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E6785

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-88)

#1817

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED

CREDIT		
20% Sales Tax	67007	
	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	105.00
Closing	77181	
Burial	100	80.00
Containers	77182	
	100	60.00
Handling Fee	77183	
Recording &	100	35.00
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	2.40
	78390	
TOTAL PAID		242.40



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 7-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Wasa Osaka

in a ash vault Funeral, date, time 7/7-AM-

Church, Chapel, Graveside ADP Mortuary Lewis

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran will call with delivery date & time

Lot 5260 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 105

Burial Container 40

Handling Fees 60

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35

Sales taxes 2.40

Total Due 242.40

Paid receipt number 34798 242.40

Balance due 0

**PAID**

JUL 09 1987

**MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.**

I hereby certify that \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

EARL OSAKI  
Signature  
3032 SKIPPER ST.  
Address  
SAN DIEGO CA 92128  
City  
277-7021  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6786



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34798

 Date: 7/9/87, 19  
 From: Earl Osaki Address: 3032 Shippert - San Diego 92123  
Two Hundred forty two and 40/100 Dollars (\$ 242.40)  
 In full Payment of Instrument of remains of  
Wass Osaki

 Lot 5260 Grave ~ Row ~ Section ~ Division 10  
 Block
Invoice No. ~Acct. No. ~W.O. E-6786BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

3336

NOT VALID FOR PURPOSES STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

000216

CITY AUDITOR

JUL 10 1987

ISSUED BY

CREDIT	57007	
20% Sales Tax	77184	
50% Sales	100	
of Lots	77184	
Opening/	100	105.00
Closing	77181	
Burial	100	40.00
Containers	77182	
	100	60.00
Handling Fee	77183	
Recording &	100	35.00
Misc. Fees	77183	
Pre-Need	83633	
Trust	8022	
Sales Tax	80101	2.40
	78360	
TOTAL PAID	\$	242.40

# PERMIT FOR DISPOSITION OF HUMAN REMAINS #55707

E6786

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

Lewis Colonial/Benbough

NAME OF DECEDENT <b>WASA OSAKI</b>		SEX <b>female</b>	DATE OF BIRTH <b>Sept 11, 1890</b>	DATE OF DEATH <b>July 7, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Earl Osaki - son</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104</b>		CALIFORNIA LICENSE NUMBER <b>F-480</b>	3032 Skipper Street <b>San Diego, CA 92123</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                       |   |   |

FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - San Diego, CA (3751 Market St.)</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>3953 Imperial Ave. Cypress View Crematory - San Diego, CA</b>	DATE CREMATED <b>7/13/87</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Debbi Muelins</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 9 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/17/87</b> (SEE DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Roger [Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>n/a</b>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Arnold L. Ramos, M.D.</i>
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	

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.



Be heed

MT.

# INTERMENT ORDER

City of San Diego

Date

7/8/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of

Harold M. Scherer -

in a

Bell Liner

Funeral, date, time

Church, Chapel, Graveside

Rogers

Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 69 Grave 3 Row 2 Section 2 Division/~~Block~~ 71-

Grave space & Care Fund

Single grave and Endowment Care 250.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

**PAID**

JUL 07 1987

MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due

250.00

Paid receipt number

34796

250.00

Balance due

0

I hereby certify I am the husb of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Zip Code

Telephone

Invoice #

Acct. #

Work Order #

**E 6787**

PV-593 (REV. 8-85)



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 34796

Date: July 8, 1987

From: Hazel M. Schorer via Steven Val Address: PO Box 944202 San Ca 94244

Two Hundred Fifty and no/100 Dollars (\$250.00)

 In full Payment of Single Pre-need Grave Space for  
 Hazel M. Schorer -

Lot 69 Grave 3 Row Section Division Block

Invoice No. ~

Acct. No. ~

W.O. E-6787

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

 374-177829  
 90/1342

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY

 Steven Stelter  
 Cem. Insp.

CREDIT	67007	
20% Sales Com	77184	50.00
80% Sales of Lots	100	200.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83023	
Trust	0022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	250.00

 See E-6788  
 Rev # 34797

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date July 8, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Harold M. Schaner

in a Bel Air Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; Pogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 69 Grave 3 Row — Section 2 Division/Block -11-

Grave space & Care Fund See E-6787 - P2 -

Additional spaces and care fund none

Opening/Closing & Setup 320<sup>00</sup>

Burial Container Casket Bel Air 100<sup>00</sup>

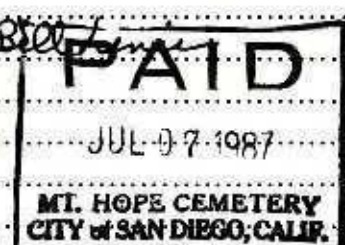
Handling Fees Labour 145<sup>00</sup>

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

*See letter dated 6/22/87  
from Steven Vol  
Estate Mgr.  
Copper Canyon  
Dist of Public Fund  
See.*



Total Due 606<sup>00</sup>

Paid receipt number 34797 606<sup>00</sup>

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 6788**



## OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

Trust Deposit  
CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
284-3151

No 34797

From: Hazel M. Schares via Steven Val Address: P.O. Box 944202 - Jac 94244  
Sev Hundred Sev ad no 700  
 In Deposited Payment of Pre-need opening & closing - Granite Burial Service  
Recording fee & Salutory - Trust deposit for future need.  
 Lot 69 Grave 3 Row 2 Section -2- Division Block 11-

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6788BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 11-80)

374-177889  
90/1342

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

Raymond [Signature]  
Com. Mgr.

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	60333	
Trust	8022	606.00
Sales Tax	60101	
	78390	
TOTAL PAID	\$	606.00

See E-6787  
Paid 34796



P.A.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-8-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Gylant, Leila B.

in a Funeral, date, time Max 7/10 11:00

Church, Chapel, Graveside Graveside Laurel Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 143 Grave 2 Row \_\_\_\_\_ Section 2 Division/Pl 11

Grave space & Care Fund Bottom of D.P. 55

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 90

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due 145

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is my authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 058378

Acct # 000252

Work Order # E 6789  
PV-583 (REV. 5-85)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6789

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Lella "B" Pylant</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Oct. 7, 1980</b>	DATE OF DEATH <b>July 5, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Patricia Pylant - Daughter 2551 Imperial Ave. San Diego, CA 92114</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary: 5050 Federal Blvd. San Diego, CA 92102</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED <b>n/a</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>n/a</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>Welfare Burial Monument 25 Pacific no chain Cloth covered casket wooden Bottom of DIP</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 8 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/10/87</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos, M.D., M.M.</b>
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>George W. Stiller</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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.**



**MT. HOPE CEMETERY**  
**INTERMENT ORDER**

City of San Diego

Date 7-9-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Bessie Henrich

in a level <sup>Viewing</sup> Graveside Humphrey Funeral date, time 7/10 1 p.m.

Church, Chapel, Graveside Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 387 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division/Block 8

Grave space & Care Fund \_\_\_\_\_

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

Total Due \_\_\_\_\_ 606.

Paid receipt number 34804 606

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Sandra Wood  
Signature of recorded holder of deed

Edw. Powers  
Signature  
RT3 BX 8480  
Address  
SPICEWOOD TR 78669  
State 512-624-1876 Zip Code  
Telephone

Work Order # **E 6790**

PR-603 (REV. 5-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6790

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>HESSIE GARNER HENRICH</b>		SEX <b>Female</b>	DATE OF BIRTH <b>03-08-1898</b>	DATE OF DEATH <b>July 09, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>Austin</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Texas</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ted W. Powers (Nephew) Rt. #3, Box 48Q Spicewood, TX 78669</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary—855 Broadway Chula Vista, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <p><input type="checkbox"/> 10. DISPOSITION PENDING</p> </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery - 3751 Market St. - San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Wooden Box Beautiful Rose State</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
* LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 10 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Brown M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/10/87</b> <small>(ENTER DATE)</small>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Leoyun Shih</i> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 254-3151

No 34804

 Date: 7-10 1987  
 From: Lee Powers Address: RT. 3, Box 848 - Q, Greenwood TX  
My husband's plot Dollars (\$ 606.88<sup>00</sup>)  
 In Payment of Bessie Herrick Powers

 Lot 387 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6790BALANCE DUE 0Pre-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
Sandy Wood  
 1987 JUL 10 PM

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>320</u> -
Burial	100	<u>100</u> -
Containers	77182	<u>145</u> -
Handling Fee	77183	<u>35</u> -
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Trust	8022	
Sales Tax	80101	<u>6</u> -
	78300	
TOTAL PAID	\$	<u>606</u> -



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

7/9/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Oral Collins Spae

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 15A Grave 4 Row \_\_\_\_\_ Section 14 Division/Block 7

Grave space & Care Fund To raise up to upright 100<sup>00</sup>

Additional spaces and care fund Marker area

Opening/Closing & Setup not to exceed \$10

Burial Container upright as used in

Handling Fees \$10

Flower vases - Marker setting fee \_\_\_\_\_

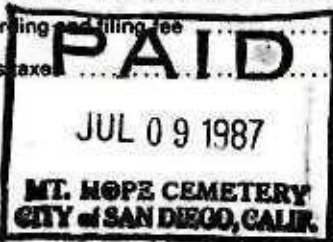
Recording and filing fee \_\_\_\_\_

Sales tax \_\_\_\_\_

Total Due 100<sup>00</sup>

aid receipt number 34799 100<sup>00</sup>

Balance due 0



I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Jessie M. Palmer  
Signature  
7110 Tetherway  
Address  
50

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6791  
PY-593 (REV. 9-85)



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 34799

Date: 7/9/87, 19

 From: Jessie M. Palmer Address: 7110 Teetherway - S.D.  
One Hundred and 100 Dollars (\$ 100.00)  
 In full Payment of Right to use upright Monument  
of 1st degree allowed in Div 10 on grave of Ora Collins - Dec  
 Lot 15A Grave 4 Row ~ Section 14 Division 7
Invoice No. ~~~~~Acct. No. ~~~~~W.O. E6791BALANCE DUE -0Pre-Need Lot ☐ At Need ☒ On Acct ☒Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	57007	20 00
30% Sales Tax	77184	
50% Sales of Lots	100	80 00
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	83003	
Sales Tax	9022	
	80101	
	76860	
TOTAL PAID	\$	100 00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-9-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hugh Taylor

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 42 Grave 10, 11, 12 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund 1485-

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 \$ 1485.00

Paid receipt number 34937 62.00

Balance due 1423.00

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Hugh Taylor  
Signature  
4981 Oyster Point  
Address  
San Diego, CA 92102  
State  
264-1341  
Telephone  
Zip Code

Work Order # E 6792  
PY-583 (REV. 3-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

9-17-87

35045

12-16-87

35435

1423.00

62.00

# 1361.00

62.00

1299.00



NAME Taylor, Hugh

ACCT. NO. E-6792

ADDRESS 4981 Dassco Court, San Diego, Ca 92102

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Jul 9 87	Lot 42, Graves 10, 11, 12, Section 1, Division 12-1485 00			186 00	1299 00
2-29 88	Receipt 35776			6200	1237 00
5-9 88	Receipt 36132			6200	1175 00
7-11 88	Receipt 36396			12400	1051 00
10-17 88	Receipt 36899			6200	989 00
12-19 88	Receipt 57111			62 -	927 00
3-1 89	Receipt 37542			6200	865 00
6-2 89	Receipt 38147			6200	803 00
8-8-89	Receipt # 38385			6200	741 00
11-20 89	Receipt 38585			6200	679 00
2-21-90	Receipt 38901			6200	617 00
4-20-90	Receipt 39144			6200	555 00
5-4-90	Receipt 39217			6200	493 00
6-7-90	Receipt 39331			6200	431 00
7-18-90	Receipt 39497			6200	369 00
8-14-90	Receipt # 39609			6200	307 00
9-10-90	Receipt # 39677			6200	245 00
11-27-90	Receipt # 39963			6200	183 00
1-22 91	Receipt 40212			62	121 00

PAID IN FULL  
4-9-91

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

DATE

ITEMS

DEBIT

✓

CREDIT

BALANCE

4-5 91 RECEIPT 40516 NO COUPON

62 00

59 90

4-9 91 Receipt 40546 " "

59 00

0

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34937

Date: 8/14/87From: Hugh TaylorAddress: 4981 Dasso St, SD 92102Dollars (\$ 62.00)In DepositPayment of On Credit Sale (forgot Coupon Book)Lot 42Grave 10-11-12Row 4Section 1Division 12Invoice No.       Acct. No.       W.O. F-6792BALANCE DUE 1423.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

Pre-Need Lot ☒ At Need ☐ On Acct ☒Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

ISSUED BY Raymond MillerTOTAL PAID \$ 62.00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 35045

From:

*Hugh Taylor*  
*Sixth St 09*

Address:

*4981 Casson St.*

Date:

*9-17*, 19*87*
Dollars (\$ *62.00* )

In

Payment of

*Credit Sale*

Lot

*42*

Grave

*10, 11, 12*

Row

Section

*1*

Division

Block

*12*

Invoice No.

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot

At Need

On Acct

Pre-need Trust

Cash

Check

AC-212 (Rev. 11-80)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT

20% Sales Com

80% Sales

of Lots

Opening/

Closing

Burial

Containers

Handling Fee

Recording &amp;

Misc. Fees

Pre-Need

Trust

Sales Tax

TOTAL PAID

67007

77184

100

77184

100

77181

100

77182

100

77183

100

77183

63033

9022

60101

78390

ISSUED BY

*Kathy Ward*
*62 -*

## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 254-3151
N<sup>o</sup> 35435Date: 12-16, 1987
 From: High-Taylor Address: 4981 Hassock Court L.A. 92102  
Sixty-two Dollars & 00/100 Dollars (\$) 62.00

 In full Payment of Credit Sale

 Lot 42 Grave 10, 11, 12 Row \_\_\_\_\_ Section 1 Division 12  
 Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6792BALANCE DUE 1299.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

DEC 28 1987

ISSUED BY

N. P. Black

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	<u>62.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	79390	
TOTAL PAID	\$	<u>62.00</u>



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 35776

 From: Heidi Lee (or) Address: 4981 Dunes Ct, SD 92103 Date: 2-29, 19 88  
Sister - 100 09/100  
 In \_\_\_\_\_ Payment of Private Plot Sale Dollars (\$) 62.00

 Lot 42 Grave 10-11-12 Row \_\_\_\_\_ Section 1 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6792BALANCE DUE 1237.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

2668

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAR 03 1988

ISSUED BY

Andra Ward

 CREDIT  
 20% Sales Care 77154  
 80% Sales 100  
 of Lots 77184  
 Opening/ 100  
 Closing 77181  
 Burial 100  
 Containers 77182  
 Handling Fee 100  
 Recording & 77185  
 Misc. Fees 100  
 77183  
 Pre-Need 83033  
 Trust 9022  
 Sales Tax 80101  
 78390

TOTAL PAID

\$

62.00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 36132

 From: Mark Taylor Address: 4781 Ocean Court, SD Date: 5-9 19 88  
Sept - test 00/00 Dollars (\$ 62.00)  
 In \_\_\_\_\_ Payment of Credit Int

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6792BALANCE DUE 1175.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAY 12 1988

ISSUED BY

Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>62.00</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>62.00</u>

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 36396

From:

Hugh Taylor

Address:

4981 Dosses Ct SD

Date:

7-11

19

88

Dollars (\$

124.00)

In

Payment of

Credit for Sales

Lot

42

Grave

10, 11, 12

Row

Section

1

Division

Block 12

Invoice No.

Acct. No.

W.O.

E-6772

BALANCE DUE

1021.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

JUL 13 1988

ISSUED BY

 CREDIT  
 20% Sales Care  
 80% Sales  
 of Lots  
 Opening/  
 Closing  
 Burial  
 Containers  
 Handling Fee  
 Recording &  
 Misc. Fees  
 Pre-Need  
 Trust  
 Sales Tax

 87007  
 77184  
 100  
 77184  
 100  
 77181  
 100  
 77182  
 100  
 77185  
 100  
 77183  
 83033  
 8022  
 80101  
 78390

TOTAL PAID

\$

124.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 2746  
 2768



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 304-3151

No 36849

 From: Cherie Taylor Address: 4981 Danvers Court, SD Date: 10-17, 1988  
Fifty-two no/100 Dollars (\$) 62.00  
 In \_\_\_\_\_ Payment of Credit Ref

 Lot 42 Grave 10-12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6792BALANCE DUE 959.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒AC-212 (Rev. 10-87) 2792NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE
 CITY AUDITOR  
 OCT 19 1988
ISSUED BY Linda Vord

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>62.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	1	<u>62.00</u>



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37111

From:

Address:

Date:

19

In

Payment of

Dollars (\$

Lot

Grave

Row

Section

Division  
Block

Invoice No.

Acct. No.

W.O.

BALANCE DUE

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

## CREDIT

25% Sales Care

67007

60% Sales

77184

of Lots

100

Opening/

77184

Closing

100

Burial

77181

Containers

100

Handling Fee

77182

Recording &amp;

100

Misc. Fees

77186

Pre-Need

100

Trust

77183

Sales Tax

63033

9022

80101

78380

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☐

AC-212 (Rev. 10-87)

ISSUED BY

TOTAL PAID

CITY AUDITOR

DEC 13 1988

RECORDED

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37542

Date: 3-22, 19 89From: Theresa Taylor Address: 4981 Dunes Ct, SD
Eight Two 20/10 Dollars (\$ 62.00)
In \_\_\_\_\_ Payment of Credit for Sale
 Lot 42 Grave 10-12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6792BALANCE DUE \$35.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

MAR 27 1989

ISSUED BY

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	<u>62.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>62.00</u>

2922



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38147

 Date: 6-9, 1989

 From: Frank Taylor Address: 4981 Dunes Ct, SD
Fifty - 500 copies Dollars (\$) 62.00

 In Credit Payment of dit

 Lot 42 Grave 10-12 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. E-6792

 BALANCE DUE 773.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

 AC-212 (Rev. 10-87) 2981

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	<u>62.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>62.00</u>

 CITY AUDITOR  
 JUN 15 1989



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38385

 Date: 8-5, 1989

 From: HUGH TAYLOR Address: 4981 DRESSER CT. S.D.
Sixty-two dollars and xx/100 Dollars (\$ 62.00 )

 In part Payment of credit lot

 Lot 42 Grave 10-12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. E6792

 BALANCE DUE 711.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

W.J. Teague

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	<u>62.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>62.00</u>

 CITY AUDITOR  
 AUG 12 1989

30B

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

NO 38585

 Date: 11-20 1989

 From: Mark L. Luper Address: 4981 Lomas St, SD  
Sixty-two 110/110 Dollars (\$ 62.00 )

 In \_\_\_\_\_ Payment of Credit Set

 Lot 42 Grave 10-12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. 8-6792

 BALANCE DUE 649.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

ISSUED BY

TOTAL PAID

 \$ 62.00

CITY AUDITOR

NOV 24 1989

407



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

CITY AUDITOR

NO 38901

FEB 26 1990

Date: 2-21, 1990
 From: Hugh Taylor Address: 4771 Dazee Ct., SD 92102
Anty-Duo Heller 71/100 Dollars (\$ 62.4 )

 In \_\_\_\_\_ Payment of Credit Lot

 Lot 42 Grave 10+11+12 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6712BALANCE DUE \$617.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒AC-212 (Rev. 10-87) 3132
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>62.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>62.00</u>



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

CITY AUDITOR

NO 39144

APR 23 1990

Date: 4-20, 19 90
 From: Hugh Jacobs Address: 4981 Doran Ct, San Diego  
Subs. Fee Dollars 1100 Dollars (\$) 62.00

 In \_\_\_\_\_ Payment of Credit Fee

 Lot 42 Grave 10 + 11 & 12 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6792BALANCE DUE 8555.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>62.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>62.00</u>

ISSUED BY [Signature]

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 39217

 Date: 5-11, 1990

 From: Hugh Neff Address: 4481 Dunes Ct, San Diego 92131  
Twenty Dollars Dollars (\$) 62.00

 In \_\_\_\_\_ Payment of Credit Lot

 Lot 42 Grave 101112 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. FLM

 BALANCE DUE 8493.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR

MAY 14 1990

 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>62.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>62.00</u>



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39497

Date: July 18, 19 90
 From: Hugh Taylor Address: 4981 Dossco Ct, SD. 92102  
Sixty-two and 00/100 cents Dollars (\$) 62.00
In part Payment of Credit Int
 Lot 52 Grave 10 11 12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6792BALANCE DUE \$369.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒
AC-212 (Rev. 10-87) 515NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY K. S. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	77184	<u>62.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>62.00</u>



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39609

Date: 8-14-1970

From: Hugh Taylor Address: 4951 Dassel Court S.D. Cal. 92103

 Sixty two and 2800 Dollars (\$ 62<sup>00</sup> )

In Payment of Credit Let

Lot 42 Grave 10, 11, 12 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-6792

BALANCE DUE 307<sup>00</sup>Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	62 <sup>00</sup>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	62 <sup>00</sup>

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39677

Date: Sept. 10, 1982
 From: Hugh Taylor Address: 4981 Dossio Ct. S.D. CA 92107  
Sixty-two and 00/100 Dollars (\$ 62.00 )
In \_\_\_\_\_ Payment of credit lot
 Lot 42 Grave 12.11.12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6792BALANCE DUE \$245.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AQ-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	87007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID

\$ 62.00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 39963

Date: 11-27, 1990
 From: Theresa J. ... Address: 4921 Laurel St, San Diego, CA 92121  
... Dollars (\$) 62.00
In ... Payment of Credit Note
 Lot 42 Grave 101112 Row ... Section 1 Division Block 12
Invoice No. ...Acct. No. ...W.O. E-6192BALANCE DUE \$183.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	<u>62.00</u>
80% Sales of Lots	100	<u>...</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>62.00</u>

ISSUED BY J. ...



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 40212

Date: 1-22, 1991
 From: Hugh Layton Address: 4781 Danvers Ct. L.A.
Dollars (\$ 62.00 )
 In \_\_\_\_\_ Payment of Credit Lot

 Lot 42 Grave 10, 11, 12 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6792BALANCE DUE 121.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒AC-212 (Rev. 10-87) 649NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Com	77184		
80% Sales	100	<u>62</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>62</u>	<u>00</u>

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 39331

Date: 6-7, 1990From: Aug. Joyce Address: 4711 Laurel (4) La Brea
July 1990 Dollars (\$) 62.00
In \_\_\_\_\_ Payment of Credit Lot
 Lot 42 Grave 14 11 12 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-6103

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY [Signature]

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390
TOTAL PAID	\$ <u>62.00</u>

 CITY AUDITOR  
 JUN 18 1990



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 40546

 Date: Apr. 9, 1991

 From: Hugh Taylor Jr. Address: 4981 Dorsco Ct. S.D. CA 92102
Fifty-nine and 00/100 Dollars (\$ 59.00 )

 In Full Payment of Pre-need lot(s)

 Lot 42 Grave 10, 11, 12 Row \_\_\_\_\_ Section 1 Division Block 2

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. E-6792

 BALANCE DUE 0

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☒ Check ☐

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>59.00</u>
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>59.00</u>



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 40516

Date: APRIL 5, 19 91
 From: HUGH TAYLOR JR. Address: 7981 DASSCO CT. SAN DIEGO 92102-3717
SIXTY-TWO.00 00/100 Dollars (\$) 62.00

 In PART Payment of PRE-NEED LOTS - HUGH TAYLOR

 Lot 42 Grave 12, 11, 13 Row \_\_\_\_\_ Section 1 Division Block 2

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6792BALANCE DUE 55900Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	<u>62.00</u>
80% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77181	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>62.00</u>

685

E-6792

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 9 day of July, 1987, between Theresa Taylor, Jr., herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 42, Grave 10, 11, 12, Row ---, Section 1, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$1985., payable as follows: \$ 5 cash herewith, the receipt of which is hereby acknowledged; \$ 62 on the 10 day of August, 1987; and the balance in installments of \$ 62 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

WITNESS our hands this day and year above written.

Deed to be issued to:

23@ \$62.  
1@ #59

Hugh Taylor, Jr  
Name  
4981 Dasso Court  
Address  
San Diego, CA 92102

PURCHASER

Hugh Taylor Jr.

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: Andrea L. Ward



9-17-87

35045

12-16-87

35435

1423.00

62.00

#1361.00

62.00

1299.00

E6792

## MT. HOPE CEMETERY

## INTERMENT ORDER

City of San Diego

Date

7-9-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Heugh Taylor

in a \_\_\_\_\_ Vault/Urns \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ ; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 42 Grave 10, 11, 12 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 320.00

Burial Container \_\_\_\_\_ 175.00

Handling Fees \_\_\_\_\_ 170.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 25.00

Sales taxes \_\_\_\_\_ 10.50

Total Due \_\_\_\_\_ 710.50

Paid receipt number 34801 50.00

Balance due 660.50

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Heugh Taylor Jr.  
34801 Darius Court  
 Address San Diego, CA 92102  
 State CA Zip Code 92102  
 Telephone (619) 284-1541

Work Order #

**E 6793**

PV-583 (REV. 5-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 40736

From: JOHNNIE TAY  
HUGA TAYLOR Address: 4981 DASSCO CT S.D. CA 92102-3717  
SIXTY-TWO 00/100 Dollars (\$ 62.00 )  
 In PART Payment of Pre-need trust

Lot 42 Grave 10-11-12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6793BALANCE DUE 598.50Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

733

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>62.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>62.00</u>



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 41042

Date: 7-30, 1991

From: High Taylor Address: 4981 Lamon Ct, La Jolla, CA 92037-3711

Fifty Dollars 70.00 Dollars (\$) 50.00

In Payment of Pre-need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-26793

BALANCE DUE 8548.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	50.00	
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	50.00	

ISSUED BY J. Vait

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 41091

Date: 8/8/1971

From: Heath Taylor Jr Address: 4941 Laurel St. S.D. 92117

Twenty five and 00/100 Dollars (\$ 25.00 )

In Paid Payment of Pre-Need TrustLot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section CITY Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6798

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

0018313 1997

CREDIT	87609
20% Sales Care	77184
80% Sales	100
Processing/	77184
Shipping	77184
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID \$

ISSUED BY [Signature]

# 789

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 41519

Date: 11-15, 1991
 From: High-Trust Address: 4981 Deciso  
Twenty-five Dollars (\$ 25<sup>00</sup>)  
 In \_\_\_\_\_ Payment of Pre-Need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-6773BALANCE DUE \$498.50Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>25.00</u>
Trust	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>25.00</u>

ISSUED BY [Signature]

857



## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 527-3400

No 41550

Date: 11-22, 1991
 From: Johnnie M. Taylor Address: 4981 Lakeside San Diego CA 92102-3717
Fifty and 00/100 Dollars (\$ 50.00 )

 In cash Payment of Pre-need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6793

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 1-91)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>50.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>50.00</u>

## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400
N<sup>o</sup> 41661Date: 12-16, 1991
 From: Hugh Taylor Address: 4581 Nassau  
Fifty 710/100 Dollars (\$ 50.00)
In \_\_\_\_\_ Payment of Credit Lot

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6793BALANCE DUE \$378.50Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

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		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>50</u>	<u>w</u>
Trust	9022		
Sales Tax	60101		
	75390		
TOTAL PAID	\$	<u>50</u>	<u>w</u>

ISSUED BY [Signature]

892



## OFFICIAL RECEIPT


 WHITE.....TO CUSTOMER  
 CANARY.....CEMETERY  
 PINK.....AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 41762

Date: 1-15, 1992
 From: Hugh Taylor Address: 4981 Dasso CT S.D. 92102-3717  
Walter Dallon — %10 Dollars (\$ 50.00)  
 In Payment of Pre-Need-Trust

 Lot E-6793 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6793BALANCE DUE 348.50
 Pre-Need Lot ☐ At Need ☐ On Acct ☐  
 Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

920

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY

P. Carter

CREDIT	67007		
20% Sales Cave	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033	50	00
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	50	00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 41922

Date: Feb 21, 19 92From: Hugh Taylor Address: 4981 DASSCO CT. S.D. 92102-3717
Fifty and 00/100 Dollars (\$ 50.00 )
In Part Payment of Pre-need trust
 Lot 42 Grave 10, 11, 12 Row \_\_\_\_\_ Section 1 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6793BALANCE DUE 298.50Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

951

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>50.00</u>
Trust	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>50.00</u>

## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 42024

From:

*Hugh Taylor*  
*Fifty*

Address:

*4981 Nasso Court, SD 92102*  
*TR/w*

Date:

*3-16*, 19*92*

Dollars (\$

*50.*

In

Payment of

*Pre-Need Trust*

Lot

Grave

Row

Section

Division  
Block

Invoice No.

Acct. No.

W.O.

*E-6793*

BALANCE DUE

*\$248.50*

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT

20% Sales Care

67007

77184

80% Sales  
of Lots

100

77184

Opening/  
Closing

100

77181

Burial

100

Containers

77182

100

Handling Fee

77185

Recording &  
Misc. Fees

100

77183

Pre-Need  
Trust

63033

9022

Sales Tax

60101

76390

Pre-Need Lot

☐

At Need

☐

On Acct

☐

Pre-need Trust

☒

Cash

☐

Check

☒

AC-212 (Rev. 1-91)

*3212*

ISSUED BY

*[Signature]*

TOTAL PAID

\$

*50 W*  
*50 W*



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 42275

Date: 5-21-, 1972
 From: Johnnie Mae Taylor Address: 4951 Vasco Court, S.D. CA 92102  
Fifty dollars and x/100 Dollars (\$) 50.00
In Part Payment of Reverend Trust
 Lot 42 Grave 12, 11, 12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E6793BALANCE DUE 198.50Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

323

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
PAID IN THIS SPACE.

ISSUED BY

W. J. Toague

CREDIT	67007	
20% Sales Cars	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	50 -
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	50 -



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 527-3400

No 42544

 From: Johnnie M. Taylor Address: 4481 DASSO CT., S.D. 92102  
Fifty and 00/100 Dollars (\$ 50.00 )  
 In paid Payment of preneed trust

 Lot 42 Grave 10, 11, 12 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 6793BALANCE DUE 148.50Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AQ-212 (Rev. 1-81)

3313

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.
ISSUED BY W. J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	50 -
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	50 -

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 527-3400

No 42682

 Date: 9-1, 1992  
 From: Wright James Taylor Address: 4981 Decatur Ct., St.  
Fifth 710/110  
 Dollars (\$ 50 - )  
 In \_\_\_\_\_ Payment of Pre-Need Trust

 Lot 42 Grave 10, 11, 12 Row \_\_\_\_\_ Section 1 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6793BALANCE DUE \$98.50Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

3347

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	<u>50</u> <u>W</u>
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>50</u> <u>W</u>



## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 527-3400

No 42705

From: JOHNNIE HUGH TAYLOR JR Address: 4981 DASSO CT. S.D. 92102  
NINETY-EIGHT & 50/100 Dollars (\$ 98.50)  
 In FULL Payment of PRE-NEED TRUST

Lot 42 Grave 10-11-10 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6793BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐  
 Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

3372

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Com	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	98	50
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	98	50



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

7/14/87

Carl on Bottom

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mr. Carl McCallum / Ruth E. Mrs

in a Double Crypt Funeral date, time 7-23 10:00

Church, Chapel, Graveside Chapel : Cornal - Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 - Air Force

Lot 1158 Grave ~ Row ~ Section ~ Division 10

Grave space & Care Fund For Double Crypt - 595.00

Additional spaces and care fund ~

Opening/Closing & Setup ~ 320.00

Burial Container Double Crypt (Cement) 330.00

Handling Fees ~ 320.00

Flower vases - Marker setting fee ~

Recording and filing fee 35.00

Sales taxes 19.80

Total Due 1619.80

Paid receipt number 34813 1619.80

Balance due 0

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Ruth E McCallum  
Signature 3246 Cibola St  
Address 92091  
State 469-8050 Zip Code  
Telephone

Work Order #

**E 6794**

PY-593 (REV. 8-85)

Invoice #

Acct. #

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>CARL THOMAS McCOLLUM</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Aug. 2, 1914</b>	DATE OF DEATH <b>July 19, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ruth S. McCollum - Wife</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Conrad Lemon Grove Mortuary 7387 Broadway-Lemon Grove, CA 92045</b>		CALIFORNIA LICENSE NUMBER <b>F 941</b>		<b>3246 Citrus Street Lemon Grove, CA 92045</b>

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

## FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery 3751 Market Street-San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A non-sealed 20ga Steel H.P. Salvestone</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		<b>Vetern Bottom Double Crypt</b>
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 23 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/23/87</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Dorothy E. Ramirez, M.B. M.M.</b>	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 7/14/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruth McCallum

In a on top - D.C. Vault/Urner Funeral, date, time see headstone

Church, Chapel, Graveside          : Courtyard Mortuary.

All funeral cars must 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 1158 Grave      Row      Section      Division/Block 10

Grave space & Care Fund see E-6794

Additional spaces and care fund     

Opening/Closing & Setup open Double Crypt 320.00

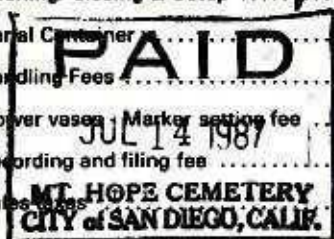
Burial Container     

Handling Fees     

Flower vases - Marker setting fee     

Recording and filing fee 35.00

Sales taxes     



Total Due 355.00

Paid receipt number 34813 355.00

Balance due 0

I hereby certify I am the myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Ruth S McCallum  
Signature 3246 Citrus St  
Address Leominster Ave 92041  
City 469-8050 Zip Code  
Telephone

Work Order # E 6795

PY-593 (REV. 8-86)

Invoice #     

Acct. #



## OFFICIAL RECEIPT

No 34813


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

From:

Mrs Bailey

Address:

P.O. Box 1074 - El Cajon 92022

Date:

7/14/87

19

In

Nineteen Hundred Seventy four 280/100

Dollars (\$ 1974.80 )

In

Full Payment of Double Crypt - Grave Sp - and same  
Charger in full for Carl & Ruth McCollum -

Lot

1158

Grave

Row

Section

Division

10

Invoice No.

Acct. No.

W.O.

E6794 &amp; E6795

BALANCE DUE

0

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 11-88)

134

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
PAID IN THIS SPACE.

ISSUED BY

## CREDIT

20% Sales Tax

87007

77184

80% Sales

100

of Lots

77184

Opening/

100

Closing

77181

Burial

100

Containers

77182

Handling Fee

100

Recording &amp;

77183

Misc. Fees

100

Pre-Need

83033

Trust

9022

Sales Tax

80101

78380

TOTAL PAID

1379 80

1974 80

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

7/14/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Esau Simmons

in a Vault (Crematorium) Funeral, date, time Thurs - 7/16/ 11Am

Church, Chapel, Graveside Chapel S.S. ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NP

Lot 253 Grave 4 Row ~ Section 2 Division/Block 12

Grave space & Care Fund Endowed Care 425.00

Additional spaces and care fund no

Opening/Closing & Setup 320.00

Burial Container Crematorium Vault 175.00

Handling Fees Labor 170.00

Flower vases - Marker setting fee ~

Recording and filing fee 35.00

Sales taxes 10.50

Total Due 1205.50

Paid receipt number 37814 1205.50

Balance due 0

PAID  
JUL 14 1987  
MT. HOPE CEMETERY  
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Betty J. Blue

13721 BEN ST.

California 92111

277-7225

Telephone

Invoice #

Acct. #

Work Order #

E 6796

PI-583 (REV. 9-85)



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ESAU NNN SIMMONS</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Jan. 17, 1900</b>	DATE OF DEATH <b>July 13, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Betty J. Blue - Niece 3721 Ben Street San Diego, California 92111</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <p><input type="checkbox"/> 10 DISPOSITION PENDING</p> </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Jr. Way, San Diego, Ca.</b>			COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Metall Non Sealer Crematorium</i>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.			SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUL 15 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramos, M.D., M.P.H.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>2/3/4/2/12</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34814

From

Rethy Jean Blue

Address:

3721 Bend St - D. 92111

Date:

7/14/87

19

In

full

Payment of

Interment of Jean Simmons - du

Dollars (\$ 1205<sup>50</sup>/<sub>100</sub>)

Lot

253

Grave

4

Row

2

Section

2

Division

12

Invoice No.

Acct. No.

W.O.

E-6796

BALANCE DUE

0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT

20% Sales Tax

80% Sales

of Lots

Opening/

Closing

Burial

Containers

Handling Fee

Recording &amp;

Misc. Fees

Pre-Need

Trust

Sales Tax

TOTAL PAID

67007

77184

100

77184

100

77181

100

77182

100

77183

100

77183

83033

9022

60101

78380

99 00

396 00

320 00

175 00

170 00

35 00

10 50

1205 50

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date

7/14/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Maurice A. Patton

in a Bell Liner Funeral, date, time Mon - 11 AM

Church, Chapel, Graveside Chapel + SS ; Haystack Mortuary.

All Funeral cars must 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 # \$100.00

Lot 103 Grave 9 Row      Section 2 Division/Block 11

Grave space & Care Fund Single grave 250.00

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container Bell Liner - Concrete 100.00

Handling Fees Labor 145.00

Flower vases - Marker setting fee     

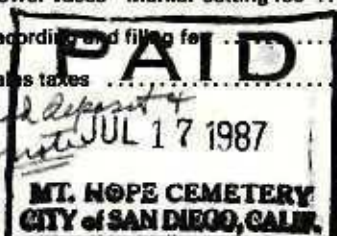
Recording and filing fee 35.00

Sales taxes 6.00

Total Due 856.00

Paid receipt number 34825 856.00

Balance due 0



I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under dead.

Signature of authorized holder of deed

Signature Theresa Patton  
1313 1/2 S 45th  
92113  
Calif  
266 8559  
 State      Zip Code       
 Telephone     

Work Order #

E 6797

Invoice #     

Acct. #     

Pr-693 (REV. 9-86)

Mon - 11 AM - chapel + SS



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Marlice Patton</b>		SEX <b>Male</b>	DATE OF BIRTH <b>March 21, 1966</b>	DATE OF DEATH <b>June 11, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Yvonne Morris - Mother</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary 5050 Federal Blvd.</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		<b>1313½ South 45th St.</b>
				<b>San Diego, CA 92113</b>

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING                 </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Way: San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY FOR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Woodbury</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT   DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 20 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/6/87</b> (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>mta</i> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

**COPY 2** IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**COPY 2**

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS

(REV. 1-86) FORM VS-9

E6797



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34825

Date: 7/17, 1987From: Yvonne Patton Address: 3877 Mulberry Dr. S.D.
Eighthundred fifty dollars 856.00  
 Dollars (\$ 856.00)
In Full Payment of Interment of and for Maurice A. Patton dec
 Lot 103 Grave 9 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6797BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-80)

338-5000  
Cash - 356
NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	<u>50.00</u>
20% Sales Com	77184	
80% Sales	100	<u>200.00</u>
of Loss	77184	
Opening/	100	<u>350.00</u>
Closing	77181	
Burial	100	<u>100.00</u>
Containers	77182	
	100	<u>145.00</u>
Handling Fee	77183	
Recording &	100	<u>35.00</u>
Misc. Fees	77183	
Pre-Need	63033	<u>~</u>
Trust	9022	
Sales Tax	60101	<u>6.00</u>
	78390	
TOTAL PAID	\$	<u>856.00</u>

*Put need  
Credit*

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date July 15, 87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dorothy Cooper

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran No.

✓ 43 Grave 9 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 495<sup>00</sup>

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... none arranged for

Burial Container ..... at the time

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... \_\_\_\_\_

Sales taxes ..... \_\_\_\_\_

*Tyson*

Total Due ..... 495<sup>00</sup>

Paid receipt number 34819- 10<sup>00</sup>

Balance due 485<sup>00</sup>

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

7-13  
Signature 3017 Reynolds

Address SD 92113

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 6798 ✓  
PV-583 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

8-7-87 34903

10-5-87 35703

11-30-87 35336

485.00

40.00

445.00

40.00

405.00

40.00

365.00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

*Credit Lot*  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 34817

From:

*Dorothy Cooper*

Address:

*5017 Reynolds - SD 92113*

Date:

*7/15/87*

19

In

*Deposit*

Payment of

*on Credit lot sale -*Dollars (\$ *10<sup>00</sup>* )

Lot

*43*

Grave

*9*

Row

*2*

Section

*3*

Division

*12*

Invoice No.

Acct. No.

W.O.

*E-6798*

BALANCE DUE

*485<sup>00</sup>*NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-88)

ISSUED BY

*[Signature]*

CREDIT	67007	
20% Sales Com	77154	
80% Sales of Lots	100	<i>10 00</i>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	93033	
Sales Tax	9022	
	80101	
	78360	
TOTAL PAID		<i>10 00</i>

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34903

Date: 8-7, 1987
 From: Dorothy Cooper Address: 5417 Reynolds St, San Diego  
Forty Dollars Dollars (\$) 40.00

 In Coupon Payment of Credit Sale - Coupons 1, 2  
E-6798

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6798

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	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>40.00</u>
Opening/ Closing	77181	
Burial Containers	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>40.00</u>

ISSUED BY JD.

Send or bring one coupon with each remittance **COUPON**

**1**

**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**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							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

Amount Received

\$ 20.00

NAME Dorothy Cooper

ADDRESS 5017 Reynolds St.

CITY San Diego STATE CA, ZIP 92113

☐ check (✓) if this is new address



Send or bring one coupon 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**

FEB	MAR	APR	MAY	JUN	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

Amount Received

\$ 20.00

NAME Dorothy Cooper

ADDRESS 5017 Reynolds St.

CITY SAN Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151
N<sup>o</sup> 35103

Front

Date:

10-5 87

Address:

5017 Reynolds

Dollars (\$

In

Payment of

Change # 244 credit

Lot

43

Grave

9

Row

Section

3

Division

Block 12

Invoice No.

Acct. No.

W.O.

E-6798

BALANCE DUE

405.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-85)

1655

ISSUED BY

CREDIT	67007
20% Sales Tax	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID

\$

40 -

Send or bring one coupon with each remittance

**COUPON**

**3**

**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**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							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**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME **Dorothy Cooper**

ADDRESS **5017 - Reynolds St.**

CITY **San Diego** STATE **Ca** ZIP **92113**

☐ check (✓) if this is new address



Send or bring one coupon with each remittance **COUPON**

**4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-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	JAN	FEB	MAR
							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**

\$ \_\_\_\_\_

NAME Dorothy Cooper Amount Received \$ 20.00

ADDRESS 5017 Reynolds st

CITY San Diego STATE CA. ZIP 92113

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 35336


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

 From: Dorothy L. Cooper Address: 3077 Reynolds, SD CA 92113  
forty 800/100 Dollars (\$ 40.00)  
 In: Coupon 546 Credit for

 Lot 43 Grave 9 Row \_\_\_\_\_ Section 3 Division 12 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6798BALANCE DUE 365.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 11-98)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>40</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	75380	
TOTAL PAID	\$	<u>40</u>

ISSUED BY

Send or bring one coupon with each remittance

**COUPON**

**5**

**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	MAR	APR
							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**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

☐ **check (✓) if this is new address**



Send or bring one coupon with each remittance

**COUPON**

**6**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6798 Credit Lot**


**Dorothy Cooper**  
**5017 Reynolds**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							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**

\$ \_\_\_\_\_

Amount Received

\$ 20.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35622

Date: 2-1, 1988

From:

Address:

Donally Corp  
3017 Knapolls, SD 92113  
Three hundred forty five Dollars (\$ 345.00)

In

Payment of

Receipt # 7 Credit Lot

Lot

43

Grave

9

Row

Section

3Division  
Block12

Invoice No.

Acct. No.

W.O.

E-6798

BALANCE DUE

345.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

FEB 05 1988

Pre-Need Lot ☒At Need ☐On Acct ☐Pre-need Trust ☐Cash ☐Check ☒

AC-212 (Rev. 10-87)

ISSUED BY

1697  
Indira Vaid

 CREDIT  
 20% Sales Care 87007  
 50% Sales of Lots 77184  
 Opening/Closing 100  
 Burial Containers 77181  
 Handling Fee 100  
 Recording & Misc. Fees 77182  
 Pre-Need Trust 100  
 Sales Tax 63033  
 9022  
 60101  
 78380

TOTAL PAID

\$

20

Send or bring one coupon with each remittance

**COUPON**

**7**

**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**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
							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**

**\$ \_\_\_\_\_**

Amount Received

**\$ 20.00**

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35777

Date: 2-29, 19 88From: Dorothy Cooper Address: 5017 Reynolds, SD 92113Twenty dollars 20.00 Dollars (\$ 20.00)In \_\_\_\_\_ Payment of Coupon # 8 Credit LotLot 43 Grave 9 Row \_\_\_\_\_ Section 3 Division 12

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-678BALANCE DUE 325.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

1709

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

MAR 03 1988

ISSUED BY

 CREDIT  
 20% Sales Com 77184  
 80% Sales of Lots 77184  
 Opening/Closing 77181  
 Burial Containers 77182  
 Handling Fee 77185  
 Recording & Misc. Fees 77183  
 Pre-Need Trust 53033  
 Sales Tax 80101

 77184  
 100  
 100  
 100  
 100  
 100  
 100  
 9022  
 80101  
 78390

TOTAL PAID

\$

40	00
20	00

Send or bring one coupon with each remittance

**COUPON**

**8**

**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**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							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**

\$ \_\_\_\_\_

Amount Received

\$ 20.00

NAME

Dorothy Cooper

ADDRESS

5017 Reynolds St

CITY

San Diego

STATE

Ca.

ZIP

92113

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35983

From:

Donath, Craver

Address:

3017 Reynolds, SD

Date:

4-7, 1988

In

Payment of

Twenty Dollars  
Coupon 9 Credit Set

Dollars (\$

20.00,

Lot

43

Grave

9

Row

Section

3

Division  
Block

12

Invoice No.

Acct. No.

W.O.

E-6798

BALANCE DUE

305.00

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 10-67)

1730

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

APR 14 1988

ISSUED BY

CREDIT

20% Sales Care

80% Sales

of Lots

Opening/

Closing

Burial

Containers

Handling Fee

Recording &amp;

Misc. Fees

Pre-Need

Trust

Sales Tax

TOTAL PAID

67007

77184

100

77184

100

77181

100

77182

100

77185

100

77183

63033

9022

60101

78380

\$

20 00

20 00



Send or bring one coupon with each remittance

**COUPON**

**9**

**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**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							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**

\$ \_\_\_\_\_

NAME Dorothy Cooper  
ADDRESS 5017 Reynolds St  
CITY S.D. STATE CA ZIP 92113

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 36077

Date: 5-3, 1988From: Dorothy Cooper Address: 5017 Reynolds, SD 92113Twenty dollars 20/100 Dollars (\$) 20.00In Payment of Coupon 10 Credit CardLot 43 Grave 9 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6798BALANCE DUE 285.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

MAY 06 1988

ISSUED BY

Sandra Ward

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	<u>20 00</u>
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	83033	
	9022	
	80101	
	78990	
TOTAL PAID	\$	<u>20 00</u>

1739

Send or bring one coupon with each remittance **COUPON**

**10**

**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**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							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**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME **Dorothy Cooper**

ADDRESS **5017 Reynolds St.**

CITY **San Diego** STATE **Ca.** ZIP **92113**

☐ check ( ☒ ) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**

284-3151

No 36299

Date: 6-15, 19 88

From:

Dorothy Cooper

Address:

5017 Reynolds

In

Payment of

Twenty four dollars 00/100 —  
Aug 11 Credit Lot

Dollars (\$

24.00)

Lot

43

Grave

9

Row

Section

3

Division

12

Invoice No.

Acct. No.

W.O.

E-6798

BALANCE DUE

265.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

JUN 20 1988

ISSUED BY

Andra Ward

## CREDIT

20% Sales Care

67007

80% Sales

77184

of Lots

100

Opening/

77184

Closing

100

Burial

77181

Containers

100

Handling Fee

77182

Recording &amp;

100

Misc. Fees

77183

Pre-Need

83033

Trust

9022

Sales Tax

60101

75390

TOTAL PAID

\$

24.00

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 10-87)

1749

SW

See

Send or bring one coupon with each remittance

**COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6798 Credit Let**

**Dorothy Cooper**

**5017 Reynolds**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							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**

\$ \_\_\_\_\_

Amount Received

\$ **21.00**

NAME **Dorothy Cooper**

ADDRESS **5017 Reynolds St**

CITY **SAN DIEGO** STATE **CA** ZIP **92113**

☐ check (✓) if this is new address

**CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151**

Date: 7-18, 1988

From: Edward J. Hughes Address: 5017 Highway 2, SE  
Forty - One Highway Dollars (\$ 41.00)  
 In \_\_\_\_\_ Payment of Coupon 12 & 13 Credit dit

Lot 43 Grave 9 Row \_\_\_\_\_ Section 3 Division Block 12

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

JUL 25 1988

BALANCE DUE 222.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67)

1758

ISSUED BY

CREDIT	87007	
20% Sales Cash	77184	
80% Sales	100	41 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Fire-Need	63033	
Trust	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	41 00



Send or bring one coupon with each remittance

**COUPON**

**12**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6798 Credit Let**

**Dorothy Cooper**  
**5017 Reynolds**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							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**

\$ \_\_\_\_\_

Amount Received

\$ **21.00**

NAME

*Dorothy Cooper*

ADDRESS

*5017 Reynolds st.*

CITY

*San Diego*

STATE

*Ca*

ZIP

*92113*

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6798 Credit Lot**

**Dorothy Cooper**

**5017 Reynolds**

**San Diego, Ca 92113**

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.

\$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME **Dorothy Cooper**

ADDRESS **5017 Reynolds St.**

CITY **San Diego** STATE **Ca.** ZIP **92113**

☐ check (✓) if this is new address

# OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

No 36506

Date: 8-5, 1988

From: Arthur Cohen Address: 5017 Reynolds Street

In Payment of Credit Lot Dollars (\$ 21.00)

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6798

BALANCE DUE 203.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐  
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)  
1767

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

AUG 09 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>20</u>



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36690

 From Donath Cooper Address: 5017 Leguista St, SD Date: 9-15, 1988  
Twenty no/100 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Cooper 14 Credit

 Lot 43 Grave 9 Row \_\_\_\_\_ Section 2 Division 12 Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6796BALANCE DUE 183.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

SEP 21 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	20.00
Opening/	77184	
Closing	100	
Burial	77181	
Containers	100	
	77182	
Handling Fee	100	
Recording &	77185	
Misc. Fees	100	
Pre-Need	77183	
Trust	53033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	20.00

1779

Send or bring one coupon with each remittance. **COUPON**

**14**

**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**

FEB	MAR	APR	MAY	JUN	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**

\$ \_\_\_\_\_

Amount Received \$ **20.00**

NAME Dorothy Cooper

ADDRESS 5017 Reynolds

CITY San Diego STATE Ca

☐ check ( ☒ ) if this is new address

## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36799

 Date: 10-6 1988  
 From: Jerrothy Cooper Address: 5017 Reynolds San Diego Ca 92113  
Twenty dollars & 00/100 Dollars (\$ 20.00)  
 In part Payment of cooper #15 credit sales

 Lot 43 Grave 9 Row — Section 9 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6798BALANCE DUE 163.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

1793

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE

ISSUED BY

Leta Black

CREDIT	67007	
20% Sales Core	77184	<u>20.00</u>
60% Sales of Lots	100	<u>20.00</u>
Opening/Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>20.00</u>



Send or bring one coupon with each remittance

**COUPON**

**15**

**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**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							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**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME

**Dorothy Cooper**

ADDRESS

**5017 - Reynolds St**

CITY

**San Diego**

STATE

**Ca.**

ZIP

**92113**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 36971

Date: 11-15, 1988From: Donna L. Cooper Address: 5017 Reynolds Street, SDTwenty 8 Dollars 20/100 Dollars (\$ 20.00)In Payment of Coupon 16 Credit LotLot 43 Grave 9 Row 3 Section 3 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6798BALANCE DUE 143.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

1803

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
 CITY AUDITOR  
 NOV 21 1988
ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	20 00
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	77183	
Pre-Need Trust	53033	
Sales Tax	8022	
	80101	
	78380	
TOTAL PAID	\$	20 00

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6798 Credit Let

Dorothy Cooper  
5017 Reynolds

San Diego, Ca 92113

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.



\$ 20.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 20.00

NAME Dorothy Cooper

ADDRESS 5017 Reynolds st.

CITY S. D.

STATE 9041 ZIP 92113

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 37075

Date: 12-8, 1988
 From: Verathyn Cooper Address: 5017 Reynolds St San Diego, Ca 92113  
Twenty dollars & 00/100 Dollars (\$ 20.00 )

 In part Payment of Credit 1st, coupon #17

 Lot 43 Grave 9 Row — Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. E-6798

W.O. \_\_\_\_\_

BALANCE DUE 123.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACEISSUED BY 1/ Lisa Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>20.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	75360	
TOTAL PAID	\$	<u>20.00</u>

 CITY AUDITOR  
 DEC 12 1988

recorded

Send or bring one coupon with each remittance

**COUPON**

**17**

**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	MAR	APR
							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**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME

*Dorothy Cooper*

ADDRESS

*5017 - Reynolds st.*

CITY

*S.D.*

STATE

*Ca.*

ZIP

*92113*

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 254-3151

No 37131

Date: 12-28, 1988

From: Dorothy Cooper Address: 5017 Reginald, San Diego

Twenty &amp; 1/100 Dollars (\$ 20.00)

In Payment of Coupon 18 Credit Lot

Lot 43 Grave 9 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. 2-6790

BALANCE DUE 103.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

JAN 09 1989

ISSUED BY

 CREDIT  
 20% Sales Care  
 Sales of Lots  
 Opening/  
 Closing  
 Serial  
 Containers  
 Handling Fee  
 Recording &  
 Misc. Fees  
 Pre-Need  
 Trust  
 Sales Tax

 57007  
 77184  
 100  
 77184  
 100  
 77181  
 100  
 77182  
 100  
 77185  
 100  
 77183  
 63033  
 9022  
 90101  
 76390

TOTAL PAID

\$

 20 00  
 20 00



Send or bring one coupon with each remittance

COUPON

18

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

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							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

\$ \_\_\_\_\_

NAME Dorothy Cooper Amount Received \$ 20.00

ADDRESS 5017 Reynolds St

CITY S.D. STATE CA ZIP 92113

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37280

Date: 2-1, 1989From: Donath, Casper Address: 3017 Reynolds, STwenty Dollars no 1100 Dollars (\$ 20.00)In Payment of Casper 19 Credit LotLot 43 Grave 9 Row 3 Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-6798BALANCE DUE 63.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE
 CITY AUDITOR  
 FEB 06 1989
ISSUED BY Andrea Wolf

CREDIT	67007	
20% Sales Tax	77184	<u>16.00</u>
80% Sales of Lots	100	<u>4.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	<u>20.00</u>

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6798 Credit Lot**

**Dorothy Cooper**

**5017 Reynolds**

**San Diego, Ca 92143**

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.

▶ \$ **20.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

▶ \$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ 20.00

NAME Dorothy Cooper

ADDRESS 5017 Reynolds St.

CITY S.D. STATE 98th ZIP 92143

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37529

Date: 3-17, 1989From: Donna Cooper Address: 5017 Del Prado, # 92113Twenty Dollars 20.00In \_\_\_\_\_ Payment of Coupon 20 creditLot 43 Grave 9 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6798BALANCE DUE 63.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAR 27 1989

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Com	77184	<u>20.00</u>
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	60033	
Trust	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

Send or bring one coupon with each remittance

COUPON

20

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

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							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**

\$ \_\_\_\_\_

Amount Received

\$ **20.00**

NAME

**Dorothy Cooper**

ADDRESS

**5017 Reynolds**

CITY

**S.D.**

STATE

**CA**

ZIP

**92113**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37631

 Date: 4-6, 1989  
 From: South Coast Address: 5017 Reynaldo, SD 92113  
Twenty Dollars no/100 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Coupon - 21 Unpaid

 Lot 43 Grave 9 Row \_\_\_\_\_ Section 3 Division 12  
 Block 20

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6796

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

 CITY AUDITOR  
 APR 17 1989
ISSUED BY Andrea Pord

CREDIT	87007	
50% Sales Care	77184	
50% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>20 00</u>



Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **2-6798** Credit Lot

**Dorothy Cooper**

**5017 Reynolds**

**San Diego, Ca 92113**

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							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**

\$ \_\_\_\_\_

NAME Dorothy Cooper Amount Received \$ 20.00

ADDRESS 5017 Reynolds St.

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) If this is new address

NAME COOPER, DOROTHY

ACCT. NO. E-6798

ADDRESS 5017 Reynolds, San Diego, Ca 92113

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
JUL 87	Lot 43, Grave 9, Section 3, Division 12	495 00		130 00	365 00
FEB 1 88	Coupon #7, Receipt # 35622			20 00	345 00
2-29 88	Coupon #8, Receipt # 35777			20 00	325 00
4-7 88	Coupon #9, Receipt 35983			20 00	305 00
5-3 88	Coupon #10, Receipt 36077			20 00	285 00
6-15 88	Coupon 11, Receipt 36299			20 00	265 00
7-18 88	Coupon 12 & 13, Receipt 36430			41 00	223 00
8-5 88	Coupon 14, Receipt 36506			20 00	203 00
9-15 88	Coupon 14, Receipt 36690			20 00	183 00
10-6 88	Coupon 15, Receipt 36799			20 00	163 00
11-15 88	Coupon 16, Receipt 36971			20 00	143 00
12-8 88	Coupon 17, Receipt 37075			20 00	123 00
12-28 88	Coupon 18, Receipt 37131			20 00	103 00
2-1 89	Coupon 19, Receipt 37280			20 00	83 00
3-7 89	Coupon 20, Receipt 37529			20 00	63 00
4-6 89	Coupon 21, Receipt 37631			20 00	43 00
5-4 89	Coupons 22-24, Receipt 37751			65 00	<2200>
					Overpayment



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 37751

Date: 5-4, 19 89From: Mathie Cooper Address: 5017 Reynolds St, SD
Life - full 20/100  
 In \_\_\_\_\_ Payment of Credit for several payments Dollars (\$ 65.00)

 Lot 43 Grave 9 Row \_\_\_\_\_ Section 3 Division 12  
 Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6298BALANCE DUE all paymentPre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
30% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77186	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>65.00</u>

ISSUED BY

India Wacker  
1885

AUDITOR

MAY 18 1989



Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6798 Credit Lot

Dorothy Cooper  
3017 Reynolds

San Diego, Ca 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							10				

Amount due when paid on, or before,  
due date above.



\$ 20.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 20.00

NAME

Dorothy Cooper

ADDRESS

3017 Reynolds

CITY

San Diego

STATE

Ca.

ZIP

92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**23**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6798 Credit Let**

**Dorothy Cooper**

**5017 Reynolds**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							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**

**\$** \_\_\_\_\_

NAME Dorothy Cooper Amount Received \$ 20.00  
ADDRESS 5017 - Reynolds st.  
CITY San Diego STATE Ca. ZIP 92113  
☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6798 Credit Lot

Dorothy Cooper  
5017 Reynolds

San Diego, Ca 92113

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							10				

Amount due when paid on, or before,  
due date above.

\$

25.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$

1.00

\$

Amount Received

\$

25.00

NAME

Dorothy Cooper

ADDRESS

5017 Reynolds St.

CITY

STATE

ZIP

92113

☐ check (✓) if this is new address



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

7/15/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thomas and Norwella Hammond

in a Credit Sale Funeral, date, time Per need Church, Chapel, Graveside Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 40 Grave 1-2-3-4 Row 2 Section 2 Division/Block 11

Grave space & Care Fund @ 250<sup>00</sup> each 1000<sup>00</sup>

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 \$1000<sup>00</sup>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature 8215 Calle Minas

Address S.D. 92126

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6799**

PY-593 (REV. 6-86)

*Credit Sale  
Paid before  
end of 24 mo.  
@ 42<sup>00</sup> @ 23 = 966  
(34) 34  
1000<sup>00</sup>*

*now  
not arranged for  
at this time  
sub*

8-6-87 34899

1000.00

42.00

958.00

NSF CK <48.00>

NSF CHg 10.00

1010.00

42.00

9-9-87 35013

968.00

42.00

10-6-87 35124

926.00

52.00

10-19-87

35184

874.00

42.00

11-18-87

35310

832.00



CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

No 11840

# DEED

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Thomas & Norvella Hammond for the sum of \$ 1000.00 (DOLLARS)

LEGAL DESCRIPTION Lot 40; Graves 1-2-3-4, Section 2; Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-6799 \*

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker is 12" X 24", Flat Marker Only

Wendy Jo League  
Cemetery Manager

Phyllis Lullman  
Property Director



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34899

Date: 8-6, 1987From: Norvella Howard Address: 8215 Calle Minas, San DiegoForty-Two Dollars Dollars (\$ 42.00 )In Coupon Payment of Credit Sale - Coupon #1  
E-6799

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6799

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☐ On Acct ☒Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

419NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

JD.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>42</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>42.00</u>

Send or bring one coupon with each remittance **COUPON**

**1**

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**

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.



\$ 1.00

\$ 43.00

Amount Received

\$ 42.00

NAME

Mrs. Norvella Hammond

ADDRESS

8215 Calle Minas

CITY

San Diego

STATE

ca.

ZIP

92126

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 35124

Date: 10-7, 1987From: Howella Tamm Address: 8215 Calle Merida
Forty-two Dollars (\$ 42.00 )
In \_\_\_\_\_ Payment of Coupon #3 Credit Lot
 Lot 40 Grave 1, 2, 3, 4 Row \_\_\_\_\_ Section 2 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6799BALANCE DUE 926.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

496

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	42 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78300	
TOTAL PAID	\$	42 00

ISSUED BY



Send or bring one coupon with each remittance

**COUPON**

**3**

**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**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10				

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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35184

 From: Howella Hammond Address: 8215 Calle Miras Date: 10-20, 1987  
fifty-two Dollars (\$ 52.00)  
 In \_\_\_\_\_ Payment of NSF Check

 Lot 40 Grave 1, 2, 3 & 4 Row \_\_\_\_\_ Section 2 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6799BALANCE DUE 874.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-88)

507

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	87007	
20% Sales Tax	77184	
60% Sales of Lots	100	52.00
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	83003	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID		52.00

ISSUED BY

NSF OK PROTRA

## OFFICIAL RECEIPT


 WHITE.....TO CUSTOMER  
 CANARY.....CEMETERY  
 PINK.....AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**

284-3151

No 35310

From: Norella Hammond Address: 8215 Calle Miras SD 92126 Date: 11-18, 1987  
forty-two 00/ Dollars (\$ 42.00 )  
 In \_\_\_\_\_ Payment of coupon #4 credit set

Lot 40 Grave 1,2,3,4 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6799BALANCE DUE \$832.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-68)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
60% Sales	100	<u>42.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>42.00</u>

ISSUED BY

Lonny Ward



Send or bring one coupon with each remittance. **COUPON**

**4**

**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**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							10				

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 35013

 From Mano Howard Address 8215 Calle Mexico Date: 9-9 1987  
Forty-two Dollars \$ 42.00  
 In \_\_\_\_\_ Payment of Coupon #2 Credit Not

 Lot 40 Grave 1-2-3-4 Row \_\_\_\_\_ Section 2 Division 11  
 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6799BALANCE DUE 968.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

456

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	57007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>42-</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Spec. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>42-</u>

ISSUED BY

Send or bring one coupon with each remittance **COUPON**

**2**

**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	NOV	DEC	JAN
							10				

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

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35857

Date: 3-10, 19 88
 From Novella Hammond Address: 8215 Calle Miras  
one hundred sixty-eight no/00 Dollars (\$ 168.00)  
 In \_\_\_\_\_ Payment of coupons 5, 6, 7 & 8 Credit Set

 Lot 40 Grave 1, 2, 3 & 4 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-1299BALANCE DUE 664.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

MAR 16 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>168.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	83033	
Tax	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>168.00</u>

Send or bring one coupon with each remittance

**COUPON**

**8**

**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**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							10				

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6799 Credit Lot**

**Thomas & Norvella Howard  
8215 Calle Minas  
San Diego, Ca 92126**

**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

**\$ 42.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

**\$ 1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address



Send or bring one coupon with each remittance **COUPON**

**6**

**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**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							10				

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6799**

**Credit Lot**

**Thomas & Norvella Howard  
8215 Calle Minas  
San Diego, Ca 92126**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							10				

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**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 36797

 From: Monella Hammond Address: 8215 Calle Miras, SD  
eighty-seven Dollars (\$ 87.00)  
 In Payment of Coupon 9.8.10 Credit

 Lot 40 Grave 1-4 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-689BALANCE DUE 577.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

660

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

MAY 06 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	87.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	87.00



Send or bring one coupon with each remittance

**COUPON**

**9**

**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**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							10				

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**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON****10****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. **E-6799 Credit Lot****Thomas & Norvella Howard  
8215 Calle Minas  
San Diego, Ca 92126****Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							<b>10</b>				

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36783

From:

Norvella Hammonds 8215 Calle Mexico SD

Date:

10-5

19

88

In

Payment of

 1000 hundred fourteen  
 10/100 Dollars (\$ 214.00)

Lot

40

Grave

1-4

Row

Section

2

Division  
Block

11

Invoice No.

Acct. No.

W.O.

BALANCE DUE

 8-6799  
 363.00

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

OCT 7 1988

ISSUED BY

[Signature]

 CREDIT  
 20% Sales Tax  
 80% Sales  
 of Lots  
 Opening/  
 Closing  
 Burial  
 Containers  
 Handling Fee  
 Recording &  
 Misc. Fees  
 Pre-Need  
 Trust  
 Sales Tax

 87007  
 77184  
 100  
 77184  
 100  
 77181  
 100  
 77182  
 100  
 77185  
 100  
 77183  
 63033  
 9022  
 60101  
 78390

214 00

TOTAL PAID

\$

214 00 ✓

 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

830



Send or bring one coupon with each remittance

COUPON

15

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**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10				

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**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-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	NOV	DEC	JAN
							<b>10</b>				

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-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:

**\$ 1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address



Send or bring one coupon with each remittance **COUPON**

**12**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6799 Credit Lot**

**Thomas & Norvella Howard  
8215 Calle Minas  
San Diego, Ca 92126**

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							10				

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6799**

**Credit Lot**

**Thomas & Norvella Howard  
8215 Calle Minas  
San Diego, Ca 92126**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							10	1			

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY

264-3151

No 37093

 From: Marcella Hammond Address: 2215 Calle Mexico, SB  
Fort, Two no 100 Dollars (\$ 42.00)  
 In: \_\_\_\_\_ Payment of Coupon 16 Credit Lot

 Lot 40 Grave 1-4 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6799BALANCE DUE 321.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67)

891

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY

 CREDIT  
 20% Sales Com 77184  
 80% Sales of Lots 77184  
 Opening/Closing 77181  
 Burial 100  
 Containers 77182  
 Handling Fee 77185  
 Recording & Misc. Fees 77183  
 Pre-Need Trust 63033  
 Sales Tax 9022

 87007  
 77184  
 100  
 77184  
 100  
 77181  
 100  
 77182  
 100  
 77185  
 100  
 77183  
 63033  
 9022  
 80101  
 78390

TOTAL PAID

\$

 42.00  
 CITY AUDITOR

DEC 14 1988

42.00



Send or bring one coupon with each remittance

**COUPON**

**16**

**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**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							10				

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 41327

Date: 10-3, 1991

From: Thomas E Hammonds Address: 8215 Calle minus S.D. 92126

forty two 100 Dollars (\$ 42.00)

In Payment of Credit Lot

Lot 40 Grave 1-2-3-4 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6799

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	42	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	42	00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 527-3400

No 41632

Date: 12-10- 1991
 From: THOMAS; Norvella + HOMMONS Address: 8215 Calle Miral San Diego, CA. 92126
Forty five and 00/100 Dollars (\$ 45.00 )

 In check Payment of Credit To L

 Lot 40 Grave 1,2,3,4 Row — Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6799

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒
 # 716  
 AC-212 (Rev. 1-91)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	<u>45.00</u>
80% Sales of Lots	77184	
Opening/ Closing	100	
Burial	77181	
Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	60033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>45.00</u>



Send or bring one coupon with each remittance

COUPON

17

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

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							10				

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**

\$ \_\_\_\_\_

NAME **NORVELLA HAMMONDS**  
ADDRESS **8215 CALLE MINAS**  
CITY **S.D.** STATE **CA** ZIP **92126**

☐ 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**  
 527-3400

No 41877

 Date: 2-12, 19 92  
 From: James Hammer Address: 8215 Calle Miras, #10 92126  
Forty-Two Dollars (\$ 42<sup>00</sup>)  
 In \_\_\_\_\_ Payment of Pre-Need Lot

 Lot 40 Grave 1-2-3-4 Row - Section 2 Division 11  
 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6799

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>42<sup>00</sup></u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>42<sup>00</sup></u>

Send or bring one coupon with each remittance

**COUPON**

**19**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. K-6799**

**Credit Lot**

**Thomas & Norvella Howard  
8215 Calle Minas  
San Diego, Ca 92126**

**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.



\$ **42.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**19**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. K-6799**

**Credit Lot**

**Thomas & Norvella Howard  
8215 Calle Ninas  
San Diego, Ca 92126**

**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

**\$ 42.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

**\$ 1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY

527-3400

No 41889

Date: Feb 12, 1992

From: Thomas Howard Address: 8215 Calle Minas

Forty-three and 00/100 Dollars (\$ 43.00 )

In part Payment of Credit lot

Lot 40 Grave 1, 2, 3, 4 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6799BALANCE DUE \$149.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	<u>43.00</u>
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>43.00</u>

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6799 Credit-Loa**

**Thomas & Norvella Howard,  
8215 Calle Minas  
San Diego, Ca 92126**

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							10				

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

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 41993

Date: MARCH 6, 19 92
 From: Thomas Harmonds Address: 8215 Calle Miras S.D. CA 92126
Forty-two and 00/100 Dollars (\$ 42.00 )

 In Part Payment of Credit Lot

 Lot 40 Grave 1-4 Row \_\_\_\_\_ Section 2 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6799BALANCE DUE \$107.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	<u>42.00</u>
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	8022	
Sales Tax	60101	
	78380	

ISSUED BY

K.A. Spadell

TOTAL PAID

\$ 42.00

Send or bring one coupon with each remittance

COUPON

20

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

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							10				

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

No 42207

Date: 5-5, 1992From James Hammond Address: 815 Calle Miras, SD
Eighty Four 70/100 Dollars (\$ 84.00 )
In \_\_\_\_\_ Payment of Pre-Need Lots
 Lot 40 Grave 1, 2, 3, 4 Row - Section 2 Division 11  
 Block 84

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6799

BALANCE DUE \_\_\_\_\_

 Pre-Need Lot ☒ At Need ☐ On Acct ☐  
 Pre-need Trust ☐ Cash ☐ Check ☒

(12 (Rev. 1-81))

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY Walt

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>84.00</u>



Send or bring one coupon with each remittance

**COUPON**

**22**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6799 Credit Lot**

**Thomas & Norvella Howard  
8215 Calle Minna  
San Diego, Ca 92126**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							10				

Amount due when paid on, or before,  
due date above.

**\$ 42.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

**\$ 1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance  
DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

6-6799

Credit Lot

Thomas & Norrella Howard  
#215 Calle Miguel,  
San Diego, Ca 92126

COUPON

21

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							10				
Amount due when paid on, or before, _____ days							\$ 42.00				
Amount due if paid more than _____ days after due date above.							\$ 1.00				

Amount Received \$ \_\_\_\_\_

Zip

NAME

ADDRESS

CITY

STATE

☐ 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**  
 527-3400

No 42371

Date: 6/27, 19 88
 From: Thomas Hammond Address: 8215 Calle Mines S.D. CA 92126
Twenty-three and 00/100 Dollars (\$ 23.00 )

 In Paid Payment of Pre-need lot

 Lot 40 Grave 1-2-3-4 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6799BALANCE DUE 0
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	<u>23.00</u>
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	8022	<u>23.00</u>
Sales Tax	80101	
	78390	

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒TOTAL PAID \$ 23.00



Credit

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

7/15/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of San Diego Regional Mission - CO 81C

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside Per need - for Reg. org. Mortuary \_\_\_\_\_

All funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 40 Grave 78-9 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund \$250<sup>00</sup> 750<sup>00</sup>

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 750<sup>00</sup>

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  
"Zelba Denny"

Signature 3773 Oceanview  
Address 44 92113  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 6800  
PY-593 (REV. 3-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34906

Date: 8-7, 1987
 From: S.D. Reg. Dept./missions Address: 3773 Ocean View, San Diego  
One hundred sixty Dollars Dollars (\$ 160.00 )  
 In: Coupon Payment of Credit Sale - Coupons #1 thru #5  
E-6800

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6800

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☐ On Acct ☒Pre-need Trust ☐ Cash ☐ Check ☒AC-212 (Rev. 11-85) 291NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.ISSUED BY JD

CREDIT	87007		
20% Sales Care	77184		
50% Sales of Lots	100	<u>160</u>	<u>00</u>
Opening/	77184		
Closing	100		
Burial	77181		
Containers	100		
	77182		
	100		
Handling Fee	77183		
Recording & Misc. Fee	100		
	77183		
Pre-Need Trust	83033		
	8022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>160</u>	<u>00</u>

Send or bring one coupon with each remittance **COUPON**

**1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6800** Credit Lot

**San Diego Regional Mission**  
**3773 Ocean View**

**San Diego, Ca 92113**

**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:

**\$ 32.00**

Amount due if paid more than 7 days  
after due date above:

**\$ 1.00**

**\$ 33.00**

NAME **San Diego Regional Mission**

ADDRESS **3773 Oceanview Blvd**

CITY **SD** STATE **Ca** ZIP **92113**

☐ check (✓) if this is new address



Send or bring one coupon with each remittance **COUPON**

**2**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6800** 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
							10				

Amount due when paid on, or before,  
due date above.



\$ 32.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ 33.00

NAME SD Regional Mission Amount Received \$ 32.00

ADDRESS 3773 Ocean View Blvd

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6800 Credit Lot**

**San Diego Regional Mission  
3773 Ocean View**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10				

Amount due when paid on, or before,  
due date above.

**\$ 32.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

**\$ 1.00**

\$ \_\_\_\_\_

NAME SD Regional Mission Amount Received \$ 32.00  
ADDRESS 3773 Ocean View Blv  
CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6800 Credit not**

**San Diego Regional Mission  
3773 Ocean View  
San Diego, CA 92113**

**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.

\$ **32.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **1.00**

~~\$ 32.00~~

NAME SD Regional Mission Amount Received \$ 32.00  
ADDRESS 3773 Ocean View Blv  
CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6800 Credit Lot**

**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	MAR	APR
							10				

Amount due when paid on or before,  
due date above



\$ **32.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

NAME SLR Regional mission  
ADDRESS 3773 Ocean View Blvd  
CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT MOPE CEMETERY**  
 264-3151

No 35603

 Date: 1-26 1988  
 From: S Regina Reyes Munoz Address: 3773 Ocean View, SD 92113  
one hundred sixty 00/100 Dollars (\$ 160.00)  
 In \_\_\_\_\_ Payment of Credit Sales

 Lot 40 Grave 7, 8, 9 Row \_\_\_\_\_ Section 2 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6800BALANCE DUE 420.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

 CITY AUDITOR  
 FEB 03 1988  
 007362
ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Com	77184	
50% Sales	100	
of Lots	77184	<u>160.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>160.00</u>

## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 37453

Date: 3-7 1989

 From: In Deco Capital Master 372 Ocean View Blvd, SD  
 one hundred sixty-two no/100 — Dollars (\$ 162.00)  
 In: Payment of Coupons 6-10 Credit set

Lot 40 Grave 7-9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 2-6800

BALANCE DUE 268.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

309

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAR 10 1989

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	162.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	75380	
TOTAL PAID	\$	162.00



Send or bring one coupon with each remittance **COUPON**

**6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6800 Credit Met**

**San Diego Regional Mission  
3773 Ocean View  
San Diego, CA 92113**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							10				

Amount due when paid on, or before  
due date above.

 \$ **32.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

 \$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **33.00**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6800 Credit Lot**

**San Diego Regional Mission  
3773 Ocean View**

**San Diego, CA 92113**

**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.

\$ **32.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **33.00**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6800 Credit met**

**San Diego Regional Mission  
3773 Ocean View  
San Diego, CA 92113**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							10				

Amount due when paid on, or before,  
due date above.



\$ **32.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **32.00**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check ( ☒ ) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6800 Credit Lot**

**San Diego Regional Mission  
3773 Ocean View**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							10				

Amount due when paid on, or before,  
due date above.



\$ **32.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **32.00**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**10**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6800 Credit Net**

**San Diego Regional Mission  
3773 Ocean View**

**San Diego, CA 92112**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							<b>10</b>				

Amount due when paid on, or before,  
due date above.

 \$ **32.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

 \$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **32.00**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 37898

 Date: 6-5, 1989

 From: Mr. Diego Hernandez, Mission 2173 Cedar View Blvd. 3D Address:

one hundred twenty 20/100 Dollars (\$) 160.00

 In Payment of Wait Pat Sale

 Lot 40 Grave 7-9 Row 2 Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. 2-1600

 BALANCE DUE 100.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

381

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

 CITY AUDITOR  
 JUN 09 1989

 ISSUED BY [Signature]

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	83033
Trust	9022
Sales Tax	80101
	78390
TOTAL PAID	\$ <u>160.00</u>



NAME San Diego Regional Mission

ACCT. NO. E-6800

ADDRESS 3773 Ocean View Blvd., San Diego, Ca 92113

RATING

LIMIT

DATE

ITEMS

DEBIT

✓

CREDIT

BALANCE

JAN 15 87	Lot 40, Grave 7,8,9, Section 2, Division 11	750 00		160 00	590 00
JAN 26 87	Receipt #35603, CK # 296			160 00	430 00
3-7 89	Receipt 37453, Coupons 6-10			162 00	268 00
6-5 89	Receipt 37898			160 00	108 00
12-22 89	Receipt 38705			108 00	00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

N2 38705

From:

San Diego General Mission 5773 San Diego Blvd. 10

Address:

Date: 12-22, 1989

In \_\_\_\_\_ Payment of \_\_\_\_\_

 One hundred and no/100 Dollars (\$ 100.00)  
 first payment on credit

Lot

40

Grave

7-9

Row

Section

2

Division  
Block

11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE \_\_\_\_\_

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	57007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78360

 100.00  
 CITY AUDITOR  
 JAN 02 1990
Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

0142

ISSUED BY

TOTAL PAID

\$

100.00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6-24-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Arnon Jacobs - Policy  
in a \_\_\_\_\_ Funeral, date, time Thurs 6/25 1:00pm.

Church, Chapel, Graveside \_\_\_\_\_; Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran \_\_\_\_\_

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund ..... 28

Additional spaces and care fund ..... 45

Opening/Closing & Setup ..... 45

Burial Container ..... 73

Handling Fees ..... 73

Flower vases Marker setting fee ..... 73

Recording and filing fee ..... 73

Sales taxes ..... 73

Total Due ..... 73

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order #

**E 6801**

PR-693 (REV. 9-85)

Invoice # \_\_\_\_\_

Acct. # 000 952



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

7/15/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Willard Walker

in a Bell Union Funeral, date, time Fri 7/17/87 - 3 PM

Church, Chapel, Graveside Chapel 485; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran yes O.T. fee \$100.00

Lot 64 Grave 7 Row 2 Section 2 Division/Block 11

Grave space & Care Fund and End Care Fee - 250.00

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container Bell Concrete 100.00

Handling Fees Bell - O.T. - \$100.00 245.00

Flower vases - Marker setting fee J.I. 125.00

Recording and filing fee 35.00

Sales taxes 6.00

Total Due 1081.00

Paid receipt number 1081.00

Balance due 0

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Eugene Walker  
Signature

Address

State Zip Code

Telephone

Signature of recorded holder of deed

Invoice # 059512

Acct. # 023036

Work Order # E 6802  
PY-593 (REV. 8-85)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

36802

NAME OF DECEDENT <b>WILLARD EDWARD WALKER</b>		SEX <b>Male</b>	DATE OF BIRTH <b>May 20, 1925</b>	DATE OF DEATH <b>July 13, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Queen Walker - Wife 1042 Bollenbacher Street San Diego, California 92114</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

## FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>San Diego; Mt. Hope Cemetery: 3751 Martin Luther King Jr. Way: California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Metal</i> <i>Witness Sandy Wald</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b> <i>Bell liner - "Horseshoe"</i>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
LOCAL REGISTRAR	THE PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUL 15 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>9/17/87</b> <small>(ENTER DATE)</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶</b> <i>Deanna Little</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>▶</b> <i>Donald L. Ramos, M.D. Mstr</i>		
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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.



5-6802  
CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 09/04/87

DATE: 09/04/87  
TIME: 201614  
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
059512	08/19/87	023036	QUEEN WALKER				08/31/87	CK	2000	1,081.00	1,081.00	0.00
			100 072		77181	000072				320.00		
			100 072		77182	000072				100.00		
			100 072		77183	000072				260.00		
			100 072		77184	000072				200.00		
			100 072		77185	000072				145.00		
			60101		78390					6.00		
			67007		77184					50.00		
PAID IN FULL												
NUMBER OF INVOICES PAID			1									
TOTAL AMOUNT PAID			1,081.00									



MT. HOPE  
INTERMENT CENTER

City of San Diego

Date 7/15/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carolyn Jean Johnson

in a Double Crypt Vault. Funeral, date, time Mon - 2 P.M. 7/20  
Church, Chapel, Graveside Church & S. Roadside Mortuary.

All Funeral cars must 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 Battion of Crypt

Lot 190 Grave 7 Row 2 Section 2 Division/Block 12

Grave space & Care Fund 190-2- In Care for 495<sup>00</sup>

Additional spaces and care fund Double Crypt

Opening/Closing & Setup 320<sup>00</sup>

Burial Container 330<sup>00</sup>

Handling Fees 320<sup>00</sup>

Flower vases - Marker setting fee 35<sup>00</sup>

Recording and filing fees 19.80

Sales taxes 1519.80

Total Due 1519.80

Paid receipt number 34840 1519.80

Balance due 0

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Mildred D Mason  
Signature  
x 4454 50th St A #  
Address  
x SAN DIEGO  
State  
x CA 92114  
Telephone 286-1255 Rm Code

Work Order #

**E 6803**

Invoice #

Acct. #

PV-593 (REV. 5-85)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6803

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>CAROLYN JEAN JOHNSON</b>		SEX <b>Female</b>	DATE OF BIRTH <b>August 24, 1955</b>	DATE OF DEATH <b>July 14, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Mildred Mason - Mother 1261 Stone Canyon Drive Los Angeles, CA 90077</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Way: San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A Bottom Double Crypt -</b>		
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, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
			DATE SIGNED
	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 20 1987</b>
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donall L. Barnes, M.D.</b>		
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/20/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS 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



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

000620

No 34840

Date: 7/20/87, 19From: Anderson-Popdahl Address: 5050 Federal Blvd - SD 92102In: Fifteen Hundred Ninety and 80/100 Dollars (\$) 1519.80Payment of: Interment fee Carolyn Jean Johnson - DecDouble Crypt - Top half leased. -Lot 190 Grave -7- Row 2 Section 2 Division Block 12Invoice No. ~~~~~Acct. No. ~~~~~W.O. E 6803BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒AC-212 (Rev. 11-86) 8201NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

JUL 23 1987

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	<u>99 00</u>
80% Sales	100	
of Lots	77184	<u>396 00</u>
Opening/	100	
Closing	77181	<u>320 00</u>
Burial	100	
Containers	77182	<u>330 00</u>
	100	
	77183	<u>320 00</u>
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	<u>35 00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>19 80</u>
	78390	
TOTAL PAID	\$	<u>1519 80</u>



MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

*Estate  
Billing*

*open Int. Late*

Date

*7/15/87*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of *Gertrude Iann (wife)*

in a

*Double Crypt*

Funeral, date, time

*Sat - 7/18 - 10AM*

Church, Chapel, Graveside

*Chapel & SS*

*Requiem Mass*

Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran           

Lot

*8*

Grave

*5*

Row

*2*

Section

*5*

Division/Block

*6*

Grave space & Care Fund

*For Double Crypt -*

*595.00*

Additional spaces and care fund

Opening/Closing & Setup

*320.00*

Burial Container

*Double Crypt*

*330.00*

Handling Fees

*Sat 7/18 380 + labor on Crypt*

*700.00*

Flower vases - Marker setting fee

**PAID**

*35.00*

Recording and filing fee

*19.80*

Sales taxes

*AUG 1 1987*

*19.80*

Total Due

*\$1999.80*

receipt number

*34922*

*1999.80*

Balance due

*0*

I hereby certify I am the *Daughter* of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

*Darlene Ponce*

Address

*5109 Glenview Rd.*

State

*Bonita, Calif. 92002*

Telephone

*470-9055*

Zip Code

Work Order #

**E 6804**

Invoice #

Acct. #

PY-693 (REV. 8-86)

**LEGAL TYPED**

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 0804

NAME OF DECEDENT <b>Herman Victor Karlund</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Feb. 11, 1907</b>	DATE OF DEATH <b>July 15, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>Bonita</b>		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Frances Darlene Ponce - Daughter</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERFORMER) (OR BOTH) <b>Cypress View/Bonham Brothers</b>		ADDRESS OF FUNERAL HOME <b>3953 Imperial Avenue</b>		CALIFORNIA LICENSE NUMBER <b>670</b>
		<b>San Diego, CA.</b>		<b>Bonita, CA. 92002</b>

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 10. DISPOSITION PENDING

☐ 4. SCIENTIFIC USE

**FOR CORONER'S USE ONLY**

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102</b>			COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>		DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.			SIGNATURE OF APPLICANT <i>Sat. Burial</i> <i>Widow is Blind</i>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 16 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ponce, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>7/15/87</u> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Loyle W. Skelton</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34922

Date: 8/10/87, 19From: Jack H & Boone Address: 101 W. Broadway Suite 1110 - S.D. 92101
Twenty Hundred Ninety Nine and 80/100 Dollars (\$ 1999.80 )
In full Payment of Credit to Debit - Herman V. Garland - Dec -Double Crypt -
 Lot 8 Grave 5 Row \_\_\_\_\_ Section 5 Division Block 6

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6804BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

2977

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184	119	00
80% Sales	100	476	00
of Lots	77184		
Opening/	100	320	00
Closing	77181		
Burial	100	330	00
Containers	77182		
	100	700	00
Handling Fee	77183		
Recording &	100	25	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	19	80
	78380		
TOTAL PAID	1	1999	80



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

7/15/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Willie Mae Morgan

in a Bell Liner Vault/Liner Funeral, date, time 7/21-Tuesday- 11Am

Church, Chapel, Graveside Chapel + G.S.; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 125 Grave 1 Row ~ Section 2 Division 11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... 320.00

Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... ~

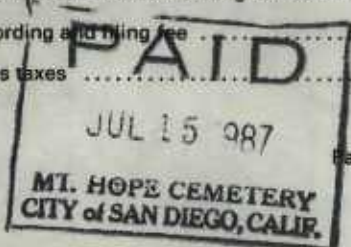
Recording and filing fee ..... 35.00

Sales taxes ..... 6.00

Total Due ..... 856.00

Paid receipt number 34821 856.00

Balance due 0



I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Eugenia C. Powell

Address 777 O'Mara St

City San Diego, 92114 Zip Code

Telephone 263-3572

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6805 ✓

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6805

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>WILLIE MAE MORGAN</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Sept. 6, 1900</b>	DATE OF DEATH <b>July 14, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Eugenia C. Lovett - Friend 7170 O'Heara Street San Diego, California 92114</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Jr. Way; California</b>			COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>		DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Blue Arlington cloth casket wooden</i>				
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>				
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.			SIGNATURE OF APPLICANT   DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUL 16 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos M.D.M.</i>	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/21</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Sageen Stotts</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH				

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 34821

Date: 7/15/87 19

From:

Eugenia C Lovett

Address:

717 O'Neale St. SD 92114

In

Eight hundred dollars and no/100

Payment of

Interment of Willie Mae Morgan

Dollars (\$ 856.00)

Lot

125

Grave

1

Row

Section

2

Division  
Block

11

Invoice No

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot

☐

At Need

☒

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

## CREDIT

20% Sales Care

80% Sales

of Lots

Opening/  
Closing

Burial

Containers

Handling Fee

Recording &  
Misc. FeesPre-Need  
Trust

Sales Tax

TOTAL PAID

67007

77164

100

77164

100

77181

100

77182

100

77183

100

77183

63033

9022

50101

78390

50.00

200.00

320.00

100.00

145.00

35.00

6.00

6.00

856.00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

7/16/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Odessa H. Folk

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 120 Grave 10 Row \_\_\_\_\_ Section 2 Division/~~Block~~ 11

Grave space & Care Fund Special - Enland Co 250.00

Additional spaces and care fund adj. sp. 9- \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 250.00

Paid receipt number 34823 50.00

Balance due 200.00

I hereby certify I am the myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Odessa H. Folk  
3281 College  
#254  
Lemon Grove  
91945  
740 Melrose Pl  
San Diego, 92114  
619-263-1255  
462-1944

Work Order # E 6806

PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

8/28/87

34970

200.00

25.00

---

\$175.00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 34970

Date: Aug. 28, 19 67From: Adessa H. Polk Address: 740 W. Gross Park GD 9-114
Forty dollars and 90 Dollars (\$) 40.90
In quit Payment of \$35.00 Perpetual Lot 120 - Sec 2 Div 11 Pl 10;
\$15.90 - flower vase Lot 120 & Grave 9, Sec 2 Div 11

 Lot 120 Grave 9-10 Row \_\_\_\_\_ Section 2 Division 11  
 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 6206

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

CREDIT 87007

20% Sales Care 77184

80% Sales 100

of Lots 77184

Opening/ 100

Closing 77181

Burial 100

Containers 77182

Handling Fee 100

Recording &amp; 77183

Misc. Fees 100

Pre-Need 63033

Trust 9022

Sales Tax 80101

78390

TOTAL PAID

\$

40.90



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34823

From:

Odessa H. Polk

Address:

740 Melrose Park St. 92114

Date:

July 16, 1927

Fifty dollars and <sup>no</sup>/<sub>100</sub>

Dollars (\$ 50.00)

In

part

Payment of

Odessa H. Polk - Pre need  
- Credit Sale -

Lot

120

Grave

10

Row

Section

2

Division  
Block

11

Invoice No.

Acct. No.

W.O.

BALANCE DUE

E-6806

200.00

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 &amp;

Misc. Fees

Pre-Need

Trust

Sales Tax

TOTAL PAID

67007

77184

100

77184

100

77181

100

77182

100

77183

100

77183

63033

9022

60101

78390

50.00

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



Dave Lowmy

50.00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NE 35723

 Date: 2-17-, 19 88

 From: Odessa H. Polk Address: 740 MEEROSE PL., S.D. CA 92114
Fifty dollars and 11/100 Dollars (\$ 50.00 )

 In Part Payment of grave space for Odessa H. Polk

 Lot 128 Grave 10 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. 4500

 BALANCE DUE 125.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

1063

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 19 1988

ISSUED BY

W.J. League

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>50.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	2022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>50.00</u>

NAME Polk, Odessa H.

ACCT. NO. E-6806

ADDRESS 740 Melrose Place, San Diego, Ca 92114

RATING

LIMIT

DATE

ITEMS

DEBIT

✓

CREDIT

BALANCE

Jul 16 87 Lot 120, Grave 10, Section 2, Division 11

250 00

75 00

175 00

2-8 88 Receipt # 55723

5000

125 00

2-16 89 Receipt # 37870

125 00

00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37370

Date: 2-16, 1989From: Mr. & Mrs. J. P. Hall Address: 740 Melrose Place, 50 92114In the amount of Dollars (\$ 25.00)Payment of Mount Hope CemeteryLot 170 Grave 10 Row 2 Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. B-606BALANCE DUE 25.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE
 CITY AUDITOR  
 FEB 24 1989
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>50.00</u>
80% Sales	100	<u>25.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7/17/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mary Adams

in a Gravel Path <sup>Vault/Liner</sup> Funeral, date, time 7/17-2:30

Church, Chapel, Graveside Graveside; Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No Marlin Int - A

Lot 21 Grave 21 Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 250.00

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_ 285.00

Paid receipt number 34977 285.00

Balance due 0

I hereby certify I am the Son of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Telephone

Zip Code

Invoice #

Acct. #

Work Order #

PY-593 (REV. 9-85)

**E 6807**

4445 MARCELLENA

SAN DIEGO CA

92115

583-6227

*Payment  
by check*

*Jones Will get us go #*

*227201 Raymond Jones*

E6807

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>MARY ADAMS</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>AUGUST 2, 1934</b>	DATE OF DEATH <b>JULY 17, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>		PLACE OF DEATH—COUNTY, OR STATE IF NOT IN CALIFORNIA <b>SAN DIEGO</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH <b>GOODBODY MORT., 5027 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>RAYMOND YOUNG SON 4445 MARCELLENA ROAD, #7 SAN DIEGO, CALIFORNIA 92115</b>		
		CALIFORNIA LICENSE NUMBER <b>F790</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER LOCATION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>Wooden casket 340 ft gravel back</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUL 17 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/17/87</b> ENTER DATE	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>[Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>		
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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 THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34977

Date: 9-1, 1987From: J. L. Martin Co. Address: P.O. Box 261058, SD 92126In: Handwritten eight-five Dollars (\$) 285.00
 In: Payment of Mary L. Martin's Service  
 Lot 21 Grave 21 Row 21 Section Martin Division Block A

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6807BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	<u>300.00</u>
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	<u>35.00</u>
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>285.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-17-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of John Lyrell  
in a \_\_\_\_\_ Vault/Liner \_\_\_\_\_ Funeral, date, time \_\_\_\_\_  
Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran \_\_\_\_\_

Lot 1075 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund C-8/27 \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 1-13-14500 \_\_\_\_\_

Burial Container 1-13-14500 \_\_\_\_\_

MT. HOPE CEMETERY  
SAN DIEGO, CALIF. \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee Need New Deed 35.00

Sales taxes \_\_\_\_\_

Total Due 35.00

Paid receipt number 34824 35.00

Balance due 0

I hereby certify I am the myself of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Signature 4388 Texas St

Address San Diego Ca 92104

State 295-4798 Zip Code

Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6808**

PY-593 (REV. 3-85)

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 34824

From:

Address:

Date:

Dollars (\$

In

Payment of

Lot

Grave

Row

Section

Division  
Block

Invoice No.

Acct. No.

W.O.

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

ISSUED BY

CREDIT	67007
20% Sales Com	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	53833
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID

\$



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date

7/17/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Agustino M. Santa

in a Double Crypt Funeral, date, time Mon 7/20/11Am

Church, Chapel, Graveside Mass & GS; Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran NO on bottom

Lot 123 Grave 10 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund For Double Crypt 250<sup>00</sup>

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320<sup>00</sup> **X**

Burial Container 330<sup>00</sup>

Handling Fees 320<sup>00</sup>

Flower vases - Marker setting fee JUL 17 1987

Recording and filing fee 35<sup>00</sup> **X**

Sales taxes 19<sup>80</sup>

Total Due 1274.80

Paid receipt number 34826 1274.80

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Ray

Signature X RJS

Address 7971 Jade Coast Rd

State San Diego Zip Code 92126

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6809 **✓**

PY-593 (REV. 8-85)

2nd Burial  
will be  
#355.00

E 6809

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Ignacio M. Vanta</b>		SEX <b>Male</b>	DATE OF BIRTH <b>June 18, 1923</b>	DATE OF DEATH <b>July 16, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Reynaldo Santos Vanta - Son 4333 Mt. Jeffers Avenue San Diego, CA. 92117</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mayer Mortuary 2859 Adams Ave. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>1424</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 6. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 8. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUL 17 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/20/87</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald E. Ramos, M.D.M.M.</b>
	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>George S. Sutter</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



# OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 34826

*7/21/87*

Date: 7/19, 1987

From: Reynaldo Vanta Address: 4333 N. Harbor Dr. #2117

Twelve Hundred Seventy Four and 80/100 Dollars (\$ 1274.80)

In full Payment of Interment of Agnacion M. Vanta in  
lower level of Double Crypt

Lot 123 Grave 10 Row      Section 2 Division 11

Invoice No.     

Acct. No.     

W.O. E-6809

BALANCE DUE     

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007	50.00
20% Sales Care	77184	
80% Sales	100	200.00
of Lots	77184	
Opening/	100	320.00 *
Closing	77181	
Burial	100	330.00
Containers	77182	
	100	320.00
Handling Fee	77183	
Recording &	100	35.00 *
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	19.80
	78390	
TOTAL PAID	\$	1274.80

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

ISSUED BY     

\* Conf of Record  
Bureau  
#35504

2837  
7/21



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 7-17-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eva Elbridge

in a Liner Funeral, date, time 7/24 Tues 2:00

Church, Chapel, Graveside Tranquillo Park Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran       

✓ Lot 61 Grave 1 Row        Section MAS Division/Block 0

Grave space & Care Fund       

Additional spaces and care fund 320

Opening/Closing & Setup 100

Burial Container 145

Handling Fees       

Flower vases - Marker setting fee       

Recording and filing fee 35

Sales taxes 6

Total Due 606

Paid receipt number 34831 606

Balance due 0

I hereby certify I am the        of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed       

Signature Russell A. Elbridge

Address 1190 HARDIN DR.

City EL CAYON CAL

State 94020

Telephone 444-8390

Work Order # E 6810

PR-593 (REV. 8-86)

Invoice #       

Acct. #

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6810

NAME OF DECEDENT <b>Eva Maree Eldridge</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Oct. 1, 1897</b>	DATE OF DEATH <b>July 16, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Percy Eldridge - Husband</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Paris-Frederick Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>795</b> <b>1469 Melody Lane</b> <b>El Cajon, Ca. 92020</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Nt. Hope Cemetery- 3751 Dr. Martin Luther King Way-</b>			San Diego, Ca.	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>		DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESIGNATION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Oregon 3/4 H.P. Plus Cloth- as usual Plastic Hardware</i>				
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>				
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>				SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT		AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>MAY 21 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donall L. ...</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/21</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Joyce ...</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH				

**COPY 2** IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34831

Date: 7-20, 1987
 From: PATRICIA ELDRIDGE Address: 1170 HARDIN ST. EL CAJON CA 92020
SIX HUNDRED SIX DOLLARS AND 11/100 Dollars (\$ 606.00 )

 In Full Payment of INTERMENT OF EVA ELDRIDGE

 Lot 61 Grave 1 Row \_\_\_\_\_ Section MAS Division Block 0

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E6810BALANCE DUE 0
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

# 3

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	320	00
Closing	77181		
Burial	100	100	00
Containers	77182		
	100	145	00
Handling Fee	77183		
Recording &	100	35	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	6	00
	73090		
TOTAL PAID	1	606	00

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

#138

ISSUED BY W.J. League



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

7/18/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Julius Hall

in a Linco P.P. Funeral, date, time 1:00 PM - 7/20/mon

Church, Chapel, Graveside graveside ; Parkham Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran Keven

Lot 278 Grave — Row — Section — Division/Block 10

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due 348.35 35.00

Paid receipt number .....

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Zip Code

Telephone

Invoice #

Acct. #

Work Order #

E 6811

PY-595 (REV. 6-85)

E-6811

MOUNT HOPE CEMETERY

July 20, 19<sup>87</sup>

The undersigned hereby requests and authorizes the interment of the remains of

Julia Mae Hall in Lot Gr 278 Row Sec. 10  
Block

Division 10 in accordance with and subject to the rules and regulations

governing said interment in Mount Hope Cemetery, and certifies and represents

that he or she has the legal right to make such authorization and agrees to

hold Mount Hope Cemetery harmless from any and all liability on account of

said authorization and interment.

Eleanor L. Howard

Signature of relative or legal  
representative

Address & relationship to lot owner and/or  
authority to sign authorization

Wm G Mitchell  
Witness

[Signature]  
Witness



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6811

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>JULIA MAE HALL</b>		SEX <b>Female</b>	DATE OF BIRTH <b>May 5, 1908</b>	DATE OF DEATH <b>July 17, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>Chula Vista</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT  <b>Floyd Hall, Grandson 1223 Prestoca Street Spring Valley, CA 92077</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Pinkham-Mitchell Mortuary 808 Thirteenth Street Imperial Beach, CA 92032</b>		CALIFORNIA LICENSE NUMBER <b>F-1178</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Pinkham-Mitchell Mortuary</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b> <b>278-10</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 20 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donnell L. Camacho, M.D. Cof</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/20/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Boyeu Sklar</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

THIS PERMIT IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34835

From:

*Wesley Mitchell*

Address:

*3655 Fifth Ave S.D.*
Date: *7-20*, 19*87*

In

Payment of

*thirty five*  
*Pending Fee Corp Julia Hall*
Dollars (\$ *35.00* )

Lot

*278*

Grave

Row

Section

Division  
Block *20*

Invoice No.

Acct. No.

W.O.

*E-6811*

BALANCE DUE

*0*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	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	<i>35</i>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev 11-86)

*6476*

ISSUED BY

*Andy Ward*

TOTAL PAID

\$

*35*

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151
N<sup>o</sup> 36103Date: 5-6, 1988From: Ken Loken Address: \_\_\_\_\_In \_\_\_\_\_ Payment of \_\_\_\_\_ Dollars (\$ 15.92)In \_\_\_\_\_ Payment of John Mac Hall James MacLot 278 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6811BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

MAY 11 1988

ISSUED BY James Mac

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63031	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>15.92</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

7/29/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Frances R. Benyou

in a Bell Limer Vault/Urns Funeral, date, time 7:00 PM - 10:00 PM / 7/22

Church, Chapel, Graveside Chapel - S.S. ; Calif. Cu. H. Soc. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veterans NO

✓ Lot 46 Grave 1 Row — Section 2 Division/Block 11

Grave space & Care Fund Single 250.00

Additional spaces and care fund no

Opening/Closing & Setup 320.00

Burial Container Bell Limer - Conute 100.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee 35.00

Sales taxes 6.00

100.00 - down 856.00

Bd. 8/10/87 34832 100.00

Ins. 236 76.00

I hereby certify I am the Son of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

N3521684

Wendy

Work Order # E 6812

PY-593 (REV. 5-85)

Signature

X

Address

2936 ARBISWAY 92139

State

263-2816

Telephone

Invoice #

Acct. #

057696

023005



W.O. NO. E 6812

## NOTE—STRAIGHT

\$ 756<sup>00</sup> San Diego, California, July 20, 1987  
- 20 - days after date, for value received, the undersigned maker(s) promise(s) to pay to  
 Mt. Hope Cemetery or San Diego City Treasurer

\_\_\_\_\_ or order  
 at 3751 Martin Luther King Way, San Diego, CA 92102  
 the sum of Seven Hundred Fifty Six & <sup>00</sup>/<sub>100</sub> DOLLARS.  
 with interest from August 12 - 1987 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X

Richard Bonner

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Due August 10, 1987 -- N3521684 - ID

CO 788180

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

76812

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>FRANCES R. RINYOUN</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>JULY 10, 1928</b>	DATE OF DEATH <b>JULY 15, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>INGLEWOOD</b>		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>LOS ANGELES</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>MR. RICHARD BOWENS - SON 2936 ARESWAY WAY SAN DIEGO, CALIFORNIA - 92139</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>5600 EL CAJON BOULEVARD—SAN DIEGO, CALIF.—92115</b>		CALIFORNIA LICENSE NUMBER <b>F-1357</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL INCLUDES ENTOMBMENT<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL INCLUDES INURNMENT<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MOUNT HOPE CEMETERY—3751 MARKET STREET - SAN DIEGO, CALIFORNIA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>N/A</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>N/A</b>
			DATE SIGNED <b>N/A</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 21 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/27/87</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>313 NORTH FIGUEROA STREET - LOS ANGELES, CALIFORNIA - 90037</b>		

**COPY 2** IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



## OFFICIAL RECEIPT

No 34832


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

Date: 7/20/87, 19

 From: Richard Benjamin, Jr. Address: 2936 Avenida - S.D. 92139  
 Dollars (\$ 100.00 )

In: Part Payment of Deposit on Interment of

 Frances R. Benjamin - dau  
 Lot 46 Grave 1 Row Section 2 Division Block 11

Invoice No. ~~~~~

Acct. No. ~~~~~

W.O. E-6812

BALANCE DUE 756.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	100.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	60033	
Trust	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	100.00

 Bal. due  
 Aug 10, 1987



E 69 12

ACR071

INVOICE INQUIRY

PG

2

INVOICE: 052696

INV TOTAL:

756.00

ACCOUNT: 023035

NAME: RICHARD BOWENS

INVOICE STATUS

DISPOSITION

DATE

AMOUNT

WRITTEN OFF

08/29/90

756.00

COLLECTION ACTIONS

LATE NOTICE - 1ST: 09/25/87

REFERRED TO - TREAS COLLECTION: 10/16/87

- 2ND: 10/14/87

- CITY ATTORNEY ;

- 3RD:

- COLLECTION AGENCY:

LATE CHGS BILLED

DATE

INVOICE

AMOUNT

LATE CHG-1:

-2:

DEPRESS PA1 KEY FOR NEXT SCREEN

MT. HOPE CEMETERY  
INTERMENT ORDER  
City of San Diego

Date 7-20-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Clara Sambrell

in a liner Funeral, date, time Tues 7/21 11.00

Church, Chapel, Graveside Graveside; Lewis Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 138 Grave 5 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 320.00

Burial Container \_\_\_\_\_ 100.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 16.30

Total Due \_\_\_\_\_ 606.00

Paid receipt number 34836 606.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Clara Sambrell

Address 4965 Pine St.

State La Mesa 92041

Telephone 466-0102 Zip Code OR 468-3467

Work Order # E 6813

PY-593 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E6813

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>CLARA CYNTHIA GAMBRILL</b>		SEX <b>female</b>	DATE OF BIRTH <b>Sept 17, 1906</b>	DATE OF DEATH <b>July 18, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>SELF... by pre-arrangement</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Lewis Colonial/Benbough 3051 El Cajon Blvd, San Diego, CA 92104</b>		CALIFORNIA LICENSE NUMBER <b>F-480</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - San Diego, CA (3751 Market St.)</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b> <i>3/4 HP</i> <i>ocean</i> <i>wooden blue cloth - plastic handle</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED - <b>JUL 20 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D., M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/21/87</b> <i>1385/212</i> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Loysen Slatter</i> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>n/a</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



No 34836

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

Date: 7-20, 1987

From: A. Jambell Address: 1965 Lince Street, La Mesa

Six hundred six dollars 00/- Dollars (\$ 606.00)

In: Payment of Clara Jambell

Lot 138 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-6813

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	340 -
Closing	77181	
Burial	100	100 -
Containers	77182	
	100	145 -
Handling Fee	77183	
Recording &	100	25 -
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	6 -
	78390	
TOTAL PAID	\$	606 -

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

 No 26813  
34837
Date: 7-20, 1987From: A. Jombel Address: \_\_\_\_\_In Payment of Flower Can for Plot Jombel Dollars (\$) 15.90Lot 138 Grave 5 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE 0Pre-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	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	<u>5</u>
Containers	77182	<u>10 60</u>
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>30</u>
	78390	
TOTAL PAID	\$	<u>15 90</u>

ISSUED BY Andy Ward

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

7/20/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Devin DeJuan Simmons

in a Bell Line 00A Funeral, date, time Wed - 7/22 4:00

Church, Chapel, Graveside Graveside; Graveside Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 738 Grave - Row - Section 1 Division/Block 9

Grave space & Care Fund 100<sup>00</sup>

Additional spaces and care fund -

Opening/Closing & Setup 105<sup>00</sup>

Burial Container 50<sup>00</sup>

Handling Fees 11<sup>00</sup>

Flower vases - Marker setting fee -

Recording and filing fee 30<sup>00</sup>

Sales taxes 300<sup>00</sup>

Total Due 299<sup>00</sup>

Paid receipt number 34841 299<sup>00</sup>

Balance due 0

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Telephone

Zip Code

Work Order #

E 6814

PY-503 (REV. 8-85)

Invoice #

Acct. #



E6814

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>DEVIN DEJUAN SIMMONS</b>		SEX <b>Male</b>	DATE OF BIRTH <b>July 16, 1987</b>	DATE OF DEATH <b>July 16, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Deborah McCoy - Mother 4960 Auburn Drive San Diego, California 92105</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>San Diego; COUNTY</b> <b>Mt. Hope Cemetery; 3751 Martin Luther King Jr.; Way ; California San Diego</b>		
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>Wooden Cloth White Lamb</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>20 Flat OOA Bell Line - Shallow</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>Heldoff tel 4:45</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUL 22 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/22/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Seayworth</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos M.D.M.M.</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>238/11</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 34841

Date: Aug. 31 1987From: William G. Simon Address: 4960 Alhambra apt. 82 92104In Two Hundred Ninety Nine and 00/100 Dollars (\$ 299.00)In full Payment of Interment of and for Devin Stefan SimonBurial Date - 7/22/87 -Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9Invoice No.         Acct. No.         W.O. E-6814BALANCE DUE         Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

*Paid in and  
by Post dated OK*

ISSUED BY Loeyen/ltt

CREDIT	67007		
20% Sales Care	77184	<u>20</u>	<u>00</u>
80% Sales	100	<u>80</u>	<u>00</u>
of Lots	77184	<u>100</u>	<u>00</u>
Opening/	100		
Closing	77181	<u>50</u>	<u>00</u>
Burial	100		
Containers	77182	<u>11</u>	<u>00</u>
Handling Fee	77183	<u>35</u>	<u>00</u>
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	<u>3</u>	<u>00</u>
	78390		
TOTAL PAID	\$	<u>299</u>	<u>00</u>

*Post-Dated  
Check -*

120



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Tues 1:00

Credit  
Sale

Date

7/21/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of Ellen Mitchell

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran \_\_\_\_\_

Lot 7 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Single Sp. Can use Double Sp. 595<sup>00</sup>

Additional spaces and care fund Res Sp 8 for 1 yr.

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 595<sup>00</sup>

Paid receipt number \_\_\_\_\_

Balance due 595<sup>00</sup>

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Zip Code

Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

E 6815

PY-593 (REV. 9-85)



8-4-87 34875

595.00

26.00

9-3-87 34982

\$ 569.00

25.00

10-6-87 35114

\$ 544.00

25.00

11-3-87 35230

\$ 5119.00

25.00

11-4-87 35243

494.00

25.00

12-8-87 35395

464.00

25.00

1-6-88 35505

444.00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151
N<sup>o</sup> 34875Date: 8/4/87, 19\_\_From: Ella Mitchell Address: SAIn Inventory Dollars (\$ 26.00)In Coupon Payment of Credit Sale - Coupon #1  
E-6815

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6815

BALANCE DUE \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☐ On Acct ☒Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>26.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	60033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 26.003472

Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-6815 \* Credit Lot

Ella Mitchell  
80 So. 33rd Street  
San Diego, CA 92113

F6815

**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.



\$ 25.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ 26.00

NAME

Ella L. Mitchell

ADDRESS

80 So. 33rd St.

CITY

S. D.

STATE

Ca.

ZIP

92113

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151
N<sup>o</sup> 35114Date: 10-6, 1987From: Ma Mitchell Address: 70 S. 33rd St, SD 92113
Twenty Five Dollars (\$ 25.00 )
In \_\_\_\_\_ Payment of Group #3 Plot & def
 Lot 7 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6815BALANCE DUE 579.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY \_\_\_\_\_

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>25.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

Send or bring one coupon with each remittance

**COUPON**

**3**

DO NOT MAIL ENTIRE BOOK 15

**Credit Lo**

ACCOUNT No.

**Ella Mitchell**

**80 So. 33rd Street**

**San Diego, CA 92113**

*E6815*

**Month and Day Due Indicated Below**

YEAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10				

Amount due when paid on, or before,  
due date above



**25.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above



**1.00**

\$

\$

NAME

*Ella L. Mitchell*

ADDRESS

*80 So. 33rd St*

CITY

*S. D.*

STATE

*Ca*

ZIP

*92113*

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 35230

Date: 11-3, 1987

From: ELLA L. MITCHEL Address: 80 S. 33rd ST S.D. 92113

Twenty Five Dollars Dollars (\$) 25.00

In Part Payment of Credit Sale Coupon # 4

Lot 7 Grave 1 - Row - Section - Division Block 10

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-6815

BALANCE DUE 494.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

Bruce Morrison

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	25 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	60033	
Trust	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	25 00

3513



Send or bring one coupon with each remittance

**COUPON**

**4**

DO NOT MAIL ENTIRE BOOK

E-6815

Credit Lot

ACCOUNT No.

Ella Mitchell

80 So. 33rd Street

San Diego, CA 92113

E6815

**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.



25.00

\$

Amount due if paid more than 26 days  
after due date above.



1.00

\$

\$

25.00

NAME

Ella L. Mitchell

ADDRESS

80 So. 33rd St.

CITY

San Diego

STATE

Ca.

ZIP

92113

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**

254-3151

No 34982

From:

*Wm Mitchell*  
*Trust*

Address:

*80 S. 33rd St. San Diego, CA 92112*
Date: *9-2*, 19*87*Dollars (\$ *25.00*)

In

Payment of

*Unapp #2 Credit*

Lot

*7*

Grave

Row

Section

Division  
Block*10*

Invoice No.

Acct. No.

W.O.

BALANCE DUE

*E-615*  
*544.00*

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE
Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86)

ISSUED BY

*[Signature]*

CREDIT	67007
20% Sales Com	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78380

TOTAL PAID

\$

*25*

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6815 Credit Lot

Ella Mitchell  
80 So. 33rd Street  
San Diego, CA 92113

E6815

## Month and Day Due Indicated Below

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 \_\_\_\_\_ days  
after due date above.

\$ 1.00

\$ 26.00

Amount Received

\$ 24.00

NAME

ELLA L MITCHELL

ADDRESS

80 So. 33rd St

CITY

San Diego

STATE

Cal.

ZIP

92113

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35505

 Date: 1-6, 1988  
 From: Ella Mitchell Address: 80 S. 33rd St, SD 92113  
two cent - June 001  
 Dollars (\$ 25.00 )  
 In \_\_\_\_\_ Payment of Coupon #6 Credit for

 Lot 7 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6815BALANCE DUE 444.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-912 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR

JAN 11 1988

ISSUED BY Linda Ward

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	<u>25.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

Send or bring one coupon with each remittance **COUPON**

**6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Ella Mitchell**  
**80 So. 33rd Street**  
**San Diego, CA 92113**

*FL0815*


**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							<b>10</b>				

Amount due when paid on, or before,  
due date above

 **25.00**  
\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above

 **1.00**  
\$ **26.00**

\$ \_\_\_\_\_

NAME *Ella L. Mitchell* Amount Received \$ *25.00*  
ADDRESS *80 So. 33rd St.*  
CITY *S.D.* STATE *Ca.* ZIP *92113*

☐ check (✓) if this is new address.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35663

Date: 2-5, 1988From: Ellie Mitchell Address: 80 S. 33rd, San Diego CA
Treasury 10/100 Dollars (\$ 25.00)
In Payment of coupon # 7 creditLot 7 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6815

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

FEB 10 1988

ISSUED BY Andy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>25.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>



Send or bring one coupon with each remittance

**COUPON**

**7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Ella Mitchell**

**80 So. 33rd Street**

**San Diego, CA 92113**

26815

**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

**25.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

**1.00**

\$

**26.00**

\$

Amount Received

\$

25.00

NAME

*Ella L. Mitchell*

ADDRESS

*80 So. 33rd St.*

CITY

*S.D.*

STATE

*Ca*

ZIP

*92113*

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35810

Date: 3-4, 1988From: Ellen Mitchell Address: 80 S. 33rd StreetTwenty - five 10/100 Dollars (\$ 25.00)In Payment of Augment 8 Credit ActLot 7 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 6015BALANCE DUE 36.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAR 08 1988

ISSUED BY: Andie Wood

CREDIT	57007	
20% Sales Care	77184	
80% Sales	100	<u>25.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

Send or bring one coupon with each remittance **COUPON**

**8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Ella Mitchell

80 So. 33rd Street

San Diego, CA 92113

E6815

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							10				

Amount due when paid on, or before,  
due date above

**25.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above

**1.00**

\$

\$

NAME

Ella L. Mitchell

Amount Received

\$

25.00

ADDRESS

80 So. 33rd St.

S. D.

STATE

CA

ZIP 92113

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35986

 From: Ms. Mitchell Address: 80 S. 33rd St, SD Date: 4-7, 1988  
Twenty five no/100 Dollars (\$) 25.00  
 In \_\_\_\_\_ Payment of Coupon & Under set

 Lot 7 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6815BALANCE DUE 271.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

APR 14 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9072	
	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

Send or bring one coupon with each remittance

**COUPON**

**9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Ella Mitchell**

**80 So. 33rd Street**

**San Diego, CA 92113**

*E6815*

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							10				

Amount due when paid on, or before,  
due date above



**25.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**

\$

**26.00**

\$

Amount Received

\$

*25.00*

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151
N<sup>o</sup> 35395

Date: 12-8, 1987

From: Ella Mitchell Address: 80 So. 33rd St. S.D. 92113

Twenty-five Dollars (\$ 25.00)

In Part of Payment of Pre-Need Credit plus coupon #5

Lot 7 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-10815

BALANCE DUE 469.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

Hana Black

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	25.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	25.00



Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Ella Mitchell

80 So. 33rd Street

San Diego, CA 92113

E6815

## Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							10				

Amount due when paid on, or before  
due date above

25.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

1.00

\$

26.00

\$

NAME

Ella L. Mitchell

ADDRESS

80 So. 33rd St

CITY

Sd.

STATE

Ca

ZIP

92113

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

N2 36107

Date: 5-5 1988From: Mr. Mitchell Address: 80 S. 33rd Street SDTwenty - five 100/100 Dollars (\$ 25.00)In: Coupon 10, Credit Payment of forLot 7 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6815BALANCE DUE 346.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAY 11 1988

ISSUED BY: [Signature]

CREDIT	67607	
20% Sales Care	77184	
80% Sales	100	<u>25.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Ella Mitchell

80 So. 33rd Street

San Diego, CA 92113

EG85

## Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							10				

Amount due when paid on, or before,  
due date above:

25.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above:

1.00

\$

26.00

\$

25.00

NAME

Ella L. Mitchell

ADDRESS

80 So. 33rd

CITY

S.D.

STATE

Ca.

ZIP

92113

☐ check (✓) if this is new address



## OFFICIAL RECEIPT

No 36230


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY

264-3151

Date: 6-2-88 19

From: Ellen Mitchell Address: 80 S 32nd Street, SD

In: Payment of: Trust - five no/100 Dollars (\$ 25.00)

Lot: 7 Grave: Row: Section: Division Block: 10

Invoice No.:

Acct. No.:

W.O. E-6815

BALANCE DUE 221.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

JUN 7 1988

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Cart	77184	
80% Sales	100	25.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	25.00

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Ella Mitchell**  
**80 So. 33rd Street**  
**San Diego, CA 92113**

E 6815

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							10				

Amount due when paid on, or before,  
due date above



25.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



1.00

\$

26.00

\$

NAME

Ella Mitchell

Amount Received

\$

25.00

ADDRESS

80 So 33rd St.

CITY

San Diego

STATE

CA

ZIP

92113

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36362

Date: 7-5, 1988

From: Ella Mitchell Address: 80 S. 33rd St, SD

In: twenty-five no/100 Dollars (\$ 25.00 )

Payment of Coupon 12. Division 10

Lot 7 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-6815

BALANCE DUE 296.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

JUL 11 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	25.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	25.00

3649



Send or bring one coupon with each remittance **COUPON**

**12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Ella Mitchell**

**80 So. 33rd Street**

**San Diego, CA 92113**

*E 60815*

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							<b>16</b>				

Amount due when paid on, or before,  
due date above



**25.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**

\$

**26.00**

\$ 25.00

NAME

*Ella Mitchell*

Amount Received

ADDRESS

*80 So. 33rd St.*

CITY

*San Diego*

STATE

*CA*

ZIP

*92113*

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36498

Date: 8-4, 19

From: J. Mitchell Address: S. 3310

Twenty-five Dollars (\$ 25.00)

In Payment of Credit Lot

Lot 7 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6815

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

AUG 09 1988

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	25
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	25

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Ella Mitchell

80 So. 33rd Street

San Diego, CA 92113

F 6815

## 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.

\$

25.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$

1.00

26.00

\$

NAME

Ella L. Mitchell

Amount Received

\$

25.00

ADDRESS

80 So. 33rd St

CITY

San Diego

STATE

Ca.

ZIP

92113

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36633

 Date: 9-6 19 88  
 From: Ella Mitchell Address: 80 S. 3rd Street, ID  
Twenty - five 100/100 Dollars (\$ 25.00)  
 In \_\_\_\_\_ Payment of Am. for 14, Credit det

 Lot 7 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6015BALANCE DUE 246.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Buyin	100
Costainers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID

\$

ISSUED BY

CITY AUDITOR

SEP 19 1988

25.00

Send or bring one coupon with each remittance

**COUPON**

**14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Ella Mitchell**  
**80 So. 33rd Street**  
**San Diego, CA 92113**

*E6815*

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	JUL	AUG	<del>SEP</del>	OCT	NOV	DEC	JAN

Amount due when paid on, or before,  
due date above.



\$

**25.00**

**1.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$

**26.00**

\$

*25.00*

Amount Received

NAME

*Ella L Mitchell*

ADDRESS

*80 So 33*

CITY

*✓*

STATE

*Cal*

ZIP

*92113*

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36787

Date: 10-5-88 19

From: Ella Mitchell Address: 80 S. 33rd St. SD

In: twenty-five no/100 Dollars (\$) 25.00

Lot 7 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-6815

BALANCE DUE 251.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

OCT 7 1988

ISSUED BY

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	25.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	25.00



Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Kila Mitchell

80 So. 33rd Street

San Diego, CA 92113

E685

## Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							16				

Amount due when paid on or before  
due date above

25.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

1.00

\$

26.00

\$

NAME

Ella

Amount Received

\$

25.20

ADDRESS

80 So. 33rd St.

CITY

S.D.

STATE

CA

ZIP

92113

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36931

 From: Mr. Mitchell Address: 80 S 33rd Street SD Date: 11-7, 1988  
Twenty-five and no/100 Dollars (\$ 25.00)  
 In \_\_\_\_\_ Payment of Coupon 16 Credit for

 Lot 7 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 15

Invoice No \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6815BALANCE DUE 196.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>25.00</u>

ISSUED BY [Signature]

or bring one coupon with each remittance

**COUPON**

**16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

*Ella Mitchell*

*80 So. 33rd Street*

*San Diego, CA 92113*

*76815*

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							<i>16</i>				

Amount due when paid on, or before,  
due date above.



\$

*25.00*

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$

*1.00*

*26.00*

\$

Amount Received

*25.00*

NAME

*Ella L. Mitchell*

ADDRESS

*80 So. 33rd St*

CITY

*S. D.*

STATE

*Ca.*

ZIP

*92113*

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37056

Date: 12-6 1988From: Ma Mitchell Address: 805 3rd St, SDTwenty-five Dollars (\$ 25.00)In cash Payment of 17 United States
 Lot 7 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6815BALANCE DUE 171.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>25.00</u>

ISSUED BY [Signature]
 DEC 12 1988  
 CITY AUDITOR

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Ella Mitchell**  
**80 So. 33rd Street**  
**San Diego, CA 92113**

*FL6815*


**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							10				

Amount due when paid on, or before,  
due date above

 **25.00**  
\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

 **1.00**  
\$ **26.00**

\$ \_\_\_\_\_

NAME *Ella L. Mitchell*      Amount Received \$ *25.00*  
ADDRESS *80 So. 33rd St.*  
CITY *S.D.*      STATE *CA*      ZIP *92113*

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37199

Date: 1-9, 1989

From: Ella Mitchell Address: 80 S. 33rd Street, San Diego

In: twenty-five no/100 Dollars (\$ 25.00)

Lot: 7 Grave: Row: Section: Division Block: 10

Invoice No.:

Acct. No.:

W.O. 2-6215

BALANCE DUE 146.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY: India Ward

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	80101
	78390
TOTAL PAID	\$ 25.00



Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Ella Mitchell

80 So. 33rd Street

San Diego, CA 92113

E6815

## Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							10				

Amount due when paid on, or before,  
due date above.

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$

\$

NAME

Ella L. Mitchell

ADDRESS

80 So. 33rd St

CITY

S.D.

STATE

Ca.

ZIP

92113

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

 E6815  
 No 37323
Date: 2-7, 1989From: Alan Mitchell Address: 8334 Santa Fe St, SD 92123Dollars (\$ 2.00 )In \_\_\_\_\_ Payment of Compass & CryptLot 17 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6815BALANCE DUE 121.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>25.00</u>
Opening/	100	
Closing		
Burial	100	
Compass	77182	
	100	
Handling Fee	77185	
Recording &		
Misc. Fees	77184	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 25.00ISSUED BY [Signature]

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Ella Mitchell

80 So. 33rd Street

San Diego, CA 92113

EL815

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

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37433

Date: 3-3, 1989From: Mr. Mitchell Address: \_\_\_\_\_In \_\_\_\_\_ Payment of Twenty-five hundred Dollars (\$ 25.00)Lot 7 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6815BALANCE DUE 96.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE

CITY AUDITOR

MAR 10 1989

ISSUED BY Andra Wood

CREDIT	61001	
20% Sales Care	77184	<u>23.00</u>
80% Sales of Lots	100	<u>2.00</u>
Opening/	77184	
Closing	100	
Burial	77181	
Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

Send or bring one coupon with each remittance

**COUPON****20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Miss Mitchell

80 So. 33rd Street

San Diego, CA 92113

E6815

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							15				

Amount due when paid on, or before,  
due date above.

\$

25.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$

1.00

26.00

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

CITY AUTHORITY

No 37623

APR 07 1989

Date: 4-5-89

From: Mrs. Mitchell Address: 20, S. 33rd Street, SD

In Payment of 20/100 Dollars (\$ 20.00 )

Lot 7 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-6015

BALANCE DUE 71.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	25.00
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	60033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	25.00



Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Ella Mitchell

80 So. 33rd Street

San Diego, CA 92113

EL6815

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,  
due date above.

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$

NAME

ADDRESS

CITY

Amount Received

\$

STATE

ZIP

☐ check (✓) if this is new address

# OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
264-3151

No 38158

Date: 6/13, 1989

From: Ellen Mitchell Address: 20 S. 33rd Street  
Gift 10/10 Dollars (\$ 50.00)

In \_\_\_\_\_ Payment of Credit A/c

Lot 7 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6615

BALANCE DUE 21.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐  
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>50.00</u>

CITY AUDITOR  
JUN 15 1989

245

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO

 E6815  
 38298
Date: 7-17, 1989From: Wm Mitchell Address: 205 3rd St SDollars (\$ 21.00)In Payment of Grave PaymentLot 7 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6815BALANCE DUE 21.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE
 CITY AUDITOR  
 JUL 24 1989
ISSUED BY James K.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>21.00</u>



NAME Mitchell, Ella

ACCT. NO. E-6815

ADDRESS 80 S. 33rd Street, San Diego, Ca 92113

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Jul 21 87	Lot 7, Division 10	595 00		151 00	444 00
2-8 88	Coupon #17 Receipt 35663			2500	419 00
3-4 88	Coupon #8 Receipt 35810			2500	396 00
4-7 88	Coupon #9 Receipt 35986			2500	371 00
5-5 88	Coupon #10 Receipt 36107			2500	346 00
6-2 88	Coupon #11 Receipt 36230			2500	321 00
7-5 88	Coupon #12 Receipt 36362			2500	296 00
8-4 88	Coupon 13 Receipt 36498			2500	271 00
9-6 88	Coupon 14 Receipt 36633			2500	246 00
10-5 88	Coupon 15 Receipt 36787			2500	221 00
11-7 88	Coupon 16 Receipt 36931			2500	196 00
12-6 88	Coupon 17 Receipt 37036			2500	171 00
1-9 89	Coupon 18 Receipt 37199			2500	146 00
2-7 89	Coupon 19 Receipt 37323			2500	121 00
3-3 89	Coupon 20 Receipt 37433			2500	96 00
4-1 89	Coupon 21 Receipt 37623			2500	71 00
6-13 89	Receipt 38153			5000	21 00
7-17 89	Receipt 38298			21 00	200

*Red Book*

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

*Credit Sale*

Date

*7/21/87*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of *Samuel / Sallie Jones*

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary:

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot *92* Grave *142* Row \_\_\_\_\_ Section *2* Division/*Block* *11*

Grave space & Care Fund *2 sp @ 250<sup>00</sup>* *500<sup>00</sup>*

Additional spaces and care fund *2 sp @ 250<sup>00</sup> - for B/b.* *OK*

Opening/Closing & Setup *not available*

Burial Container *at this time*

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee *purchase*

Sales taxes *cancel*

Total Due *500<sup>00</sup>*

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 \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 6816** ✓





## OFFICIAL RECEIPT


 WRITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37516

Date: 3-15 19 89From: annual fees Address: 7774 W. Loma Way, SDTrust - re Dollars (\$ 21.00)In Payment of Expenses 3 credit dueLot 72 Grave 172 Row 2 Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. d-68/6BALANCE DUE 458.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE
 CITY AUDITOR  
 MAR 20 1989
ISSUED BY M.A. [Signature]

CREDIT	57007		
20% Sales Comm	77184		
80% Sales	100	<u>21</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>21</u>	<u>00</u>

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6816**

E 6816

**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
								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**

Amount Received \$

NAME **SAMUEL JONES**

ADDRESS **7774 WOODBINE WAY**

CITY **SD** STATE **CA** ZIP **92114**

☐ check (✓) if this is new address

# OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
264-3151

No 35127

From:

*Amel Jones*  
*twenty - one*

Address:

*7774 Woodbine Dr, SD 92114*

Date:

*10-7-87*

Dollars (\$

*21.00*)

In

Payment of

*laurel #144 Credit*

Lot

*92*

Grave

*1 & 2*

Row

Section

*2*

Division  
Block

*11*

Invoice No.

Acct. No.

W.O.

BALANCE DUE

*E-6816*

*477.00*

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 11-86)

ISSUED BY

*Andy Ward*

CREDIT

20% Sales Care

87007

77184

80% Sales

100

of Lots

77184

Opening/

100

Closing

77181

Burial

100

Containers

77182

Handling Fee

100

Recording &

77183

Misc. Fees

100

Pre-Need

77183

Trust

63033

Sales Tax

9022

Sales Tax

60101

Sales Tax

78390

TOTAL PAID

\$

*21 -*



Send or bring one coupon with each remittance

**COUPON**

**1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6816**

*E6816*

Samuel Jones

7774 Woodbine Way

San Diego, Ca 92114

**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.



\$ 20.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ 21.00

Amount Received \$ \_\_\_\_\_

NAME SAMUEL B JONES

ADDRESS 7774 WOODBINE WAY

CITY SAN DIEGO STATE CALIF ZIP 92114

☐ check (✓) if this is new address

E 6814

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Samuel & Sallie Jones

Address 7774 Woodbine Way S.D. CA 92114

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 92, Grave 142, Row —, Section 2, Block/Division 11 in Mt. Hope Cemetery, entered into on July 21, 1987, by and between Mt. Hope Cemetery and Samuel & Sally Jones 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: Michelle L. Clark  
Clerical ASST. II



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

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. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7/21/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Vernon K. Oliver

in a Vault Funeral, date, time Fri 11Am 7/24

Church, Chapel, Graveside Graveside; Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran WW2 - an Corp.

Lot 44 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 7

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

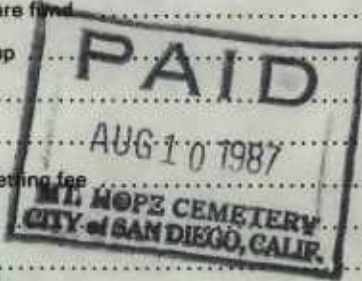
Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Bill Lewis Colonial



320.00

175.00

170.00

35.00

10.50

710.50

Total Due \_\_\_\_\_

Paid receipt number 34923

Balance due 0

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Randall K Oliver  
Signature  
877 S. SANDALWOOD  
Address  
Bloomington CA 92316  
City  
(714) 829-1924  
Telephone  
Zip Code

Work Order # E 6817

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 6817

NAME OF DECEDENT <b>VERNON KEITH OLIVER</b>		SEX <b>male</b>	DATE OF BIRTH <b>March 22, 1920</b>	DATE OF DEATH <b>found:</b> <b>July 21, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Randall K. Oliver - son 877 S. Sandalwood Street Bloomington, CA 92316</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Lewin Colonial/Benbough 3051 El Cajon Blvd, San Diego, CA 92104</b>		CALIFORNIA LICENSE NUMBER <b>F-480</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - San Diego, CA (3751 Market St.)</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT   DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT  AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 23 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/24/87</b> <small>(ENTER DATE)</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH  <b>n/a</b>		

**COPY 2** IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 34923

Date: 8/10/87, 19

From: J.R. Camacho M.P. &amp; Son, Inc. Address: 5200 Carroll Canyon Rd. SD 92121

Seven Hundred Ten and 50/100 Dollars (\$ 710.50)

In full Payment of interment fees for Vernon &amp; Oliver Lee

on July 24 at 11 AM.

Lot 44 Grave 6 Row Section 2 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6817

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 080183

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID \$ 710.50



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-22-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lee Roy Morrow

in a Lineo Vault/Lineo Funeral, date, time 7/28 2pm

Church, Chapel, Graveside no service Lewis Calbraith Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran Drag-off

Lot 67 Grave 11 Row 17 Division/Block 7

Grave space & Care Fund (Purchased & Care Fund) D-7561

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes

Total Due 35.00

Paid receipt number 35224 35.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Address

State Zip Code

Telephone

Signature of recorded holder of deed

Invoice #

Acct. #

Work Order # E 6818

PV-593 (REV. 6-85)

56818

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>LEE ROY MORROW</b>		SEX <b>Male</b>	DATE OF BIRTH <b>July 8, 1901</b>	DATE OF DEATH <b>July 21, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Self: By Pre-Need Arrangement</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Lewis Colonial/Benbough San Diego, CA 92164</b>		CALIFORNIA LICENSE NUMBER <b>P 480</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - San Diego, CA (3751 Market St.)</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT OF SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Donkin Woodson State Cemetery</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 27 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/28/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Lozwell</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151
N<sup>o</sup> 35224

Date: 11-2, 1987

From: Public Admin Address: 5201A Highway 163

Dollars (\$ 35.00 )

In: Payment of 1100100 Service

Lot: Grave: Row: Section: Division Block:

Invoice No.:

Acct. No.:

W.O. E-6818

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	35.00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

#6 Liner

Date 7/22/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Frances Louise Robertson

in a Bell Liner Funeral, date, time 7/27-2PM - Mon

Church, Chapel, Graveside Church of N.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 153 Grave 4 Row - Section 2 Division/Bench 12

Grave space & Care Fund 495.00

Additional spaces and care fund none. Reserved

Opening/Closing & Setup 320.00

Burial Container Court Liner - #6 (50) 100.00

Handling Fees (#50) 145.00

Flower vases - Marker setting fee 35.00

Recording and filing fee 6.00

Sales taxes 1101.00



Total Due 1101.00

Paid receipt number 34846 1101.00

Balance due 34858- 50.00

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Rotaster J. Thomphins  
Signature Rotaster J. Thomphins  
Address 3873 Van Dyke #6  
City San Diego, CA 92106  
State 619-284-2339 Zip Code  
Telephone

Work Order # E 6819

Invoice #

Acct. #

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>FRANCES LOUISE ROBERSON</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Nov. 7, 1942</b>	DATE OF DEATH <b>July 18, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lisa F. Roberson - Daughter 3506 Del Sol Blvd. Apt. "F" San Diego, California 921054</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: San Diego, California; Martin Luther King Jr. Wy. 3751</b>			COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Praying Hands Steel Lock 2X-(OS) #6 Bell Line</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.			SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUL 24 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/27/87</b> <b>133-4-2-12</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34846

Date: 7/22/87, 19

From: Rotaster Thompson Address: 3873 Van Dyke #6 SD 92106

Eleven Hundred and One and no/100 Dollars (\$ 1101<sup>00</sup>)

In full Payment of Interment fees for Frances L. Roberson - dx

Lot 153 Grave 4 Row ~ Section 2 Division Block 12

Invoice No. ~

Acct. No. ~

W.O. E-6819

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

337

ISSUED BY

CREDIT	67007	99	00
20% Sales Tax	77184		
80% Sales of Lots	100	396	00
Opening/Closing	77181	320	00
Burial Containers	100	100	00
	77182	145	00
Handling Fee	77183	35	00
Recording & Misc. Fees	100		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	6	00
	78390		
TOTAL PAID		\$ 1101	00



## OFFICIAL RECEIPT

No 34858


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

Date: 7/27/87, 19

From:

 Rotaster J. Thompson 3873 Vand. Dr #6 S.D. 92105  
 Fifty and 00/100 Dollars (\$ 50.00)

In

Payment of

 full O.S. # 6 Bell line -  
 Extra line opening -

Lot

153

Grave

4

Row

2

Section

2

Division  
Block

12

Invoice No

Acct. No

W.O.

BALANCE DUE

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT

 20% Sales Care 57007  
 80% Sales 77184  
 of Lots 100  
 Opening/ 77184  
 Closing 100  
 Burial 77181  
 Containers 100  
 100  
 Handling Fee 77182  
 Recording & 77183  
 Misc. Fees 100  
 Pre-Need 77183  
 Trust 63033  
 Sales Tax 9022  
 60101  
 78390

TOTAL PAID

\$

50.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

ISSUED BY

Thank you

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-22-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JAMES DALLIOT STATEN

in a Liner Funeral, date, time FRI. 2:PM 24th

Church, Chapel, Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran YES

Lot 668 Grave 2 Row      Section 12 Division/Block 11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund .....     

Opening/Closing & Setup ..... 320.00

Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....     

Recording and filing fee ..... 35.00

Sales taxes ..... 6.00

Total Due ..... 856.00

Paid receipt number 34849 856.00

Balance due 0

I hereby certify I am the Daughter of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

61  
#18079371

Signature

Evelyn Dyer  
10405 S. Denker Ave

Address

Los Angeles, Calif

State

90047 Zip Code

Telephone

213-779-8411

Invoice #     

Acct. #     

Work Order # E 6820

PR-893 (REV. 8-85)

E 6820

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>JAMES DALLIOT STATEN</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Nov. 4, 1919</b>	DATE OF DEATH <b>July 18, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Evelyn F. Dyer - Daughter 10405 S. Denker Avenue Los Angeles, California 90047</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
LOCAL REG. REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUL 22 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/24/87</b> ENTER DATE	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Geoyen Stelter</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.M.</i>		
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 34849

Date: 7-22-1987

From: EVELYN DYER Address: 10405 S. DEUKER AVE

EIGHT HUNDRED FIFTY SIX DOLLARS AND <sup>XX</sup>/100 Dollars (\$ 856.00 )

In Full Payment of INTERMENT OF JAMES DALLIOT STATEN

Lot 68 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6820

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	50	-
20% Sales Care	77184		
80% Sales	100	200	-
of Lots	77184		
Opening/	100	320	00
Closing	77181		
Burial	100	100	-
Containers	77182		
	100	145	-
Handling Fee	77183		
Recording &	100	35	-
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	6	-
	78390		
TOTAL PAID	\$	856	00

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

ISSUED BY Wendy Jo Ziegler

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

 No. **CIT 35457R**
**JAN 06 1988**

 Date: 12-30, 1987

 From: Mark Dyer Address: 10405 S. Dyer, Escondido

 Dollars (\$) 125.00

 In: Mark Dyer Payment of: Mark Dyer Installation for grave

 Lot: 68 Grave: 2 Row: 2 Section: 2 Division Block: 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. E-6820

 BALANCE DUE 0

 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	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125.00</u>

 Pre-Need Lot ☐ At Need ☒ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

 ISSUED BY Linda Wood

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date

7/22/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Karen and Dawn (Twins) Brown 7/23

in a none Vault/Liner Funeral, date, time Thurs - AM 11AM

Church, Chapel, Graveside Graveside Chapel Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

✓ Lot 1714 Grave 2 Row 7 Section 1 Division/Block 9

Grave space & Care Fund ..... 105<sup>00</sup>

Additional spaces and care fund ..... - no -

Opening/Closing & Setup ..... 59<sup>00</sup>

Burial Container ..... none

Handling Fees ..... 35<sup>00</sup>

Flower vases - Marker setting fee ..... 35<sup>00</sup>

Recording and filing fee ..... 199<sup>00</sup>

Sales taxes ..... 199<sup>00</sup>

**MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.**

Total Due ..... 199<sup>00</sup>

Paid receipt number 34848 199<sup>00</sup>

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

\* Margie McPawell  
Signature  
1535 Arizona Ave.  
Address  
San Diego, Ca 92111  
State  
714-884-8506 Zip Code  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #  
PY-593 (REV. 8-85)

**E 6821**



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6821

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Karen Brown</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 19, 1987</b>	DATE OF DEATH <b>July 19, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Karen Y. Brown - Mother 3622 Steele Canyon Rd. San Diego, CA. 92078</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary 2859 Adams Av. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>1424</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3721 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUL 23 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald E. Ramos, M.D. mhm</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/23/87</b> ENTER DATE		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Leoyu Stutter</b> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6821

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Dawn Brown</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 19, 1987</b>	DATE OF DEATH <b>July 19, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Karen Y. Brown - Mother</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mayer Mortuary 2859 Adams Av. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>1424</b>	3622 Steele Canyon Rd. <b>San Diego, CA. 92078</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 10. DISPOSITION PENDING

FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market St. San Diego, CA.</b>			COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Star Home - Cachit Both towns same Cachit</i>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			<i>no license</i>
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.			SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUL 23 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D., M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/23/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Boyer</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34848

Date: 7/22/87 19

From: Margie M. C. PowellAddress: San Bernardino CA 92411Dollars (\$ 199.00)In fullPayment of Interment of and for Karen and Dawn Brown (Twena)Lot 1714Grave ---Row ---Section -1-Division  
Block 9Invoice No. ---Acct. No. ---W.O. E-6821BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Com.	77164	<u>21.00</u>
80% Sales	100	
of Lots	77184	<u>84.00</u>
Opening/	100	
Closing	77181	<u>59.00</u>
Burial	100	
Containers	77182	<u>---</u>
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	<u>35.00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>199.00</u>

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

ISSUED BY Leoyen [Signature]



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

23-24-86

Date 7-22-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Doe

in a Vault/Urner Funeral, date, time Mon. 9:30 7/27

Church, Chapel, Graveside So. Calif. Crem. Soc. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran Del. only

Lot 122 Grave 7 Row 2 Section 2 Division/Block 11

Grave space & Care Fund 55

Additional spaces and care fund 90

Opening/Closing & Setup 90

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145.00

Paid receipt number

Balance due

I hereby certify I am the PA # 1034464 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order #  
PY-893 (REV. 8-85)

E 6822

Invoice # 059501

Acct. # 900952

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6822

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>John Doe CC#2324-86</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Unk.</b>	DATE OF DEATH <b>FOUND 11-11-1986</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>PUBLIC ADMINISTRATOR 5201-A Ruffin Road San Diego, CA 92123</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5602 El Cajon Blvd. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-1357</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 6. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

## FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery 3751 Market Street San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 23 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/27/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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 CEMETERY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-24-87

(X) You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jerry T. Moser of Oak Vault in a Church & Mausoleum Church, Chapel, Graveside Dunsmuir Mortuary. Funeral, date, time Tues 3pm 7/28. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran yes -

Lot 31 Grave 3 Row 1 Section 1 Division/Block 3

Grave space & Care Fund Right side - middle of Plot

Additional spaces and care fund

Opening/Closing & Setup 105

Burial Container 40

Handling Fees 60

Flower vases - Marker setting fee

Recording and filing fee 35

Sales taxes 2.40

Veteran Total Due 242.40

Flag to Widow Paid receipt number 34851 242.40

Balance due 0

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Mildred Moser  
Signature  
4332 N. Calmar Dr.  
Address  
San Diego, CA 92116  
State Zip Code

Telephone

Invoice #

Acct. #

Work Order #

**E 6823**

PY-503 (REV. 9-86)



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6823

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>JERRY TREMAIN MISER</b>		SEX <b>Male</b>	DATE OF BIRTH <b>June 27, 1904</b>	DATE OF DEATH <b>July 23, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Mildred L. Miser (Wife) 4332 North Talmadge Drive San Diego, CA 92116</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary—855 Broadway Chula Vista, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 10. DISPOSITION PENDING

☐ 4. SCIENTIFIC USE

**FOR CORONER'S USE ONLY**

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Leneda, Inc. 14065 Olde Highway 80 - El Cajon, CA</b>	DATE CREMATED <b>7/21/87</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 27 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/28/87</b> <b>5/3/1/3 (L.C.)</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION  LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

**COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.**

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34851

Date: 7-24, 1987From: Mrs. Meyer Address: 4332 N. Salinas, SDIn Two hundred forty two 40 Dollars (\$ 242.40)Payment of Funeral Home ServicesLot 31 Grave 3 Row 1 Section 1 Division 3 Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6823BALANCE DUE 0Pre-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 SPACEISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	105	-
Closing	77181		
Burial	100	40	-
Containers	77182		
	100	60	-
Handling Fee	77183		
Recording &	100		
Misc. Fees	77183	35	
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	8	40
	78390		
TOTAL PAID	\$	242	40



## OFFICIAL RECEIPT

No 36862


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151
Date: Oct 20, 1988From: Michael S. Nissen Address: 4332 N. Torrey Pines Rd, San DiegoDollars (\$ 15.92 )In Payment of Grave keep for year T. NissenLot 31 Grave 3 Row CITY ADIT Section 1 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-6823BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

OCT 31 1988

CREDIT	67007
25% Sales Com	77184
80% Sales of Lots	100
Opening/Closing	77181
Burial Containers	100
Handling Fee	77182
Recording & Misc. Fees	100
Pre-Need Trust	63033
Sales Tax	9022
	60101
	78390

ISSUED BY [Signature]

TOTAL PAID

\$

15.92



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-24-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Genaro V. Borda

in a Double Crypt Funeral, date, time Mon. 7/27 9am

Church, Chapel, Graveside Church & Mesquite Mortuary.

Dead House - Stay All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran —

Lot 520 Grave — Row — Section — Division Block 10

Grave space & Care Fund 60

Additional spaces and care fund —

Opening/Closing & Setup 320.

Burial Container 330.

Handling Fees 320

Flower vases - Marker setting fee —

Recording and filing fee 35

Sales taxes 19.80

Total Due 1084.80

Paid receipt number 34852 1084.80

Balance due 0

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Deed 11428

Genaro V. Borda  
Signature  
2739 Citrus Ave.  
Address  
San Diego CA 92041  
State  
CA. Zip Code

Invoice # —

Acct. # —

Work Order # E 6824  
PY-593 (REV. 8-85)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6824

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>GENARO V. BANDA</b>		SEX <b>Male</b>	DATE OF BIRTH <b>09-20-1911</b>	DATE OF DEATH <b>July 23, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>Chula Vista</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Matilde Banda (Wife)</b> <b>2239 Citrus Avenue</b> <b>San Diego, CA 92154</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary</b> <b>855 Broadway</b> <b>Chula Vista, CA</b>		CALIFORNIA LICENSE NUMBER <b>P-964</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT) ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT) ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE ☐ 10. DISPOSITION PENDING

FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	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 SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Bottom of 50' deep crypt</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 24 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/27/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS 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

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34852

From:

Mr. Banda

Address:

2239 Citrus San Diego, CA 92104

Date:

7-24, 1985

Dollars (\$

1024.80)

In

Payment of

Funeral Service

Lot

383

Grave

Row

Section

Division  
Block

10

Invoice No.

Acct. No.

W.O.

F-6024

BALANCE DUE

0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Tax	77184	
60% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	320 -
Burial	100	330 -
Containers	77182	
	100	320 -
Handling Fee	77183	
Recording &	100	30 -
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	19.80
	78390	

Pre-Need Lot

☐

At Need

☒

On Acct

☐

Pre-need Trust

☐

Cash

☒

Check

☐

AC-212 (Rev. 11-86)

ISSUED BY

TOTAL PAID

\$

1024.80



No 34854

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

Date: 7-24, 1987

From: Mt Hope Cemetery Address: \_\_\_\_\_In \_\_\_\_\_ Payment of Lat

CITY AUDITOR

Dollars (\$) 60.00

JUL 28 1987

Lot 1520 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6824BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

000000

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86)

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	60 -
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	60 -

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-27-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of \_\_\_\_\_

in a Double Crypt Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 1517 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 5 Division/~~Block~~ 8

Grave space & Care Fund Pre-need \_\_\_\_\_ 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 330.00

Burial Container \_\_\_\_\_ 119.80

Handling Fees \_\_\_\_\_ 320.00

Flower vases - Marker setting fee \_\_\_\_\_ 35.00

Recording and filing fee \_\_\_\_\_ 19.80

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 6825

PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-27-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Oliver Harrison

in a Double Crypt Funeral, date, time Sat 1 P.M 8-1-87

Church, Chapel Graveside; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 517 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 5 Division/Block 8

Grave space & Care Fund Pre-need

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 2 @ 320 = 640.00

Burial Container \_\_\_\_\_ 330.00

Handling Fees \_\_\_\_\_ 320.00

Flower vases - Marker setting fee Sat. OT 380.00

Recording and filing fee 2 @ 35 = 70.00

Sales taxes \_\_\_\_\_ 19.80

Oliver Harrison Jr. Total Due \_\_\_\_\_ 1759.80

is to be put on Paid receipt number 34855 1404.80

Top of Crypt. on Lee Adams Balance due 355.00

Harrison 355.00

I hereby certify I am the Oliver Harrison's mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order #

**E 6826**

PY-683 (REV. 6-85)

Signature

Address

State

Telephone

Zip Code

Invoice #

Acct. #



E 6826

CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
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 DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
059698	08/21/87	023038	LULA HARRISON				09/14/87	CA		340.00	355.00	0.00
			100 072		77181	000072				306.48		PAID IN FULL
			100 072		77183	000072				33.52		

NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 340.00

E-6826

CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 09/08/87

DATE: 09/08/87  
TIME: 220150  
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
059698	08/21/87	023038	LULA HARRISON				08/29/87	CK	418	15.00	355.00	340.00
			100 072		77181	000072				13.52		PARTIAL PAYMENT
			100 072		77183	000072				1.48		

NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 15.00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34855

Date: 7-27-1987

From: LUC ADLAN Address: 3719 JEAN ST, S.D. CA 92113

 ONE THOUSAND FOUR HUNDRED AND FOUR DOLLARS AND <sup>80</sup>/<sub>100</sub> Dollars (\$ 1404.80 )

 In: PAID Payment of INTERMENT OF SON OLIVER HARRISON INCLUDE  
 DOUBLE CRYPT AND SECOND OPENING & CLOSING & FILING FEE

Lot 517 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 5 Division Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 6826

BALANCE DUE 355.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY

Wendy J. Jague

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	380	-
Opening/	77185		
Closing	100	320	-
Burial	77181		
Containers	100	330	-
	77182		
Handling Fee	100	320	-
Recording &	77183		
Misc. Fees	100	35	-
Pre-Need	77183		
Trust	83033	355	-
	9022		
Sales Tax	60101	19	80
	78390		
TOTAL PAID		\$ 1404	80



# GENE E. WHATLEY AGENCY

P.O. BOX 178

Cemetery Broker

BONITA, CALIFORNIA 92002

Telephone: 264-7995

## TRANSFER INFO FORM

Please transfer the following property described as:

Lot 517, Section 5, Division 8  
in Deed/Certificate number 11396 from Mount Hope Memorial Park  
dated March 31, 1987 to:

### NEW OWNER

NAME: Son Oliver Harrison  
ADDRESS: 3719 Teak Street  
CITY: San Diego STATE: CA ZIP: 92113

### FROM ASSIGNOR

NAME: Gene E. Whatley Agency  
by Gene E. Whatley  
by Gene E. Whatley, Attorney in Fact  
ADDRESS: P.O. Box 178  
CITY: Bonita STATE: CA ZIP: 92002  
ACCOUNT NUMBER 537MH



RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME  
STREET  
ADDRESS  
CITY,  
STATE  
ZIP

Title Order No. \_\_\_\_\_ Escrow No. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$ \_\_\_\_\_

- ☐ computed on full value of property conveyed, or  
☐ computed on full value less value of liens and encumbrances remaining at the time of sale.

Signature of Declarant or Agent Determining Tax

Firm Name

(print or type name of grantor(s))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do \_\_\_\_\_ hereby remise,

release and forever quitclaim to Son Oliver Harrison

the following described real property in the City of

County of San Diego

State of California:

Lot 517, Section 5, Division 8 in Mount Hope Cemetery

Assessor's parcel No. \_\_\_\_\_

Executed on July 29, 1987, at Chula Vista, California

(City and State)

Gene E. Whatley Agency

by Gene E. Whatley

651 Third Avenue, Suite C

Chula Vista, CA 92010

STATE OF CALIFORNIA

COUNTY OF San Diego

} ss.

On this 29th day of July, in the year 1987, before me, the 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 is subscribed to the within instrument, and acknowledged to me that he executed it.

WITNESS my hand and official seal.

Sharon A. Elsheim

Notary Public in and for said State.



(This area for official notarial seal)

MAIL TAX  
STATEMENTS TO

NAME

ADDRESS

ZIP

**MT. HOPE CEMETERY**  
**INTERMENT ORDER**

City of San Diego

Date 7/27/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Bessie L. Wheaton

in a Bell liner Vault/Liner Funeral, date, time 2 P.M. / 7/28 - Tue

Church, Chapel, Graveside Chapel & S.S. : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

✓ Lot 92 Grave 10 Row - Section 2 Division/Block 11

Grave space & Care Fund ..... 250<sup>00</sup>

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container ..... Cremated 100<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

Flower vases - Marker setting fee ..... 35<sup>00</sup>

Recording and filing fee ..... 6<sup>00</sup>

Sales taxes ..... 856<sup>00</sup>

*To be Paid on*  
*Payments -*  
*#100<sup>00</sup> - Per me or more.*  
Total Due ..... 100<sup>00</sup>

Paid receipt number 34857

Balance due 756<sup>00</sup>

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
State Zip Code

\_\_\_\_\_  
Telephone

Work Order # E 6827

PY-593 (REV. 5-85)

Invoice # 059504

Acct. # 023024



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7/27/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Bessie L. Wheaton

in a Bellman Vault/Liner Funeral, date, time 2 P.M. / 7/28 - Tues

Church, Chapel, Graveside Chapel & S.S.; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 92 Grave 10 Row - Section 2 Division/Block 11

Grave space & Care Fund ..... 250<sup>00</sup>

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container ..... Cremation 100<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

Flower vases - Marker setting fee ..... 35<sup>00</sup>

Recording and filing fee ..... 6<sup>00</sup>

Sales taxes ..... 856<sup>00</sup>

Total Due ..... 100<sup>00</sup>

Paid receipt number 34857

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Bessie L. Wheaton  
Signature  
X 5172 GROVELAND  
Address  
X SAN DIEGO CA 92114  
City  
X 262-7206 Zip Code  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6827

PY-693 (REV. 6-86)

Return to  
Mt. Hope



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6827

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>BENNIE LOUISE WHEATON</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Nov. 25, 1918</b>	DATE OF DEATH <b>July 20, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Marcella Lorraine Wheaton-D'ght 5172 Groveland Street San Diego, California 92114</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
 ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
 ☐ 6. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
 ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
 ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
 ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
 ☐ 10. DISPOSITION PENDING

FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Jr. Way San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR THE DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Metal Non Sealed all Painted</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUL 24 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/28/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>George W. Lelche</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Camras, M.D., M.M.</i>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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 THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 34857

Date: 7/27/86

From: Thom BrownAddress: San DiegoIn: DepositPayment of: Interment of Rennie & WheatonDollars (\$ 100.00)Lot: 92Grave: 10Row: ~Section: 2Division  
Block: 11Invoice No. ~~~~~Acct. No. ~~~~~W.O. E6827BALANCE DUE 756.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007
20% Sales Com	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐ISSUED BY: [Signature]

TOTAL PAID

\$ 100.00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

*Credit Sale*

Date 7/28/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thurman and Beatrice Johnson

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund Ref 5 for 1 yr to 8/1/88 ..... —

Opening/Closing & Setup ..... —

Burial Container ..... —

Handling Fees ..... —

Flower vases - Marker setting fee ..... —

Recording and filing fee ..... —

Sales taxes ..... —

Total Due ..... 250.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature 252 Euclid Ave #B  
Address San Diego, CA 92114  
State \_\_\_\_\_ Zip Code 92114

Telephone \_\_\_\_\_

Work Order #

**E 6828**

PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



9-4-87 34995

250.00

20.00

230.00

10-7-87 35126

20.00

210.00

11-5-87 35253

10.00

200.00

12-4-87 35364

20.00

1-6-88 35502

180.00

20.00

160.00

NAME Johnson, Thurman &amp; Beatrice

ACCT. NO. E-6828

ADDRESS 252 Euclid Avenue #B, San Diego, Ca 92114

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
J 28 87	Lot 64, Gr 6, Sec 2, Div 11	250 00		90 00	160 00
2-8 88	Coupon 10 & 17 Receipt # 35674			20 00	140 00
3-3 88	Coupon # 13 & 12 Receipt # 35801			20 00	120 00
4-4 88	Coupon 15, Receipt 35959			20 00	100 00
5-5 88	Coupon 16 & 17, Receipt 36106			20 00	80 00
6-6 88	Coupon 18 & 19, Receipt 36245			20 00	60 00
7-6 88	Coupon 20, Receipt 36371			10 00	50 00
8-5 88	Coupon 21 & 22 Receipt 36509			20 00	30 00
9-7 88	Coupon 23, Receipt 36648			20 00	10 00
10-5 88	Receipt 36760 - Air Payment			10 00	0

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151
N<sup>o</sup> 34995Date: 9-4, 1987From: Patricia JohnsonAddress: 277 50th, B42102

In

Payment of

Dollars (\$ 20.00)Lot 64Grave 6

Row

Section 2Division 11  
Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6828BALANCE DUE 230.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

ISSUED BY Andrea Wacek

TOTAL PAID

\$ 20



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35253

Date: 11-5, 19 87
 From: Harman Johnson Address: 277 50th St. Apt B S.D. Ca. 92102  
Ten Dollars Dollars (\$) 10.00

 In part Payment of Credit for Sale, Coupon # 5

 Lot 64 Grave 6 Row V Section 2 Division 11  
 Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6828BALANCE DUE 200.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

0569

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY Bruce Morrison

CREDIT	57007		
20% Sales Care	77184		
50% Sales	100		
of Lots	77184	<u>10</u>	<u>00</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77183		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9027		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 254-3151

No 35126

Date: 10-7, 1987

From: *Human Planet* Address: 277 56th St Apt B 55 92402

Dollars (\$ 20.00 )

In: Payment of *Comp + 344 Credit Sale*

Lot 64 Grave 6 Row Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6028

BALANCE DUE 210.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEISSUED BY *Lady Wood*

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	20 -
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	20 -

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-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.

\$ 10.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 10.00

NAME

Thurman & Beatrice Johnson

ADDRESS

277 50th St Apt B

CITY

San Diego

STATE

Ca

ZIP 92102

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**5**

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**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								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**

\$ **1**

Amount Received

\$ **10.00**

NAME

**Thurman & Beatrice Johnson**

ADDRESS

**277-50th St Apt B**

CITY

**San Diego**

STATE

**Ca**

ZIP

**92102**

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON****3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **K-6828** Credit Sale**Thurman & Beatrice Johnson**  
**277 50th Street, Apt B**  
**San Diego, Ca 92102**

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								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**\$ **10.00**

Amount Received \$

NAME **Thurman & Beatrice Johnson**ADDRESS **277-50th St Apt B**CITY **San Diego** STATE **Ca** ZIP **92102**☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6828 Credit Sale**

**Thurman & Beatrice Johnson**

**~~277 50th Street, Apt. 8~~**

**~~San Diego, Ca 92102~~ 92114**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								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**

\$ \_\_\_\_\_

Amount Received

\$ **10.00**

NAME **Thurman & Beatrice Johnson**

ADDRESS **292 Euclid Ave #B**

CITY **San Diego** STATE **CA** ZIP **92114**

☐ check (✓) if this is new address



Send or bring one coupon with each remittance. **COUPON** **2**  
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	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

Amount Received

\$ 10.00

NAME Thurman and Beatrice Johnson  
ADDRESS 277- 50th St Apt B  
CITY San Diego STATE Ca ZIP 92102

☐ check ☒ if this is new address

Send or bring one coupon with each remittance

**COUPON**

**1**

**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**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								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**

Amount Received \$ **10.00**

NAME **Thurman and Beatrice Johnson**

ADDRESS **277-50th St apt B**

CITY **San Diego** STATE **Ca** ZIP **92102**

☐ check ☒ if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6828** Credit Sale**Thurman & Beatrice Johnson**~~**277 50th Street, Apt B**~~**San Diego, Ca** ~~**92102**~~ **92114**

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME **Thurman & Beatrice Johnson**ADDRESS **252 Euclid Ave #B**CITY **San Diego** STATE **Ca** ZIP **92114**☐ check ☒ if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35502

 Date: 1-6 1988

 From: Patricia Johnson Address: 252 Euclid Ave, #B 58  
Twenty Dollars Dollars (\$ 20.00 )

 In Payment of Coupon 8 & 9 Credit

 Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

 W.O. E-6828

 BALANCE DUE 160.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>20 -</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20 -</u>

 ISSUED BY Andrea Ward

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 35674

Date: 2-8 19 88

From: Patricia Johnson Address: 252 Euclid Ave # B, SD

Dollars (\$ 20.00 )

In: Payment of Coupon 10811 Credit

Lot 64 Grave 6 Row Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6828

BALANCE DUE 100.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE
 CITY AUDITOR  
 FEB 10 1988

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		90.00
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	1		90.00

Send or bring one coupon with each remittance

COUPON

10

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

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				<input checked="" type="checkbox"/>				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

\$ \_\_\_\_\_

Amount Received

\$ 10.00

NAME Thurman &amp; Beatrice Johnson

ADDRESS 252 Euclid Ave #5

CITY San Diego STATE Ca ZIP 92114

☒ check (✓) if this is new address



Send or bring one coupon with each remittance **COUPON**

**11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **K-6828** Credit Sale

**Thurman & Beatrice Johnson**  
**277 50th Street, Apt B**  
**San Diego, Ca 92102**

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
			X					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**

\$ \_\_\_\_\_

Amount Received \$ **10.00**

NAME Thurman + Beatrice Johnson

ADDRESS 252 Euclid Ave #103

CITY San Diego STATE Ca ZIP 92114

☒ (check) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35801

Date: 3-3, 1988From: Seitric Trust Address: 277 20th St. Apt 4 BTwenty dollars (\$ 20.00)In Payment of Expense 12 & 13 United NatLot 64 Grave 6 Row Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. K-6828BALANCE DUE 120.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAR 08 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>20</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9922	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>20</u>

Send or bring one coupon with each remittance

COUPON

13

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

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								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**

\$ \_\_\_\_\_

Amount Received

\$ **10.00**

NAME **Thurman & Beatrice Johnson**

ADDRESS **252 Euclid Ave #B**

CITY **San Diego** STATE **Ca** ZIP **92114**

☒ Check ( ) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**12**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6828 Credit Sale**

**Thurman & Beatrice Johnson  
277 58th Street, Apt. B  
San Diego, Ca 92102**

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	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 than \_\_\_\_\_ days  
after due date above



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **10.00**

NAME

*Thurman & Beatrice Johnson*

ADDRESS

*252 Euclid Ave #B*

CITY

*San Diego*

STATE

*Ca*

ZIP

*92114*

☒ Check (✓) if this is new address

## OFFICIAL RECEIPT

No 35959


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

Date: 4-4, 1988

From: Beatrice C. Johnson Address: 277 507th St Apt B

Twenty Dollars 20/100 Dollars (\$ 20.00)

In Payment of Burial 15 Credit Lot

Lot 64 Grave 6 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6828

BALANCE DUE 100.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

APR 8 1988

ISSUED BY

CREDIT	87007		
20% Sales Comm	77184	20	—
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	20	—

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6828** Credit Sale

**Thurman & Beatrice Johnson**

**277 50th Street, Apt B**

**San Diego, Ca ~~92102~~ 92114**

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME **Thurman & Beatrice Johnson**

ADDRESS **252 Euclid Ave Apt B**

CITY **San Diego** STATE **Ca** ZIP **92114**

☐ check ☒ if this is new address



Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6828** Credit Sale

**Thermon & Beatrice Johnson**

~~277 50th STREET, Apt. B~~

~~San Diego, Ca 92102~~ **92114**

Month and Day Due Indicated Below

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME **Thermon & Beatrice Johnson**

ADDRESS **252 Euclid Ave #B**

CITY **San Diego** STATE **CA** ZIP **92114**

☐ check ☒ if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35364

Date: 12-4-87

From: *Murphy Johnson* Address: *877 50th Apt B 92102**Twenty* Dollars (\$ *20.00* )In \_\_\_\_\_ Payment of *Aug 6 & 7 Credit Ref*Lot *64* Grave *6* Row \_\_\_\_\_ Section *2* Division Block *11*

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. *E-6828*BALANCE DUE *160.00*Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<i>20</i>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

ISSUED BY *Linda Ward*TOTAL PAID \$ *20*

Send or bring one coupon with each remittance

COUPON

6

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

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								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**

\$ \_\_\_\_\_

Amount Received

\$ **10.00**

NAME

**Thurman & Beatrice Johnson**

ADDRESS

**277-50th Apt B**

CITY

**San Diego**

STATE

**Ca**

ZIP

**92102**

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**7**

**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**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								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**

\$ \_\_\_\_\_

Amount Received

**\$ 10.00**

NAME **Thurman & Beatrice Johnson**

ADDRESS **277-50th Apt B**

CITY **San Diego** STATE **Ca** ZIP **92102**

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36176

 Date 5-5 19 88

 From Active plan Address 252 Euclid Ave #B, SD

 In Eighty - 20/100 Dollars (\$ 20.00)  
 Payment of Aug 16 & 17 Credit

 Lot 64 Grave 6 Row 2 Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6828BALANCE DUE 20.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUBITOR

MAY 11 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>20.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	90101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6928** 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

\$ **10.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ **10.00**

NAME **Thurman & Beatrice Johnson**

ADDRESS **252 Euclid Ave #10**

CITY **San Diego** STATE **CA** ZIP **92114**

☐ check ☒ If this is new address



Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **K-6928** Credit Sale

**Thurman & Beatrice Johnson**  
**277 50th Street, Apt B**  
**San Diego, Ca 92102**

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								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**

\$ \_\_\_\_\_

Amount Received

\$ **10.00**

NAME

**Thurman & Beatrice Johnson**

ADDRESS

**252 Euclid Ave #10**

CITY

**San Diego**

STATE

**Ca**

ZIP

**92114**

☐ check ☒ if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 36245

 From Beatrice C Johnson Address 252 Euclid Ave Apt B San Diego Ca

 Date 6-6 1988
Twenty Dollars & 09/100 Dollars (\$) 20.00

 In mt Payment of Credit sales coupons 18 & 19

 Lot 04 Grave 6 Row ~ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. E-0828

 BALANCE DUE \$ 60.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR

JUN 13 1988

 ISSUED BY Lena Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>20.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

Send or bring one coupon with each remittance

**COUPON**

**18**

**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**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								<b>10</b>			

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**

\$ \_\_\_\_\_

Amount Received

\$

**10.00**

NAME **Thurman + Beatrice Johnson**

ADDRESS **252 Euclid Ave,**

CITY **San Diego** STATE **Ca** ZIP **92104**

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6828** Credit Sale

**Thurman & Beatrice Johnson**  
~~277 30th 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



\$ **10.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above



\$ **1.00**

\$ 10.00

Amount Received \$

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY

204-1 51

No 36371

Date: 7-6 1988

From: Patricia Johnson Address: 252 Euclid Ave # B, SD

In: Payment of Coupon 20 Credit 1st

Dollars (\$) 10.00

Lot: 64 Grave: 6 Row: Section: 2 Division Block: 11

Invoice No:

Acct. No:

W.O. E-628

BALANCE DUE 50.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

JUL 11 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	10 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	10 00

0742

Send or bring one coupon with each remittance

**COUPON 20**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **2-6828** **Credit Sale**

**Thurman & Beatrice Johnson**  
**277 50th Street, Apt. B**  
**San Diego, Ca 92102**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								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**

\$ 10.00

Amount Received \$

NAME Beatrice & Thurman Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego STATE CA ZIP 92114

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36509

Date: 8-5, 1988

From: T. W. [unclear] Address: 272 5th St. Apt. 4

Dollars (\$ 20.00)

In Payment of Credit for [unclear]

Lot 64 Grave 6 Row 2 Section 2 Division Block

Invoice No.

Acct. No.

W.O. 6-6828

BALANCE DUE 30.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

AUG 09 1988

ISSUED BY [unclear]

CREDIT	67007	
20% Sales Com.	77184	
80% Sales	100	
of Lots	77184	20
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	20

Send or bring one coupon with each remittance

COUPON

21

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

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								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**

\$ \_\_\_\_\_

Amount Received

\$ 10.00

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego STATE Ca ZIP 92114

☒ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6825** Credit Sale

**Thurman & Beatrice Johnson**  
**277 50th Street, Apt. B**  
**San Diego, Ca 92102**

Month and Day Due Indicated Below

OCT	NOV	DEC	IAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								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**

\$ \_\_\_\_\_

Amount Received \$ **10.00**

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave H.B.

CITY San Diego STATE Ca ZIP 92114

☒ check ☐ If this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36648

Date: 9-7 1988From: Centric Johnson Address: 252 Euclid Ave # B 2DIn Twenty Dollars Payment of 238.24 Credit Dollars (\$ 20.00)Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6828BALANCE DUE 10.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACECITY AUDITOR  
SEP 19 1988ISSUED BY Andrea [Signature]

CREDIT	67007		
20% Sales Care	77184	<u>20</u>	<u>00</u>
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>20</u>	<u>00</u>

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **K-6528** Credit Sale

**Therman & Beatrice Johnson**  
**277 50th Street, Apt B**  
**San Diego, Ca 92102**

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								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**

\$ \_\_\_\_\_

Amount Received

\$ **10.00**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6828

Credit Sale

Thurman & Beatrice Johnson

277 56th Street, Apt. B

San Diego, Ca 92102

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
								10			

Amount due when paid on or before  
due date above

\$ 28.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above

\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 10.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NE 36766

 Date: 10-5 1988

 From: Betsey Johnson Address: 252 Euclid Ave. #B, SD  
San Diego

 In \_\_\_\_\_ Payment of final payment of credit lot Dollars (\$ 10.00)

 Lot 64 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. E-6028

 BALANCE DUE 0

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

OCT 7 1988

 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	<u>10</u>
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

 TOTAL PAID \$ 10 ✓

MT. HOPE CEMETERY

INTERMENT ORDER

*Credit Sale*

City of San Diego

Date 7-27-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ed. Gilbert & Corine Pearson

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 91 Grave 9410 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... (2 @ 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 ..... 500.

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 6829**

10-587

35167

508.00

21.00

529.00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7/28/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Day

in a Vault/Liner Funeral, date, time 7/29 Wed 9am

Church, Chapel, Graveside Musley Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Drop Off

Lot 122 Grave 7 Row 2 Section 2 Division/Block 11

Grave space & Care Fund 55

Additional spaces and care fund 90

Opening/Closing & Setup 90

Burial Container 90

Handling Fees 90

Flower vases - Marker setting fee 90

Recording and filing fee 90

Sales taxes 90

Total Due 145

Paid receipt number 1034723

Balance due 145

I hereby certify I am the P.A. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 6830

PY-593 (REV. 8-85)

Invoice # 062599  
Acct. # 000952

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6830

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>DOROTHY DAY</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>SEP 10, 1905</b>	DATE OF DEATH <b>JUL 25, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>		CALIFORNIA LICENSE NUMBER <b>F-119</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: <b>MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 28 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/30/87</b> (DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Geoyen Smith</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Barnes, M.D.</i> <b>Cal</b>
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE <b>N/A</b>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE 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 7-28-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Minnie Florence Eaton

in a Bell Lener Funeral, date, time Thurs. 2:30 7-30-87

Church, Chapel, Graveside; Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

✓ Lot 11 Grave 11 Row 12 Section 8 Division 7

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container Bell Lener ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 6.00

Total Due ..... 606.00

Paid receipt number 34861 606.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Doel. Eaton

Address 79 Gregory Drive

State San Diego CA 94930

Zip Code

Telephone (415) 454-7379

Work Order #

**E 6831**

PY-593 (REV. 9-85)

Invoice #

Acct. #



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6831

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Ninnie Florence Ecton</b>		SEX <b>Female</b>	DATE OF BIRTH <b>April 11, 1904</b>	DATE OF DEATH <b>July 27, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Self, By Pre-Arrangement</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERFORMER) <b>Cypress View/Bonham Brothers 3953 Imperial Ave. San Diego, CA.</b>		CALIFORNIA LICENSE NUMBER <b>670</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

## FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
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 <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 29 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/30/87</b> <b>12-11-8-7</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Segeun Little</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Carnes, M.D.</b>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 34861

Date: 7-26, 1987

From: Jack Eaton Address: 791 Yucca Drive, San Diego

In: \$100.00 Payment of: Minnie Eaton. Services

Lot 11 Grave 72 Row 12 Section 8 Division Block 7

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-6831

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	320
Closing	77181	
Burial	100	100
Containers	77182	
	100	145
Handling Fee	77183	
Recording &	100	35
Misc. Fees	77183	
Pre-Need	60033	
Trust	9022	
Sales Tax	60101	6
	78390	
TOTAL PAID	\$	606

ISSUED BY



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

7/28/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of James E Pierce

in a Bellman Vault/Liner Funeral, date, time Fri-7/31/ 11Am

Church, Chapel, Graveside Chapel & G.S. Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 20 Grave 10 Row \_\_\_\_\_ Section 2 Division/12

Grave space & Care Fund 495.00

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container Courtesy Liner 100.00

Handling Fees 145.00

Flower vases - Marker setting fee 35.00

Recording and filing fee 6.00

Sales taxes 1101.00

Total Due 34861

Paid receipt number 300.00

Balance due 801.00

I hereby certify I am the Son of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order #

E 6832

PY-593 (REV. 8-85)

Invoice #

Acct. #

059701  
023041



## NOTE—STRAIGHT

\$ 80/2<sup>00</sup> San Diego, California, July 28, 1987

— 30+ —

days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mr. Hope Cemetery or San Diego City Treasurer

or order:

3751 Martin Luther King Way, San Diego, CA 92102

the sum of Eight Hundred and One and 100/100 DOLLARS

with interest from - 6th Sept - 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

\* Laverly Peerie  
N 474/7037

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #

# 100<sup>00</sup> per month starting 9/6/87

Payments of \$100 must be made  
by 10th of each mo. or interest  
and 10<sup>00</sup> late fee -

Isms  

---

imp.

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6832

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>JAMES EDWARD PIERCE</b>		SEX <b>Male</b>	DATE OF BIRTH <b>June 6, 1908</b>	DATE OF DEATH <b>July 27, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>		PLACE OF DEATH—COUNTY, OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Waverly Pierce - Son 3134 Oceanview Blvd. San Diego, California 92113</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Bagsdale Mort.: 5050 Federal Blvd. San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

## FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Jr.; San Diego, Calif.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>min Steel P.C. non sealed</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>Donald E. Ramos, M.D.M.M.</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JUL 29 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/31/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Seoyun Lee</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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.



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

E 6832

Nº 34861

Date: 7/28/87, 19\_\_From: Waverly Pearce Address: S.D.In: Deposit Payment of Interment fees for James E Pearce - Dec Dollars (\$ 300.00)Lot 20 Grave 10 Row 4 Section 2 Division Block 12Invoice No. ---Acct. No. ---W.O. E-6832BALANCE DUE 80/2Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-80)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	300.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	

TOTAL PAID \$ 300.00

155160 51

30 Day Note

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 7-29-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mae E. Lillaw

in a Simple Funeral, date, time 7/31 Fri 2 p.m

Church, Chapel, Graveside Lewis Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 7094 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section Cornet & Phoebe Division/Block 10

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes 6.00

Total Due 606.00

Paid receipt number 34871 606.00

Balance due 0



I hereby certify I am the Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Shirley Lillaw

Address 3782 MILAN ST.

City SAN DIEGO CA. 92107

State 223-1685 Zip Code

Telephone 222-8407

Work Order # **E 6833**

PR 593 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

1E6833

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>MAE ETHEL TITLOW</b>		SEX <b>female</b>	DATE OF BIRTH <b>Sept 27, 1894</b>	DATE OF DEATH <b>July 29, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ned A. Titlow - nephew</b> <b>3782 Milan Street</b> <b>San Diego, CA 92107</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Lewis Colonial/Benbough</b>		3051 El Cajon Blvd. <b>San Diego, CA 92104</b>		CALIFORNIA LICENSE NUMBER <b>F-480</b>

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)  
☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)  
☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY  
☐ 4. SCIENTIFIC USE  
☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)  
☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)  
☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY  
☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)  
☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY  
☐ 10. DISPOSITION PENDING

FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - San Diego, CA (3751 Market St.)</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>Purity &amp; Gold</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b> <b>P.C. Steel</b> <b>non-sealer</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
			DATE SIGNED
* LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 30 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>7/31/87</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Camros, M.D.</b>	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶ Leon Steel</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>n/a</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34871

Date: 7/3/87 19Front: Mac E TiltonAddress: 4683 Port Home Dr. D. 92107Dollars (\$ 606<sup>00</sup>)In fullPayment of Interment of land for Mac E Tilton - DecLot 1094Grave ~Row ~Section ~Division  
Block 10Invoice No. ~Acct. No. ~W.O. E6833BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

129ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77164	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	<u>320 00</u>
Burial	100	
Containers	77182	<u>100 00</u>
	100	
Handling Fee	77183	<u>145 00</u>
Recording &	100	
Misc. Fees	77183	<u>3 00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>6 00</u>
	78390	
TOTAL PAID	\$	<u>606 00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-30-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mildred Moore

in a Double Crypt Funeral, date, time Mon. 8-3-87 11 AM

Church Chapel, Graveside Church, Shaver's Ridge Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 36 Grave 6 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 495.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 320.00

Burial Container Double Crypt ..... 330.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35.00

Sales taxes ..... 19.80

Total Due ..... 1519.80

Paid receipt number 34870 1519.80

Balance due 0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Alice Davidson  
Signature 6274 - Osler St.  
Address San Diego,  
State 576-9987 Zip Code 92111  
Telephone \_\_\_\_\_

Work Order # E 6834

PY-503 (REV. 9-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6834

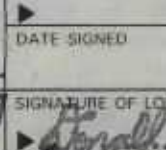
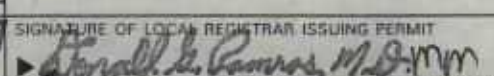
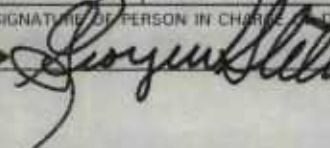
USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>MILDRED JEWELL MOORE</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Mar. 28, 1905</b>	DATE OF DEATH <b>July 29, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Alice Davidson - Daughter 6237 Osler Street San Diego, California 92111</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1 BURIAL (INCLUDES ENTOMBMENT)
 ☐ 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
 ☐ 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2 CREMATION AND BURIAL (INCLUDES INURNMENT)
 ☐ 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
 ☐ 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
 ☐ 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4 SCIENTIFIC USE
 ☐ 10 DISPOSITION PENDING

## FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Jr. Way; San Diego, Ca.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IN THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	PERMIT ISSUED <b>AUG 3 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/3/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34870

Date: 7-31-, 1987From: ALYCE DAVIDSON Address: 6274 OSLER ST. S.D. CA 92111Two thousand, thirty dollars and 70/100 Dollars (\$ 2030.70)In Full Payment of Interment for Mildred Moore 36-6-1-12and grave 36-7-1-12 and flower vase and double cryptLot 36 Grave 6 + 7 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 6834 & 6836BALANCE DUE 0Pre-Need Lot ☒ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

#1656

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

ISSUED BY

R.J. League

CREDIT	67007	<u>198</u>	<u>00</u>
20% Sales Care	77184	<u>792</u>	<u>00</u>
80% Sales	100		
of Lots	77184	<u>320</u>	<u>00</u>
Opening/	100		
Closing	77181	<u>335</u>	<u>00</u>
Burial	100	<u>330</u>	<u>60</u>
Containers	77182	<u>35</u>	<u>00</u>
Handling Fee	77183	<u>0</u>	<u>00</u>
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022	<u>20</u>	<u>10</u>
Sales Tax	80101		
	78390	<u>2030</u>	<u>70</u>
TOTAL PAID	\$	<u>2030</u>	<u>70</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-31-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Andrew Tomasi

in a NONE Vault/Liner Funeral, date, time 8/4 Tues

Church, Chapel, Graveside Interment Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Drag Off

✓ Lot 150 Grave 9 Row Bottom level - Section 2 Division/Block 11

Grave space & Care Fund Double depth

Additional spaces and care fund 55

Opening/Closing & Setup 90

Burial Container NONE - Flat China - Cloth covered

Handling Fees 6 handles

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145.00

Paid receipt number

Balance due

P.A. #1034863  
Mack  
I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # **E 6835**

PR-593 (REV. 8-85)

Invoice # 059495

Acct. # 000952



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6835

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES


NAME OF DECEDENT <b>Andrew T. Tomasi</b>		SEX <b>Male</b>	DATE OF BIRTH <b>May 9, 1915</b>	DATE OF DEATH <b>July 28, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>S.D. County Public Adminis Administratoe 5201-A Ruffin Road San Diego, California 92123</b>
NAME AND ADDRESS <b>San Diego, CA Clairemont Mort, 4266 Mt. Abernathy Ave</b>		PERSON ACTING AS SUCH <b>F-1126</b>	CALIFORNIA LICENSE NUMBER <b>F-1126</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
 ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
 ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
 ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
 ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery, 3751 Market Street, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED <b>NA</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>Covered Flatchner</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>NA</b> <b>6 Handles</b> <b>Lower level</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 03 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Parnell, M.D.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/4/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Rayen Stiller</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>NA</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-31-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALYCE & HUGH DAVIDSON

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 36 Grave 7 Row \_\_\_\_\_ Section 1 Division/8 12

Grave space & Care Fund for double crypt \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_ 495.00

Opening/Closing & Setup \_\_\_\_\_

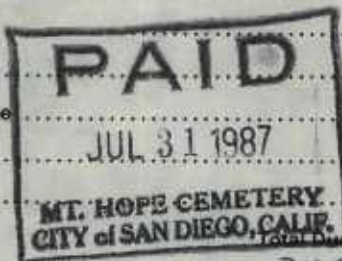
Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_ 10.60

Flower vases - Marker setting fee \_\_\_\_\_ 5.00

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_ .30



Paid receipt number 34870 510.90

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Alyce Davidson  
Signature of recorded holder of deed

ALYCE DAVIDSON  
Signature  
6274 Oster Street  
Address  
SAN DIEGO, CA 92111  
City  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6836

PY-593 (REV. 8-85)

See E-6834 for receipt

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/3/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Elizabeth Weaver

in a T.S. Vault Funeral, date, time 1 P.M. 8/6/Thur

Church, Chapel, Graveside Church & SS Cypress Unit Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran Phil

Lot 427 Grave ~ Row ~ Section 5 Division/Block 8

Grave space & Care Fund Pr. fund

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee ~

Recording and filing fee 35.00

Sales taxes 10.50

Total Due 710.50

Paid receipt number ~

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 \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6837

PY-593 (REV. 8-85)

Signature of recorded holder of deed

Call Phil for address of cat -

Estate  
Be in after to  
Sign + address

Don't on side  
off Weaver



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6837

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Elizabeth Emille Hattle Weaver</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Nov. 27, 1900</b>	DATE OF DEATH <b>Aug. 1, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ward Pscherer - Nephaw</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON IN CHARGE OF REMAINS) <b>Cypress View/Bonham Brothers</b>		3953 Imperial Ave. <b>San Diego, CA.</b>	CALIFORNIA LICENSE NUMBER <b>670</b>	
		1333 Brereton Way <b>Orville, CA. 95966</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT) ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT) ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	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 SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>#120 Mina Street PC, Rake Harbor, Silverstone County, Va.</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 04 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/6/87</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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 THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



E6837

Well Forge Trust Dyst  
att Gary Nickerson  
P.O. 54410  
Los angeles  
90054

Wheaver - Orville  
(80%)

8/11/87  
For George

Star from C. V. Crypt

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date

8/3/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Harry S. Berggren & Wm A. Stand

in a ash vault Funeral, date, time Fri. 10 AM 8-7-87

Church, Chapel, Graveside Houseide? : Featherington Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 14 Grave 3 Row 2 Section 2 Division/Block 6

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund E 1156 NAME

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 0

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 6838

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 6838

Aug 1-1987

NAME OF DECEDENT <b>HARRY SEXTON BERGGREN</b>		SEX <b>Male</b>	DATE OF BIRTH <b>June 13, 1899</b>	DATE OF DEATH <b>June 13, 1899</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Signe T. Berggren - wife</b> <b>4724 Winona Street</b> <b>San Diego, Ca. 92115</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>FEATHLINGILL MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>1083</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                       |   |   |

## FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market St., San Diego, Ca. 92102</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>14065 Old Highway 80</b> <b>Lenada, Inc. El Cajon, Ca.</b>	DATE CREMATED <b>8/3/87</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER INFORMATION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b> <i>Cremation</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 4 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/3/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos, M.D.</b>		
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE		

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 DECEDENT <b>WILLIAM A. STARR</b>		SEX <b>Male</b>	DATE OF BIRTH <b>April 3, 1928</b>	DATE OF DEATH <b>Aug. 29, 1969</b>
PLACE OF DEATH—CITY OR TOWN <b>Los Angeles</b>		PLACE OF DEATH—COUNTY, OR STATE IF NOT IN CALIFORNIA <b>Los Angeles</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Signe T. Berggren, wife 4724 Winona Ave. San Diego, Calif.</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH <b>Featheringill Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1083</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)                       | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input checked="" type="checkbox"/> 6 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY        |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                     |  |   |

FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market St., San Diego, Calif.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>N/A</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY THE PLACE AND COUNTY OF DISPOSITION <b>Copper View Cemetery P.I.P. Vault on Top of left foot #5 Box</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND AS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>AUG 5 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/5/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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

MT. HOPE CEMETERY  
INTERMENT ORDER

Credit Sale

City of San Diego

Date 8/4/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joanne Castaneda

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 5349 Grave ~ Row ~ Section ~ Division/Block 10

Grave space & Care Fund Can be used for Double Crypt 2085.00

Additional spaces and care fund NONE

Opening/Closing & Setup not arranged

Burial Container at this time

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

from E-6748 → 34734

Total Due 34873

Paid receipt number \_\_\_\_\_

Balance due 1902.00

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6839

PY-593 (REV. 8-86)

Replace E 6748 - Cancelled

9-10-87	35021	\$1902.00 83.00
10-7-87	35123	<u>1819.00</u> 83.00
11-10-87	35276	1786.00 83.00
12-10-87	35414	<u>1653.00</u> 83.00
1-13-88	35563	<u>1570.00</u> 83.00
		<u>1487.00</u>



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34873

Date: 8/4/87, 19From: Robert OstranderAddress: WashDollars (\$ 83<sup>00</sup>)

In

Payment of

on Credit Sale -  
Aug 10, Payment -

Lot

5349-350-357

Grave

Row

Section

Division  
Block10

Invoice No.

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check


 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT

20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID

\$

Robert Ostrander

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 35021

 From: Joanne Castaneda Address: 13420 72 Ave East, 91373  
Eighty-three Dollars (\$ 83.00)  
 In \_\_\_\_\_ Payment of Major #1, Credit out

 Lot 534950, 51 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6839BALANCE DUE \$1819.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	57007
20% Sales Comm	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	83033
Trust	9022
Sales Tax	60101
	78390

ISSUED BY Paul WordTOTAL PAID \$ 83 -

Send or bring one coupon with each remittance

**COUPON**

**1**

**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**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								10			

Amount due when paid on, or before,  
due date above.

 \$ 83.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

 \$ 1.00

\$ 84.00

NAME Joanne Castaneda Amount Received \$ \_\_\_\_\_  
ADDRESS 13420 72 Ave. E.  
CITY Puyallup STATE WA ZIP 98373

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 35123

 From: Monica Castaneda Address: 13420 72 Ave. Buena Vista  
Eighty-three Dollars (\$ 83.00)  
 In \_\_\_\_\_ Payment of Coupon # 2 Credit Ref
5349, 5350, 5351  
 Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6839BALANCE DUE 1736.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-80)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEISSUED BY Andy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>83.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78990	
TOTAL PAID	\$	<u>83.00</u>

Send or bring one coupon with each remittance**COUPON****2**

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
								10			

Amount due when paid on, or before,  
due date above.

\$ 83.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ 1.00

\$ 84.00

Amount Received

\$ 83.00

NAME

Joanne Castaneda

ADDRESS

13420-72<sup>nd</sup> Ave - E.

CITY

Puyallup

STATE

WA ZIP 98373

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35276

Date: 11-10, 19 87From: JOANNE CASTANEDA Address: 13420 72nd ST. E PUYALLUP, WA. 98371
 In Eighty Three Dollars Dollars (\$) 83.00  
Part Payment of Credit for Sales Coupon #3

 Lot 5349, 5359, 5351 Grave — Row — Section — Division 10  
 Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6839BALANCE DUE 1653.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

Bruce Morrison

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>83.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>83 00</u>

03880



Send or bring one coupon with each remittance

**COUPON**

**3**

**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**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								10			

Amount due when paid on or before,  
due date above

**\$83.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

**\$ 1.00**

\$ \_\_\_\_\_

NAME Joanne Castaneda Amount Received \$ \_\_\_\_\_

ADDRESS 13420 72<sup>nd</sup> Ave. E.

CITY Puyallup STATE WA. ZIP 98373

☐ 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**  
 254-3151

NE 35563

Date: 1-13, 1988From: one Patricia Address: 13420 72nd Ave 2, San Diego, CAlights - three no/100 Dollars (\$) 83.00In Payment of coupon #5 Mount HopeLpt. 5349-51 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6839BALANCE DUE 1987.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

JAN 22 1988

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	<u>83.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>83.00</u>

Send or bring one coupon with each remittance

**COUPON**

**5**

**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**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								10			

Amount due when paid on, or before,  
due date above.

**\$ 83.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

**\$ 1.00**

\$ \_\_\_\_\_

**NAME**

*Joanne Castaneda*

**ADDRESS**

*13420-72 Ave. E.*

**CITY**

*Puyallup*

**STATE** *WA.*

**ZIP** *98573*

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35670

Date 2-6, 19 88From William L. Landa Address 13420 72nd Ave, San Diego, CA
Eighty-three 20/100 Dollars (\$ 83.00)
In cash Payment of grave #6 Gravestone
 Lot 5349, 5350 Grave 5351 Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6837BALANCE DUE 1417.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE
 CITY AUDITOR  
 FEB 10 1988
ISSUED BY Andrea Davis

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>83.00</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9922	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>83.00</u>

Send or bring one coupon with each remittance

COUPON

6

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

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								10			

Amount due when paid on, or before  
due date above:

\$ **83.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above:

\$ **1.00**

\$ \_\_\_\_\_

NAME Joanne Castaneda Amount Received \$ \_\_\_\_\_  
ADDRESS 13420-72<sup>nd</sup> Ave. E.  
CITY Puyallup STATE WA. ZIP 98373  
☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35855

 Date: 3-10, 1988

 From: Joanne Castaneda Address: 13420 72nd Ave, San Diego, CA
Eighty three 20/100 Dollars (\$) 83.00

 In Payment of Impn #7 Credit Lot

 Lbt 5344, 5350, 5351 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

 W.O. E-6637

 BALANCE DUE 1404.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

 CITY AUDITOR  
 MAR 16 1988

 ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>83.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>83.00</u>



Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6839**

**Credit Lot**

**Joanne Castaneda**

**13420 72<sup>nd</sup> Avenue East**

**Puyallup, Wa 98373**

**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.

**10**  
\$ **83.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

NAME

*Joanne Castaneda*

ADDRESS

*13420 72<sup>nd</sup> Ave. E.*

CITY

*Puyallup*

STATE

*WA.*

ZIP

*98373*

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 36702

 Date: 4-11 1988

 From: James Contreras Address: 13420 72nd Ave # E, SD
eighty three 20/100 Dollars (\$ 83.00 )

In \_\_\_\_\_ Payment of \_\_\_\_\_

 \*Lot 5349-51 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. E-6839

 BALANCE DUE 1321.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

APR 14 1988

 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>83.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>83.00</u>

Send or bring one coupon with each remittance

COUPON

8

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

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								10			

Amount due when paid on, or before,  
due date above,

\$ 83.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above,

\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35414

Date: 12-18 1987From: Barbara Castaneda Address: 13430 73rd Ave East, Puyallup, WA
Eighty-three dollars & 00/100  
 Dollars (\$) 83.00
In part Payment of Credit minus MT CHUPON #4
 Lot 5349, 5350, 5351 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10839BALANCE DUE 1570.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

Hara Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>83.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>83.00</u>

Send or bring one coupon with each remittance **COUPON**

**4**

**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**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								<b>10</b>			

Amount due when paid on, or before,  
due date above.

**\$ 83.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

**\$ 1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

*Joanne Castaneda*

ADDRESS

*13420 72<sup>nd</sup> Ave. E.*

CITY

*Puyallup*

STATE *WA.*

ZIP

*98373*

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 36145

Date: 5-11-88

From: Jeanne Castorena Address: 13420 72 Ave East, Appleton

Dollars (\$ 83.00)

In: Payment of: Paper 7 - credit for

Lot: 349-51 Grave: Row: Section: Division Block: 10

Invoice No.:

Acct. No.:

W.O. E-6639

BALANCE DUE:

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

MAY 12 1988

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	83.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	83.00



Send or bring one coupon with each remittance

COUPON

9

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

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG

Amount due when paid on or before  
due date above:

\$ 83.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above:

\$ 1.00

\$

NAME

Joanne Castaneda

Amount Received

\$ 83.00

ADDRESS

13420-72<sup>nd</sup> Ave E-

CITY

Puyallup

STATE

W.A.

ZIP

98373

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36293

Date: 6-13, 19 88From: J. Bruce Castaneda Address: 13420 72nd Ave E, PullmanDollars (\$ 83.00 )In Payment of Prepaid 10
 Lot 5349-5351 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6839BALANCE DUE 1153.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE

CITY AUDITOR

JUN 15 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
30% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>83.00</u>

Send or bring one coupon with each remittance **COUPON**

**10**

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**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								<b>10</b>			

Amount due when paid on, or before,  
due date above.

 \$ **83.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

 \$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ **83.00**

NAME

*Joanne Castaneda*

ADDRESS

*13420 72<sup>nd</sup> Ave. E.*

CITY

*Puyallup*

STATE

*WA.*

ZIP

*98373*

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 36399

Date: 7-11, 19 88

 From: John H. Storch Address: 13420 72nd Ave 2, Rancho Santa Fe, CA 92084  
 Dollars (\$ 83.00)

In Payment of Coupon 11 Credit

Lot 5349-51 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6839

BALANCE DUE 1092.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

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 "PAID" IN THIS SPACE

CITY AUDITOR

JUL 13 1988

ISSUED BY:

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	83.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	83.00

Send or bring one coupon with each remittance **COUPON 11**  
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

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT

Amount due when paid on or before  
due date above

**\$ 83.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

**\$ 1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36543

Date: 8-12, 1988

From: Wm Carter Address: 13420 72 Ave EastDollars (\$ 83.00)In payment of CreditLot 351 Grave 351 Row 351 Section 351 Division Block 351Invoice No. 351Acct. No. E-139W.O. 989 60BALANCE DUE 989 60Pre-Need Lot ☐ At Need ☐ On Acct ☒Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

AUG 12 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	83
of Lots	77184	-
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	1	83



Send or bring one coupon with each remittance. **COUPON**

**12**

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**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
								<b>10</b>			

Amount due when paid on, or before,  
due date above



\$ **83.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 254-3151
N<sub>o</sub> 36666Date: 9-9, 1986From: Marne (Mrs) 13420 72nd Creste, RyndbergAddress: Eighty-three 40102 Dollars (\$ 83.00)In Coupon 13 Credit Payment ofLot 5349-51 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6839BALANCE DUE 906.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE
 CITY AUDITOR  
 SEP 14 1988
ISSUED BY [Signature]

CREDIT	57007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	60033
Trust	9022
Sales Tax	60101
	78390
TOTAL PAID	\$ <u>83.00</u>

Send or bring one coupon with each remittance

**COUPON**

**13**

**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**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								<b>19</b>			

Amount due when paid on or before  
due date above



**\$ 83.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**\$ 1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NE 36754

Date: 10-3, 1988From: John Antonio Address: 13420 72nd Ave, La JollaIn Payment of Coupon 14, Audit SetDollars (\$ 83.00 )Lot 53494 337 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6237BALANCE DUE 823.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

OCT 7 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>23.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>83.00</u> ✓

Send or bring one coupon with each remittance

**COUPON**

**14**

**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
								<b>10</b>			

Amount due when paid on, or before,  
due date above.

\$ **83.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36904

Date: 11-3, 1988From: Janne Osterlund Address: 13420 72nd, Apt E, Long Beach, CAIn Eight, - three Dollars (\$ 83.00)In paper 15 Payment of burial cost
 Lot 5349 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6839BALANCE DUE 740.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

NOV 8 1988

ISSUED BY [Signature]

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390
TOTAL PAID	\$ <u>83.00</u>



Send or bring one coupon with each remittance

**COUPON**

**15**

**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**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB

Amount due when paid on or before  
due date above

**\$83.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above

**\$ 1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37073

Date: 12-8, 1988From: Joanne Castaneda Address: 13420 72<sup>nd</sup> AVE E, Puyallup, Wash 98371Dollars (\$ 83.00 )In payment Payment of Credit 1st, check #110
 Lot 5349, 5351 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. E-6839

W.D. \_\_\_\_\_

BALANCE DUE 657.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEISSUED BY H. Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>83.00</u>

recorded

4157

 DEC 12 1988  
 CITY AUDITOR

Send or bring one coupon with each remittance

COUPON

16

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

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								10			

Amount due when paid on, or before,  
due date above.

\$ **83.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

NAME Joanne Castaneda

Amount Received

\$ \_\_\_\_\_

ADDRESS 13420 72 Ave. E.

CITY Puyallup

STATE WA

ZIP 98373

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37228

 From: Jaime Contreras, Address: 13420 2nd Ave #8
Date: 1-13, 1989Dollars (\$ 13.00 )In Payment of Coupon 17 Credit
 Lot 399/537 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6239BALANCE DUE 594.00
 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007
20% Sales Com	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID \$

ISSUED BY Linda White
 CITY AUDITOR  
 JAN 23 1989

Send or bring one coupon with each remittance

COUPON

17

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

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR

Amount due when paid on, or before,  
due date above:

\$83.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above:

\$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37333

Date: 2-8, 1989From: James M. Anderson Address: 13420 72nd Ave E, #100Dollars (\$ 8300)In Payment of Coupon 10 CreditLot 34975351 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6839BALANCE DUE 411.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	57007
25% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390
TOTAL PAID	\$ <u>8300</u>

ISSUED BY [Signature]
 CITY AUDITOR  
 FEB 16 1989



Send or bring one coupon with each remittance

COUPON

18

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

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								10			

Amount due when paid on, or before,  
due date above.

\$ **83.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

# OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
264-3151

No 37476

Date: 3-8 19 89

From: Carne Antonio Address: 13420 72nd St NE

Wright - three 10/100 Dollars (\$ 83.00)

In Payment of Payson 19 Credit Ltr

Lot 5349-5351 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 9

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6839

BALANCE DUE 406.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAR 10 1989

ISSUED BY Linda Ward

CREDIT	67007	
20% Sales Care	77184	<u>9.00</u>
80% Sales	100	
of Lots	77184	<u>74.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>13.00</u>

Send or bring one coupon with each remittance

**COUPON**

**19**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **K-6839** **Credit Lot**

**Joanne Castaneda**  
**13420 72 Avenue East**  
**Payallup, Wa 98573**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								<b>19</b>			

Amount due when paid on, or before  
due date above



**\$83.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**\$ 1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37630

Date: 4-6, 1989
 From: Joanne Coltrane Address: 10/10  
Eighty-three Dollars (\$ 83.00 )

 In Payment of Major 20 Credit

 Lot 52494537 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6639BALANCE DUE 325.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

 CITY AUDITOR  
 APR 17 1989
ISSUED BY Mike Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>83.00</u>

Send or bring one coupon with each remittance

COUPON

20

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

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								10			

Amount due when paid on, or before,  
due date above.

\$ 83.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 37800

 From George Costaneda Address 13420 72nd Ave, #15, Pow

 Date 5-10, 1989
Dollars (\$ 83.00 )
 In \_\_\_\_\_ Payment of Coupon 21 Credit Lot

 Lot 5349-51 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6639BALANCE DUE 242.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007
20% Sales Care	77184
60% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Bural	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Mac. Fees	77183
Pre-Need	83033
Trust	9022
Sales Tax	80101
	78390

TOTAL PAID \$

ISSUED BY [Signature]

CITY AUDITOR

MAY 12 1989

83.00



Send or bring one coupon with each remittance

**COUPON**

**21**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **R-6839** Credit Let

**Joanne Castaneda**  
**13420 72 Avenue East**  
**Puyallup, Wa 98373**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								10			

Amount due when paid on or before  
due date above



\$ **83.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

 E 6839  
 N2 38136
Date: 6-8, 1989From: Donna Pastorella Address: 12420 12th St, La Jolla, CADollars (\$) 76.00In Payment of Donna's 22 Urn SetLot 52194537 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10 Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE 76.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEISSUED BY 4332

CREDIT 67007

20% Sales Care 77184

80% Sales 100

of Lots 77184

Opening/ 100

Closing 77181

Burial 100

Containers 77182

100

Handling Fee 77185

Recording &amp; 100

Misc. Fees 77183

Pre-Need 63033

Trust 9022

Sales Tax 60101

78390

TOTAL PAID \$ 76.00

AUDITOR

JUN 15 1989

and or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **W-6839** Credit Lot

**Joanne Castaneda**  
**13420 72 Avenue East**  
**Puyallup, Wa 98373**

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								10			

Amount due when paid on, or before,  
due date above.

\$ **76.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address



Rep. Incl 2023 417.00

NAME CASTANEDA, JOANNE ACCT. NO. E-6839

ADDRESS 13420 72nd Avenue, Apt E, Puyallup, Wa 98373 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Aug 4 87	Lots 5349, 5350 & 5351, Division 10	2085 00		515 00	1570 00
2 88	Coupon #6 Credit			8300	148700
3-10 88	Coupon #7, Receipt # 35855			8300	140400
4-11 88	Coupon #8, Receipt 36002			8300	132100
5-11 88	Coupon #9, Receipt 36145			8300	123800
6-13 88	Coupon 10, Receipt 36293			8300	115500
7-11 88	Coupon 11, Receipt 36399			8300	107200
8-10 88	Coupon 12, Receipt 36543			8300	98900
9-4 88	Coupon 13, Receipt 36666			8300	90600
10-3 88	Coupon 14, Receipt 36754			8300	82300
11-3 88	Coupon 15, Receipt 36904			8300	74000
12-8 88	Coupon 16, Receipt 37073			8300	65700
1-13 89	Coupon 17, Receipt 37228			8300	57400
2-8 89	Coupon 18, Receipt 37333			8300	49100
3-8 89	Coupon 19, Receipt 37476			8300	40800
4-1 89	Coupon 20, Receipt 37630			8300	32500
5-10 89	Coupon 21, Receipt 37800			8300	24200
	Cat 5350-10 used for Brigitte Castaneda				
	E-7664				

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

242.00

DATE

ITEMS

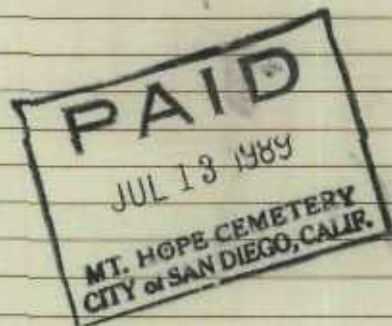
DEBIT

✓

CREDIT

BALANCE

6/8	89	Coupon 22, Receipt 38136				76.00	166.00
7/13	89	Coupon 23, 24, Receipt 38286				159.00	6.00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 38286

 Date: July 13, 1989

 From: Joanne Castanera Address: 13430 72nd Ave. E
1 One hundred fifty nine 00/100 - Dollars (\$ 159.00)

 In Coupon 23, 24 Payment of Credit dot

 Lot 5349 5351 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

 Acct. No. 11

 W.O. E-6839

 BALANCE DUE 7.00

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

4369

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

 CITY AUDITOR  
 JUL 24 1989

 ISSUED BY Sharon D. Chain

CREDIT	67007	
20% Sales-Care	77184	<u>159.00</u>
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>159.00</u>



Send or bring one coupon with each remittance

COUPON

24

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

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
								10			

Amount due when paid on, or before,  
due date above.\$ **24.00**Amount due if paid more than \_\_\_\_\_ days  
after due date above.\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

23

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

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								10			

Amount due when paid on, or before,  
due date above.\$ **83.00**Amount due if paid more than \_\_\_\_\_ days  
after due date above.\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/4/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of J. D. Zenera - (P.A.)

in a NONE Vault/Liner Funeral, date, time Thurs 9:30/8/6

Church, Chapel, Graveside Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. Top of 81P War time veteran Dupoff

✓ Lot 150 Grave 9 Row 1 Section 2 Division/Block 11

Grave space & Care Fund 55

Additional spaces and care fund Top - Outside Board

Opening/Closing & Setup 90

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes PA

Total Due 145.00

Paid receipt number

Balance due

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # 059499

Acct. # 000952

Work Order # E 6840

PV-593 (REV. 8-85)

County  
# 1034715

Via Mary Seger - P.A.  
565-5843

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Jesus Duran Herrera</b>		SEX <b>Male</b>	DATE OF BIRTH <b>April 13, 1922</b>	DATE OF DEATH <b>July 24, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Public Administrator 5201-A Ruffin Road San Diego, CA 92123</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mayer Mortuary 2859 Adams Av. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>1424</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 10. DISPOSITION PENDING

## FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>Top of Burial in DIF N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		SIGNATURE OF APPLICANT <b>Heavy</b>
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby 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 REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>AUG 06 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/6/87</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Carroll, M.D. Cap</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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.

26840



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 8/5/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mrs Russell Lowell

in a Double Crypt Funeral, date, time Fri 10Am 8/7

Church, Chapel, Graveside Chapel & S.S. ; Merrill-Hatchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran       

✓ Lot 1314 Grave        Row        Section        Division/Block 10

Grave space & Care Fund for Double Crypt 595.00

Additional spaces and care fund       

Opening/Closing & Setup        320.00

Burial Container Double Crypt - bottom 330.00

Handling Fees        820.00

Flower vases - Marker setting fee       

Recording and filing fee        35.00

Sales taxes        19.80

Ordered by  
Harry -  
m/m to buy of.  
       Total Due 1619.80

       Paid receipt number 34908 1619.80

Balance due 0

I hereby certify I am the        of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

\_\_\_\_\_

Telephone

Work Order # E 6841 Invoice #         
Acct. #

TO George  
DATE 8/5 TIME 10:30

## WHILE YOU WERE OUT

M Richard Mitchell / Harry Grobe  
OF Merkley - Mitchell Mort.  
PHONE 295-2177 EXT.

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input type="checkbox"/>
RETURNED YOUR CALL	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WAS IN TO SEE YOU	<input type="checkbox"/>	WILL COME IN AGAIN	<input type="checkbox"/>

MESSAGE Ref. Property - Div 10  
grave 13. of <sup>Ba</sup>Tina Lowell.  
1/74. Would like this  
grave opened 1314 for  
Friday Interment. Double  
Depth. Will bring check for Total.

E  
MOUNT HOPE CEMETERY

August 5, 19 87

The undersigned hereby requests and authorizes the interment of the remains of

Frances M. Lowell in Lot Gr 1314 Row Sec.  
Block

Division 10 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

1766 VALLEY LAKE PLACE

El CAJON, California

Frances M. Lowell  
Signature of relative or legal representative

Address & relationship to lot owner and/or authority to sign authorization

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

E6841



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>FRANCES MAE LOWELL</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>SEP 8, 1926</b>	DATE OF DEATH <b>AUG 4, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>LA MESA</b>		PLACE OF DEATH—COUNTY, OR STATE IF NOT IN CALIFORNIA <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>RUSSELL H. LOWELL, M.D., HUSBAND</b> <b>1766 VALLEY LAKE PLACE</b> <b>EL CAJON, CA 92020</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH <b>NERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE,</b> <b>SAN DIEGO, CA 92103</b>		CALIFORNIA LICENSE NUMBER <b>F-119</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10 DISPOSITION PENDING       </div> |
|--|---|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MOUNT HOPE CEMETERY, 3751 MARKET STREET,</b> <b>SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>Batesville 20 ga</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>Steel Sealers</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>Main - Rail Hardware on Bottom Double Crypt</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 06 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/7/87</b> INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>1344-10-B</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Scoville</b> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE <b>N/A</b>	
IF DISPOSITION IS 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

## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 34908

Date: 8-7, 1987
 From: Mr. Kley-Mitchell Address: 3655 5th Ave. San Diego  
one thousand six hundred nineteen & 80/100 Dollars (\$ 1619.80 )

 In Full Payment of Interment of Frances Mae Lowell  
Double Crypt - Top open -

 Lot 1314 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10
Invoice No. ~~~~~Acct. No. ~~~~~W.O. E-6841BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

5789NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	<u>476.19</u>
80% Sales	100	
of Lots	77184	
Opening/	100	<u>320.00</u>
Closing	77181	
Burial	100	<u>330.00</u>
Containers	77182	
	100	<u>320.00</u>
Handling Fee	77183	
Recording &	100	<u>30.00</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	<u>19.80</u>
	78390	
TOTAL PAID	\$	<u>1619.80</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-5-87

(X) You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Herald Edmundson (X)  
in a ash vault Funeral, date, time Mon. 8-10-87 AM

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran \_\_\_\_\_

Lot 2 Grave 1 Row \_\_\_\_\_ Section 7 Division Block 1

Grave space & Care Fund \_\_\_\_\_ 0

Additional spaces and care fund \_\_\_\_\_ 0

Opening, Closing & Setup \_\_\_\_\_ 105.00

Burial Container \_\_\_\_\_ 40.00

Handling Fees \_\_\_\_\_ 60.00

Flower vase \_\_\_\_\_ 0

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 2.40

Total Due \_\_\_\_\_ 242.40

Paid receipt number 34893 242.40

Balance due 0

I hereby certify I am the Sister of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6842**

PY-883 (REV. 8-85)





MEMO

from

MT. HOPE CEMETERY

3751 Market Street  
San Diego, CA 92102  
264-3151

8/5/87

Mr. Walker:

Thank you for the check in  
amount of \$242.40Receipt # 34893 is attached for  
your records.Please notify your General Home  
or crematory that we are ready  
to do the interment. It  
will be completed within 48 hrs  
after receipt of remains.

Thank you

George W. Walker  
Cem. mgr.

E6842

## OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITORCITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 34893

Date:

8-5-

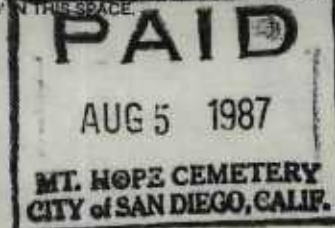
From: Adelaide W. Walker Address: 8946 Creekford Dr. Lehigh, CA 92040Two hundred forty-two dollars and 40/100 Dollars (\$ 242.40)In Full Payment of interment for Herald Edmundson &  
CremainsLot 2 Grave 1 Row 7 Section 7 Division 1

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E6842BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐  
Pre-need Trust ☐ Cash ☒ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSES STATED UNLESS STAMPED  
"PAID" IN THIS SPACEISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	105	00
Closing	77181		
Burial	100	40	00
Containers	77182		
	100	60	00
Handling Fee	77183		
Recording &	100	35	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	80101	2	00
	78390		
TOTAL PAID		\$	242 40

8946 Creechford Dr.  
Rialto, Ca. 92040  
Aug. 3, 1987

Mount Hope Cemetery  
3751 Dr. Martin Luther King Jr. Way

Gentlemen:

I want to request that the  
ashes of my brother Gerald  
Edmundson be interred in the  
grave of our father Benjamin  
Edmundson.

I am enclosing a check  
for \$242.40 to cover the cost  
of this service.

Thank you for your kind  
co-operation.

Sincerely yours,

Adelaide W. Walker

2-1-7-1

E684Z



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

27027

NAME OF DECEDENT <b>Gerald Klee Edmundson</b>		SEX <b>Male</b>	DATE OF BIRTH <b>11-6-1900</b>	DATE OF DEATH <b>7-25-1987</b>
PLACE OF DEATH—CITY OR TOWN <b>Lakeside</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>PRENEED TELOPHASE: 8946 Creekford Drive Lakeside, CA 97040</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF DISPOSITION <b>TELOPHASE SOCIETY</b>		CALIFORNIA LICENSE NUMBER <b>E 1272</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                       |   |   |

## FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt Hope Cemetery - 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Manchester Ave. Anaheim, CA.</b>	DATE CREMATED <b>7/29/87</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Mark Jagers</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		Prepared and signed by: <i>Stella Thellu</i> DATE SIGNED <b>July 27, 1987</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JUL 28 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/10/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Stella Thellu</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

COPY 1

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS

(REV. 1-86) FORM VS-9

E6842



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34893

Date: 8-5- 19 87
 From: Adelaide W. Walker Address: 8946 Creekford Dr. La Jolla, CA 92040
Two hundred forty-two dollars and 40/100 Dollars (\$ 242.40 )

 In Full Payment of internment for Gerald Edmundson  
(cremains)

 Lot 2 Grave 1 Row \_\_\_\_\_ Section 7 Division Block 1

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 6842BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

W. J. League

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	<u>105</u>	<u>00</u>
Closing	77181		
Burial	100	<u>40</u>	<u>00</u>
Containers	77182		
	100	<u>60</u>	<u>00</u>
Handling Fee	77183		
Recording &	100	<u>35</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	65035		
Trust	9022		
Sales Tax	60101	<u>2</u>	<u>40</u>
	78390		

TOTAL PAID \$ 242 40

MT HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/5/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mary A Codrington

in a Series Funeral, date, time Fri 12 - 8/7

Church, Chapel, Graveside Chapel 485; Baysdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 115 Grave 1 Row      Section 2 Division/Block 11

Grave space & Care Fund 250.00

Additional spaces and care fund Res-243- for 30 day -

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker     

Recording and filing 35.00

Sales taxes 6.00

Total Due 856.00

Paid receipt number 34924 856.00

Balance due 0

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Mary A Codrington  
Signature  
22905 PLATA BLVD #102  
Address  
NATIONAL CITY 92050  
City  
267-2390  
Telephone

Work Order #

E 6843

PY-593 (REV. 8-85)

Invoice #

Acct. #



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>MARY AGATHA CODRINGTON</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Dec. 24, 1921</b>	DATE OF DEATH <b>Aug. 4, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Andrew F. Codrington - Husband 2705 Plaza Blvd. #102 National City, California 92050</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT: CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- P.B. Foot in Hole**
- ☒ 1. BURIAL (INCLUDES ENTOMBMENT) ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT) ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Jr. Way; San Diego, Ca.</b>			COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.			SIGNATURE OF APPLICANT <b>[Signature]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>AUG 7 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramos, M.D., M.M.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/7/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Georgina Stelter</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

E6843



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34924

Date: 8/10/87 19

From: Andrew Robinson Address: International

Eight Hundred Fifty Six and 100/100 Dollars (\$ 856.00)

In full Payment of Interment of Mary A Robinson

Lot 115 Grave 7- Row Section 2 Division Block 11

Invoice No. ~~~~~

Acct. No. ~~~~~

W.O. E6843

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY: [Signature]

CREDIT	67007	50.00
20% Sales Care	77184	
90% Sales	100	200.00
of Lots	77184	
Opening/	100	320.00
Closing	77181	
Burial	100	100.00
Containers	77182	
	100	145.00
Handling Fee	77183	
Recording &	100	35.00
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	6.00
	78390	
TOTAL PAID	1	856.00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35063

Date: 9/23/ 1987
 From: Andrew Codrington Address: National City  
Fifteen and 90/100 Dollars (\$ 15.90 )

 In FULL Payment of Flower Vase - Mary A Codrington

 Lot 115 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E6843BALANCE DUE 15.90Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

Bruce Morrison

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$ <u>15</u>	<u>90</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date Aug 6 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of PH Eldridge

in a Crematorium Funeral date, time Mon. 8/10/87 - 11:30

Church, Chapel, Graveside, no graveside; Loomwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran yes. 20. 21

Lot 61 Grave 12 Row \_\_\_\_\_ Section Max Division Black

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

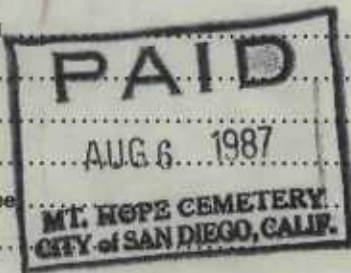
Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_



Total Due ..... \$ 606.00

Paid receipt number 34900 # 606.00

Balance due 0

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature R. H. Eldridge  
Address 1190 HARDIN DR  
City CALIF. Zip Code 92020  
State 444-8590  
Telephone \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 6844

PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Percy H. Eldridge</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Jan. 28, 1895</b>	DATE OF DEATH <b>Aug. 6, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Russell H. Eldridge-Son</b> <b>1190 Hardin Drive</b> <b>El Cajon, California 92020</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Greenwood Mort, 1-805 &amp; Imperial Ave., San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>P-843</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)


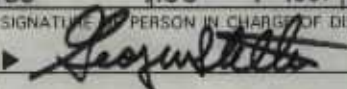
☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 4. SCIENTIFIC USE

<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery, 5751 Market Street, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>Rail Hadwiger</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>NA</b> <b>Wooden</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 7 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos, M.D.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/10/87</b> <small>(ENTER DATE)</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>NA</b>		

**COPY 2** IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE 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**  
 284-3151

No 34900

Date: Aug. 6, 19 87
 From: Patricia C. Eldridge Address: 1475 Melody Lane  
Six hundred and six dollars and <sup>NO</sup>/<sub>100</sub> Dollars (\$ 606.<sup>00</sup>)

 In full Payment of P.H. Eldridge - service

 Lot 61 Grave 12 Row \_\_\_\_\_ Section Mae Division Block 0

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6844BALANCE DUE NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

ISSUED BY

CREDIT	57007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	320 00
Closing	77181	
Burial	100	100 00
Containers	77182	
	100	145 00
Handling Fee	77183	
Recording &	100	35 00
Misc. Fees	77183	
Pre-Need	53033	
Trust	9022	
Sales Tax	50101	6 00
	78390	
TOTAL PAID	\$	606 00

ok 4/11/5 drawn on 1st Cal. Trust

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 8-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rosemary Penn

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Vault/Liner

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 64 Grave 3+4 Row \_\_\_\_\_ Section 2 Division Black 11

Grave space & Care Fund 2 @ 250.00 each 500.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 500.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

T. P.  
Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6845 ✓

PY-593 (REV. 8-85)



9-11-87

35033

500.00

20.00

---

480.00

NAME

NAME

ACCT. NO.

E-6845

ADDRESS

5303 Encina, San Diego, CA 92114

### RATING

LIMIT

DATE \_\_\_\_\_

ITEMS

DEBIT



CREDIT

BALANCE

Aug 7	87
-------	----

87

Lot 64, Grave 3 & 4, Section 2, Divison 11

500	00
-----	----

20 00

480 00

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Rosemary Penn

Address 5303 Encina, S.D. CA 92114

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 64, Grave 344, Row —, Section 2, Block/Division 11 in Mt. Hope Cemetery, entered into on August 7, 1987, by and between Mt. Hope Cemetery and Rosemary Penn that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: Michele L. Clark  
Clerical Asst. II



Credit Sales

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosemary Penn

in a Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 64 Grave 3+4 Row \_\_\_\_\_ Section 2 Division 11

Grave space & Care Fund 2 @ 250.00 each 500.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 500.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

T. P.  
Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 6845 ✓  
PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

9-11-87

35033

500.00

20.00

---

480.00

E6845



E-6845

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 7 day of August, 1987, between Rosemary Penn, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 64, Grave 344, Row —, Section 2, Block/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$ 500.00, payable as follows: \$ 0 cash herewith, the receipt of which is hereby acknowledged; \$ 20.00 on the 10 day of Sept, 1987; and the balance in installments of \$ 20.00 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 INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.



WITNESS our hands this day and year above written.

Deed to be issued to:

Rosemary Penn  
Name

5303 - Encina  
Address

S.D. 92114

Issue Payment Book  
23 @ 20 = 460.00  
1 @ 40 = 40.00  
500.00

PURCHASER

T. J.

Street Address (Mail)

City

State

Zip Code

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By:

Gregory Stiller



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

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*

Sandra Ward  
Administrative Aide II  
Mt. Hope Cemetery

E6845

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35033

From:

*Thomas P. Cox*

Address:

*5303 Emerald St 92114*

Date:

*9-11-87*

In

Payment of

*twenty dollars*

Dollars (\$

*20.00*

Lot

*64*

Grave

*344*

Row

Section

*2*
Division  
Block
*11*

Invoice No.

Acct. No.

W.O.

BALANCE DUE

*E-6895*  
*480.00*

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 11-86)

ISSUED BY

*Linda Ward*

CREDIT

20% Sales Com

67007

77184

80% Sales  
of Lots

100

77184

Opening/  
Closing

100

77181

Burial  
Containers

100

77182

Handling Fee

100

77183

Recording &  
Misc. Fees

100

77183

Pre-Need  
Trust

63033

9022

Sales Tax

60101

6390

TOTAL PAID


1

*20*



Send or bring one coupon with each remittance**COUPON****1****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. **E-6845** Credit SaleRosemary Penn  
5303 Encina  
San Diego, Ca 92114**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 \$ 20.00Amount due if paid more than \_\_\_\_\_ days  
after due date above. \$ 1.00\$ 21.00

Amount Received

\$ 20.00

NAME

Rosemary Penn

ADDRESS

5303 Encina

CITY

S.D.

STATE

Calif

ZIP

92114☐ check (✓) if this is new address

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of Carl Reed

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran \_\_\_\_\_

Lot 65 Grave 3 Row \_\_\_\_\_ Section 2 Division 11

Grave space & Care Fund single space ok for DBL Crypt 250.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 250.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6846

PY-593 (REV. 9-85)

9-10-87 35020

11-10-87 35273

1-6-88 35511

250.00

10.00

240.00

20.00

220.00

20.00

200.00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35020

From:

-Address:

Date:

9-10 1987

In

Payment of

Dollars (\$

10.00)

Lot

Grave

Row

Section

Division  
Block

Invoice No.

Acct. No.

W.O.

BALANCE DUE

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 &amp;

Misc. Fees

Pre-Need

Trust

Sales Tax

TOTAL PAID

57007

77184

100

77184

100

77181

100

77182

100

77183

100

77183

63033

9022

60101

78390

\$

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☒

Check

☐

Send or bring one coupon with each remittance

**COUPON**

**1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6846

Credit Sale

Carl Reed  
3060 Webster  
San Diego, Ca 92113

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.

\$ 10.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ 1.00

\$ 11.00

#10<sup>00</sup> cash 9%

NAME Gut Amount Received \$

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E6846 No 35273

Date: 11-10, 1987

From: Carl Reed Address: 3060 Wilbur

In: Twenty Dollars 00 — Dollars (\$ 20.00)

Payment of Coupons 273 Credit Sale

Lot 65 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6046

BALANCE DUE 220.00

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	20 —
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	8022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 20 —



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NE 35511

Date: 1-6, 1988
 From: Carl Beck Address: 3060 Webster  
Twenty Dollars 10/100 Dollars (\$) 20.00

 In \_\_\_\_\_ Payment of Coupon 445 Credit for

 Lot 65 Grave 3 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6846BALANCE DUE 200.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

JAN 11 1988

ISSUED BY Anders Beck

CREDIT	87007	
20% Sales Com	77184	
80% Sales	100	<u>20</u>
of Lots	77184	<u>-</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>20</u>

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35816

 Date: 3-7 1988

 From: Carl Reed Address: 3060 Webster St, SD 92113
Twenty dollars Dollars (\$) 20.00

 In Payment of Coupon #687 Unsettled

 Lot 65 Grave 2 Row 1 Section 3 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. E-6846

 BALANCE DUE 180.00

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR

MAR 08 1988

 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>20</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20</u>

Send or bring one coupon with each remittance

**COUPON**

**3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6846**

**Credit Sale**

**Carl Read**

**3060 Webster**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								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**

*10<sup>00</sup>  
cash*

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME

*11/10/87*

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



Send or bring one coupon with each remittance **COUPON**

**4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6846** Credit Sale

**Carl Reed  
3060 Webster  
San Diego, Ca 92113**

**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



**\$10.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above



**\$ 1.00**

*Cash - 10<sup>00</sup>*

\$ \_\_\_\_\_

*1-5-88*

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check ( ☒ ) if this is new address

Send or bring one coupon with each remittance **COUPON****2****DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-6846 Credit Sale

Carl Reed  
3060 Webster  
San Diego, Ca 92113**Month and Day Due Indicated Below**

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

Amount Received \$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6846**

**Credit Sale**

**Carl Reed  
3060 Webster  
San Diego, Ca 92113**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								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**

*Cash 10.00  
1-5-88*

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6846**

**Credit Sale**

**Carl Reed**

**3060 Webster**

**San Diego, Ca 92113**

**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



\$ **10.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6846** **Credit Sale**

**Carl Reed**

**3060 Webster**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								<b>10</b>			

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**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E6846 N2 36793

Date: 5-3, 1988From: Carl Reed Address: 360 W. 1st St. S.D.
to the Dallas office Dollars (\$) 20.00
In Payment of coupon 88 11 credit
 Lot 65 Grave 3 Row 2 Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6846BALANCE DUE 160.70Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAY 06 1988

ISSUED BY Indira

CREDIT	67007	
20% Sales Care	77184	
60% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>80.70</u>



Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6846** **Credit Sale**

**Carl Reed**  
**3060 Webster**  
**San Diego, Ca. 92113**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. E-6846**

**Credit Sale**

**Carl Reed**

**3060 Webster**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36412

Date: 7-12, 1988
 From: Mr. Reed Address: 30100 Webster San Diego CA 92113  
Twenty-dollars & 00/100 Dollars (\$) 20.00

 In part Payment of Coupon 10/11 Credit Sales

 Lot 105 Grave 3 Row ~ Section 2 Division Block 11
Invoice No. E-6846 1103

Acct. No. \_\_\_\_\_

W.O. E-6846BALANCE DUE \$140.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007
20% Sales Com	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63035
Trust	9022
Sales Tax	80101
	78380

CITY AUDITOR

JUL 19 1988

TOTAL PAID \$ 20.00ISSUED BY Lera Black



Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6846** Credit Sale

**Carl Reed**  
**3060 Webster**  
**San Diego, Ca 92113**

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								10			

Amount due when paid on, or before,  
due date above.

\$ **10.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above

\$ **1.00**

*10<sup>00</sup> 7/12/88*

\$ \_\_\_\_\_

*Cash*

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check ( ☒ ) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6846**

**Credit Sale**

**Carl Reed**

**3060 Webster**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								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**

*7/12/88 \$10.00  
cash*

Amount Received

\$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

 E-6846 N<sup>o</sup> 36657
Date: 9-8, 1988From: Carl Reed Address: \_\_\_\_\_In \_\_\_\_\_ Payment of Twenty dollars 10/10 Dollars (\$ 20.00)Lot 65 Grave 3 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6846BALANCE DUE 120.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

SEP 14 1988

ISSUED BY Indira K...

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	<u>20</u>	<u>00</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>20</u>	<u>00</u>



Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6846** Credit Sale

**Carl Reed**  
**3060 Webster**  
**San Diego, Ca 92113**

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	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 than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received

\$ 10.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6846**

**Credit Sale**

**Carl Reed**

**3060 Webster**

**San Diego, Ca 92113**

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.

\$ **10.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **1.00**

\$

Amount Received

\$ 10.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36936

From:

*Carl Reed*  
*Twenty Dollars*

Address:

*3060 NEKTON ST SD*

Date:

*11-8*, 19*88*

Dollars (\$

*20.00*)

In

Payment of

*Gregory 14715 District 2*

Lot

*65*

Grave

*3*

Row

Section

*2*
Division  
Block
*11*

Invoice No.

Acct. No.

W.O.

*2-6846*

BALANCE DUE

*100.00*

 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 &amp;

Misc. Fees

Pre-Need

Trust

Sales Tax

67007

77184

100

77184

100

77181

100

77182

100

77185

100

77183

63053

9022

60101

78390

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



ISSUED BY

*Andrea Ward*

TOTAL PAID

\$

*20.00*



Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6846** Credit Sale

**Carl Reed**  
**3060 Webster**  
**San Diego, Ca 92113**

Month and Day Due Indicated Below

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**15**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6846**

**Credit Sale**

**Card-Recd**

**3060 Webster**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

006966

No 37173

From:

Carl Reed

Address:

2060 Webster Street 28

Date:

1-5 19 89

Dollars (\$ 20.00 )

In

Payment of

Credit for

Lot

63

Grave

3

Row

Section

2

Division  
Block

11

Invoice No.

Acct. No.

2-6246

W.O.

BALANCE DUE

80.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT

20% Sales Care 77184

80% Sales 100

of Lots 77184

Opening/ 100

Closing 77181

Burial 100

Containers 77182

100

Handling Fee 77185

Recording &amp; 100

Misc. Fees 77183

Pre-Need 63033

Trust 9022

Sales Tax 80101

78390

TOTAL PAID

\$

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



ISSUED BY

CITY AUDITOR

JAN 17 1989



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

EWA/14 No 37331

 Date: 2-8, 1989

 From: Carl Reed Address: \_\_\_\_\_

 In \_\_\_\_\_ Dollars (\$) 20.00

 Payment of Coupons 16 & 17 Credit Set

 Lot 65 Grave 3 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. 1-6496

 BALANCE DUE 60.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☒ Check ☐

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

 CITY AUDITOR  
 FEB 10 1989

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

 ISSUED BY: [Signature]

 TOTAL PAID \$ 20.00

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6846** Credit Sale

**Carl Reed**  
**3060 Webster**  
**San Diego, Ca 92113**

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.



\$ **10.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6346**

**Credit Sale**

**Carl Read**

**3360 Webster**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								<b>10</b>			

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37592

EUGENE

Date: 4-4 1989

From: Trust no 710 Address: 3060 W. Hobart Street, S.D.

In Payment of Coupons 12/19 Credit Lot

Dollars (\$ 20.00)

Lot 65 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 2-6846

BALANCE DUE 40.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE
 CITY AUDITOR  
 APR 05 1989

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	10 00
80% Sales of Lots	100	10 00
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
100		
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	20 00

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6846** Credit Sale

**Carl Reed**  
**3060 Webster**  
**San Diego, Ca 92113**

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								16			

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**19**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6846**

**Credit Sale**

**Carl Reed**

**3068 Webster**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								<b>18</b>			

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**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E6846 NO 38127

 Date: 6-7, 1989

 From: Art Reed Address: 3060 Winton St, SD  
Trinity, Dallas TX 75205  
 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Payment 20821 Credit Lot

 Lot 65 Grave 3 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. 2-6846

 BALANCE DUE 20.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

 CITY AUDITOR  
 JUN 09 1989

 ISSUED BY Art Reed

CREDIT	67007		
20% Sales Care	77184	<u>20.00</u>	
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	00101		
	78390		
TOTAL PAID	\$	<u>20.00</u>	

Send or bring one coupon with each remittance

**COUPON**

**20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6846** **Credit Sale**

**Carl Reed**

**3060 Webster**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								<b>10</b>			

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6346**

**Credit Sale**

**Carl Reed**

**3060 Webster**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								<b>10</b>			

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



NAME Reed, Carl

ACCT. NO. E-6846

ADDRESS 3060 Webster Street, San Diego, Ca 92113

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Apr 7 87	Lot 65, Grave 3, Section 2, Division 11	250 00		50 00	200 00
3-7 88	Coupon 6 & 7 Receipt # 35816			20 00	80 00
5-3 88	Coupon 8 & 9 Receipt 36093			20 00	160 00
7-12 88	Coupon 10 & 11 Receipt # 36412			30 00	140 00
9-8 88	Coupon 12 & 13 Receipt 36657			20 00	120 00
11-8 88	Coupon 14 & 15 Receipt 36936			20 00	100 00
1-5 89	Receipt 37173			20 00	80 00
2-8 89	Coupons 16 & 17 Receipt 37331			20 00	60 00
4-4 89	Coupons 18 & 19 Receipt 37592			20 00	40 00
6-7 89	Coupons 20 & 21 Receipt 38127			20 00	20 00
8-7 89	Coupons 22 & 23 Receipt # 38369			20 00	<del>0</del>

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 38369

 Date: 8-7, 19 89

 From: CARL REED Address: 3060 WEBSTER, S.D. CA 92113
~~PAID IN TWENTY DOLLARS AND 00/100~~ Dollars (\$ 20.00 )

 In FULL Payment of CREDIT LOT SALE

 Lot 65 Grave 3 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. E6846

 BALANCE DUE 0

 Pre-Need Lot ☐ At Need ☐ On Acct ☒

 Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

W. J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20</u>

 20  
 CITY AUDITOR  
 AUG 12 1989

Send or bring the coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5846 Credit Sale

Carl Keed

3060 Webster

San Diego, Ca 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								10			

Amount due when paid on or before  
due date above.

\$ 10.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ 1.00

\$ \_\_\_\_\_

Amount Received

\$ 10.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

COUPON **23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6346**

**Credit Sale**

**Carl Reed**

**3060 Webster**

**San Diego, Ca 92113**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								<b>10</b>			

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**

\$ \_\_\_\_\_

Amount Received

\$

**10.00**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Credit Sales

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Scott

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 64 Grave 2 Row \_\_\_\_\_ Section 2 Division/~~Block~~ 11

Grave space & Care Fund single space ok for full crypt 250.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 250.00

Paid receipt number \_\_\_\_\_

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 \_\_\_\_\_

T. J.  
Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6847 ✓

PY-593 (REV. 8-86)

12/30 35465

250.00  
22.00  

---

228.00



Per need

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/7/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Woodrow W / Noi Thi Nguyen Tout

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 3552 2553 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund @ 595 each 1190<sup>00</sup>

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 1190<sup>00</sup>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and agree to hold Mt. Hope Cemetery harmless from any liability 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 Woodrow W. Nguyen

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6848  
PY-593 (REV. 8-85)



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-10-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PEARLIE B. FOSTER

in a Liner Funeral, date, time Tues 8-11-87 11AM

Church, Chapel, Graveside Church, H.S. Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

✓ Lot 120 Grave 7 Row 2 Division/Block 12

Grave space & Care Fund 595.00

Additional spaces and care fund 320.00

Opening/Closing & Setup 100.00

Burial Container 145.00

Handling Fees 35.00

Flower vases - Marker setting fee 6.00

Recording and filing fee 1201.00

Sales taxes 30 day note

Total Due

Paid receipt number

Balance due

I hereby certify I am the San of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Clinton Yosty  
Address 750 42nd St.  
City San Diego, CA Zip Code 92102  
State CA Telephone 264-6353

Invoice # 054699

Acct. # 023039

Work Order # E 6849

PY-593 (REV. 8-85)

NOTE—STRAIGHT

W.O. NO. E6849 San Diego, California, 8-10- 1987  
days after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mt. Hope Cemetery or San Diego City Treasurer

at 3751 Martin Luther King Way, San Diego, CA 92102  
the sum of One thousand two hundred one dollar and 14/100 DOLLARS  
with interest from 9-11-87 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any person be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Signature Clinton Yosty  
Address 750 42nd St. City San Diego Zip Code 92102  
State CA Telephone 264-6353

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # C1036741



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, Shonda Foster,  
Lakanda Foster, Gayle Ray, Larry Foster,  
Charles Foster & Cassandra Foster

Clinton Foster  
1-26-04



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6849

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>PEARLIE BERNICE FOSTER</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Jan. 20, 1931</b>	DATE OF DEATH <b>Aug. 6, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Clinton Foster - Son 750 North 42nd Street San Diego, California 92102</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Nt. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; San Diego, California</b>			COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>		
BURIAL AT SEA OR POSITION OTHER IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Steel</b>				
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>				
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.			SIGNATURE OF APPLICANT <b>▶</b>	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>AUG 11 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Camras, M.D. Mm</b>	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/11/87</b> (DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶ George Steller</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH				

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS**

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date

Trust  
8/10/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dora Niblett

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 97 Grave 11 Row — Section 1 Division/Block 12

Grave space & Care Fund Single - Care free 495.00

Additional spaces and care fund none

Opening/Closing & Setup Paid in cash 320.00

Burial Container Trust Dep. 175.00

Handling Fees Paid in cash 170.00

Flower vases - Marker setting fee —

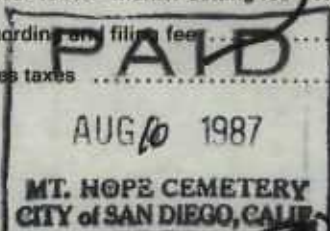
Recording and filing fees 25.00

Sales taxes 10.50

Total Due 710.50 + 495.00

Paid receipt number 34912 1205.50

Balance due 0



I hereby certify I am the myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Dora Niblett  
2619 Imperial Ave  
Address San Diego, CA 92113  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6850**

PY-583 (REV. 8-85)



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 34912

Date: Aug 10, 1987From: Dora Niblett Address: 2619 Imperial Ave S D 92113
Twelve Hundred and 50/100 Dollars (\$ 1205.50 )
In full & final Payment of Pre need purchase of Grave space and
Complete Interment at time of need - Concrete Vault -

 Lot -97- Grave -11- Row m Section -1- Division Block 12-
Invoice No. ---Acct. No. ---W.O. E-6850BALANCE DUE 0Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	57007	
20% Sales Com	77184	<u>99 00</u>
80% Sales of Lots	77184	<u>396 00</u>
Opening	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	77183	
Pre-Need Trust	53033	<u>710 50</u>
Seals Tax	60101	
	78300	
TOTAL PAID	\$	<u>1205 50</u>

ISSUED BY

 7/10/50 dep. to Trust  
 for future need.

Pre need
[Signature]



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date

8/10/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Woodrow W. Tont

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Vault/Liner

Church, Chapel, Graveside \_\_\_\_\_ ; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 3563 Grave \_\_\_\_\_ Row ~ Section ~ Division/Block 10

Grave space & Care Fund Single Ep. 595.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup Dep. To 320.00

Burial Container Trust 100.00

Handling Fees 145.00 606.00

Flower vases - Marker setting fee —

Recording and filing fee 35.00

Sales taxes 6.00

Total Due 3491.30 1201.00

Paid receipt number \_\_\_\_\_

Balance due 0

**PAID**  
AUG 10 1987

**MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.**

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6851**

PT-593 (REV. 8-85)

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 34913

From:

Woodrow W. Tent

Address:

3724 Van Dyke St. S.D. 92105

Date:

8/10/87

19

In

Full Payment of

Payment of

For future need of Woodrow W. Tent

Dollars (\$

1201.00)

Lot

3533

Grave

Row

Section

Division  
Block

10

Invoice No.

Acct. No.

W.O.

BALANCE DUE

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 &amp;

Misc. Fees

Pre-Need

Trust

Sales Tax

TOTAL PAID

67007

77184

100

77184

100

77181

100

77182

100

77183

100

77183

63033

9022

60101

78390

119.00  
476.00

606.00

1201.00

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 11-86)

ISSUED BY



CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

No 11431

# DEED

WOODROW

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Woodrow W. Tout for the sum of \$ 595<sup>00</sup> (DOLLARS)

LEGAL DESCRIPTION Lot 3553 Division 10 -

AS DESCRIBED ON PURCHASE 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: 12X24X03 Flat.

Raymond Stiller  
Cemetery Manager

Marvin B. Buehler  
Property Director



Paid

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Trust

Date 8/10/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Abi Thi Nguyen

in a \_\_\_\_\_ Vault/Liner \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ ; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 3552 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund @ 595.00 Single sp 595.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup Deposited to Trust 320.00

Burial Container \_\_\_\_\_ 100.00

Handling Fees \_\_\_\_\_ 141.00

Flower vases - Marker setting fee \_\_\_\_\_

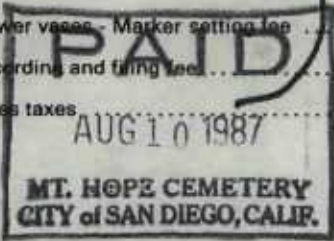
Recording and filing fees \_\_\_\_\_ 25.00

Sales taxes \_\_\_\_\_ 6.00

Total Due 606.00 595.00

Paid receipt number 34914 1201.00

Balance due 0



I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 6852

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Paid

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Trunk

Date 8/10/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hai Thi Nguyen

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 3552 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund @ 595 Single Sp. 595.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 606.00 595.00

Paid receipt number 34914 1201.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

7745 →

Invoice # 475-0589

Acct. # \_\_\_\_\_

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34914

Date: 8/10/87, 19\_\_From: Hoi Thi Nguyen Address: San Diego
Twelve Thousand One and No/100 Dollars (\$ 1201.00 )
In Self-Report Payment of For future need of Hoi Thi Nguyenfor Concrete Repair -
 Lot 3552 Grave 2 Row 2 Section 2 Division Block 10
Invoice No.       Acct. No.       W.O. E6852BALANCE DUE 0Pre-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	67907	
20% Sales Care	77184	119 00
80% Sales of Lots	100	476 00
77184		
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	606 00
Trust	9022	
Sales Tax	60101	
	78090	
TOTAL PAID	\$	1201 00

ISSUED BY Lozano





CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

E6852

No 11432

# DEED

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Hoi Thi Nguyen for the sum of \$ 595<sup>00</sup> (DOLLARS)  
LEGAL DESCRIPTION 3552 Lot - Division 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 may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flat Marker -  
12 X 24 X 03

Seogen Stetter  
Cemetery Manager

Martin Zulema  
Property Director

Property Director

## City of San Diego

Date \_\_\_\_\_

8/10/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth W. Steel

in a Linear Funeral date, time Wed - 11 Am 8/12

Church, Chapel, Graveside French & S. : Ragsdale Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 103 Grave 5 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... single ..... 250-

Additional spaces and care fund ..... no

Opening/Closing & Setup ..... 320

Burial Container Ball Conure 100

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... 1

Recording and filing fee ..... 109 35-2

Sales taxes ..... 2,101.00

Total Due ..... 8.56

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1  
hold under deed.

Signature of recorded holder of deed

Signature \_\_\_\_\_

24131 Van Dyke #2

Address 1000 1st Ave

\* San Francisco, CA 94105

State 03 Zip Code 0610

283-8348

Telephone

Figure 1. A schematic diagram of the experimental setup. The subject is seated in a chair, viewing a video screen. The screen displays a target (a red dot) and a starting point (a green dot). The subject's hand is positioned at the starting point. The distance between the starting point and the target is 10 cm. The subject is instructed to move the hand from the starting point to the target. The video screen is 100 cm high and 100 cm wide. The starting point is 50 cm from the left edge of the screen. The target is 50 cm from the right edge of the screen. The subject's hand is 50 cm from the left edge of the screen. The distance between the starting point and the target is 10 cm. The subject is instructed to move the hand from the starting point to the target.

0.5978

Invoice # 007700

023040

Acct. # 02340

Work Order # **E 6833**

BY 503 (66V 8.85)

Invoice # 007700

023040

Acct. # 02340



## NOTE-STRAIGHT

\$ 856<sup>00</sup> San Diego, California, August 10, 1987  
- 30 - days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order  
 at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Eighthundred fifty six and 00/100 DOLLARS.

with interest from Sept 11 - 1987 on the unpaid principal at the rate of,  
12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

X Teresa A. Steel

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # N9730797



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6853

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>KENNETH WAYNE STEEL</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Apr. 2, 1959</b>	DATE OF DEATH <b>Aug. 5, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Teresa Ann Steel - Wife 4131 Van Dyke St. Apt. 2 San Diego, California 92105</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 10. DISPOSITION PENDING

☐ 4. SCIENTIFIC USE

## FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Ht. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>AUG 11 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶ George Steller</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/15/2/11</b> (ENTER DATE)		
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Aug 13 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Bertha Lee Haynes

in a Vault Vault/Liner Funeral, date, time Wed. 11Am - 8/19

Church Chapel, Graveside Legale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

✓ Lot — Grave H Row 37 Section 5 Division/Block 7

Grave space & Care Fund Single Sept - flat marker 595.00

Additional spaces and care fund no

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee —

Recording and filing fee 35.00

Sales taxes 10.50



Total Due 1305.50

Receipt number 34935 → 450.00

34939 → 855.50

Balance due 855.50

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Dorothy Knight  
Signature

2918 51st  
Address

San Diego CA 92102  
City, State, Zip Code

238-0744, 234-3041  
Telephone

Work Order # E 6854 ✓

PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6854

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>BERTHA LEE HAYNES</b>		SEX <b>Female</b>	DATE OF BIRTH <b>May 12, 1912</b>	DATE OF DEATH <b>Aug. 12, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Dorothy Knight - Daughter 2918 "J" Street San Diego, California 92102</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
 ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
 ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
 ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
 ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
 ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
 ☐ 10. DISPOSITION PENDING

## FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>Final Dealer</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>County Vault</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION INDICATED IN THIS PERMIT <b>1-37-87</b>	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>AUG 17 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/19/87</b> (IDENTIFY DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos, M.D. M.H.M.</b>
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.



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E6854 No 34939

Date: 8/14/87 19

 From: Dorothy Lusk Address: 2918 J. St. 87.  
 East Hunt Club left to fund at 50/100 Dollars (\$ 855.50)

In Full Payment of Burialment Paid due for

Bertha Lee Hays - De

Lot 14 Grave 37 Row 5 Section 7 Division Block 7

Invoice No.

Acct. No.

W.O. E-6854

BALANCE DUE

 Pre-Need Lot ☐ At Need ☒ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007	119	00
20% Sales Care	77184		
80% Sales	100	26	00
of Lots	77184		
Opening/	100	220	00
Closing	77181		
Burial	100	175	00
Containers	77182		
	100	170	00
Handling Fee	77183		
Recording &	100	35	00
Misc. Fees	77183		
Pre-Need	63003		
Trust	8022		
Sales Tax	60101	10	50
	78393		

TOTAL PAID \$ 855.50

ISSUED BY [Signature]

## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

E 6854

No 34935

Date: 8/13, 1987

From: Dorothy Knight Address: 2918 J. St. ID 92102

In: Four hundred fifty dollars (\$ 450.00) Dollars (\$ 450.00)

In: Part Payment of Interment of Rutha Lee Hyman Dec

Lot: ~ Grave: H Row: 37 Section: 5 Division Block: 7

Invoice No. ~

Acct. No. ~

W.O. F-6854

BALANCE DUE \$ 850.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	450.00
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	450.00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/13/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Clyde D. Duncan, Sr

in a liner Funeral date, time Tue 11 AM 8/18

Church Chapel Graveside Church & GS Feathermill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 6 Grave 4 Row — Section 9 Division/B~~lock~~ 3

Grave space & Care Fund Sp. Deal 114.33

Additional spaces and care fund See E. 6855

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee 35.00

Sales taxes 6.00

Total Due 606.00

Paid receipt number pd 10-2-87 606.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order #

E 6855 ✓

PY-593 (REV. 9-85)

Invoice # 060269

Acct. # 023308



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6855

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>CLYDE D. DUNCAN, SR.</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Oct. 21, 1914</b>	DATE OF DEATH <b>Aug. 13, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Virginia A. Duncan, wife 8730 Hayes Street La Mesa, CA 92041</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>FEATHERINGILL MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>1083</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b><br/> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cem., 3751 Market St., S.D., Ca.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, DEPTH, DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a      <u>Metal Sealer</u>      <u>Bataville</u>      <u>20 ga</u></b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT 
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 17 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/18/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 	
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE		
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

EV855

CITY OF SAN DIEGO  
DIRECTOR & COMPTROLLER  
PORT NO. C65-102

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 10/07/87

DATE: 10/07/87  
TIME: 210338  
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INVOICE	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCOUNT	J/D	PAYMENT DATE	PD BY	PAYMENT REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
269	09/03/87	023308	VIRGINIA A. DUNCAN	100	072		77181	0000	10/02/87	CK	103	606.00	606.00	0.00
				100	072		77182	0000				320.00		
				100	072		77183	0000				100.00		
				100	072		77185	0000				35.00		
				60101			78390					145.00		
												6.00		

PAID IN FULL

TOTAL NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 606.00



Credit Sale

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/13/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Virginia A. Duncan

in a \_\_\_\_\_ Vault/Liner \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside - Burial - Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 6 Grave 3 Row \_\_\_\_\_ Section 9 Division/Block 3

Grave space & Care Fund ..... 595.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... none arranged at

Burial Container ..... this time

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... \_\_\_\_\_

Sales taxes ..... 595.00

Total Due 25.00

Paid receipt number \_\_\_\_\_

Balance due 570.00

I hereby certify I am the myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

23 @ 23  
10 @ 41

Virginia A. Duncan  
Signature Mary V. Wharton  
Address 8730 Hayes St.  
City La Mesa State CA Zip Code 92041  
Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6856

PY-603 (REV. 8-85)



9-10-87 35022

570.00  
23.00

547.00

10-13-87 35154

23.00

11-10-87 35278

524.00

12-11-87 35425

23.00

501.00

23.00

478.00

1-11-88

35547

23.00

455.00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34936

Date: 8/13, 1987From: Virginia Duncan Address: 8730 Hagen - 58
Twentyfive Dollars Dollars (\$) 25.00
In Special Payment of Credit Sale - Span for burial
 Lot 6 Grave 3 Row \_\_\_\_\_ Section 9 Division Block 2

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6856BALANCE DUE 570.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEISSUED BY Lozano

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>25.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	60033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 35022

 From: Virginia Deane Address: 8730 Hayes St. 92041  
twent - three Dollars (\$ 23.00)  
 In Payment of Coupon 1 Credit

 Lot 6 Grave 3 Row \_\_\_\_\_ Section 9 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6856BALANCE DUE 5477.00Pre-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	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

ISSUED BY

TOTAL PAID

\$

23 -



Send or bring one coupon with each remittance

**COUPON**

**1**

**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**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								10			

Amount due when paid on, or before  
due date above



\$ 23.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ 24.00

Amount Received

\$ 23.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

E 4854

No 35154

From:

Virginia Duncanson

Address:

8730 Hayes St, San Diego, CA  
twent, three 001

Date:

10-13-87

In

Payment of

Cayman # 2 Credit Sale

Dollars (\$

23.00)

Lot

6

Grave

3

Row

Section

9

Division  
Block

3

Invoice No.

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

Sandy Naeff

CREDIT

20% Sales Care

80% Sales

of Lots

Opening/  
Closing

Burial

Containers

Handling Fee

Recording &  
Misc. FeesPre-Need  
Trust

Sales Tax

TOTAL PAID

87007

77184

100

77184

100

77181

100

77182

100

77183

100

77183

63033

9022

60101

78390

\$

23.00

Send or bring one coupon with each remittance **COUPON**

**2**

**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**

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								10			

Amount due when paid on or before,  
due date above.



\$ 23.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ 24.00

Amount Received

\$ 23.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 35278

Date: 11-10, 1987From: Virginia A. Duncan Address: 8730 Hayes St, La Mesa, Ca. 92041
Twenty Three Dollars Dollars (\$) 23.00
In part Payment of Credit for Coupon #3
 Lot 6 Grave 3 Row — Section 9 Division 3 Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6856BALANCE DUE 501.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

Bruce Morrison

CREDIT	57007	
20% Sales Com	77154	
30% Sales of Lots	100	
Opening/Closing	77184	<u>23.00</u>
Burial Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	50101	
	78390	

TOTAL PAID \$ 23 00

Send or bring one coupon with each remittance

**COUPON**

**3**

DO NOT MAIL ENTIRE BOOK

**E-6856**

**Credit Lot**

ACCOUNT No.

**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	FEB
								<b>10</b>			

Amount due when paid on, or before,  
due date above.



**23.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**

\$

\$

Amount Received

**\$ 23.00**

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

 E 4801  
 No 35547
Date: 1-11, 19 88From: Virginia Queen Address: 8730 Phyllis StreetIn: Twenty Three Dollars (\$ 23.00)
 Lot 6 Grave 3 Row \_\_\_\_\_ Section 9 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6856BALANCE DUE 455.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

JAN 13 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>23.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>23.00</u>

109



Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**Virginia A. Duncan**

**8730 Hayes Street**

**La Mesa, Ca 92041**

**E 6856**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	10 JAN	FEB	MAR	APR

Amount due when paid on, or before  
due date above.



**23.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**

\$

\$

Amount Received

**23.00**

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

NO 35709

 Date: 2-11, 1988

 From: Virginia Lunsford Address: 8730 Vantage St
Twenty-three no/00 Dollars (\$ 23.00)

 In Payment of Invoice #6 Credit

 Lot 6 Grave 3 Row \_\_\_\_\_ Section 7 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. E-6856

 BALANCE DUE 432.00

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	<u>23.00</u>
Opening	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>23.00</u>

 ISSUED BY [Signature]

Send or bring the coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

2-6830 Credit Lot

ACCOUNT No.

Virginia A. Duncan

8730 Hayes Street

La Mesa, Ca 92041

EV85V

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								10			

Amount due when paid on, or before,  
due date above.



23.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



1.00

\$

\$

Amount Received

\$ 23.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E 6850 No 35856

 From Marina Duran Address 8230 Chaparral St, L.P.M.

 Date: 3-10 1988

 In Trust, True Payment of Deposit # 7, Credit Lot Dollars (\$ 23.00 )

 Lot 6 Grave 3 Row 7 Section 7 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6856BALANCE DUE 409.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR

MAR 16 1988

ISSUED BY Andres Nolasco

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>23.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	80033	
Trust	9522	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>23.00</u>

Send or bring one coupon with each remittance **COUPON**

**7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Virginia A. Duncan  
8730 Hayes Street  
La Mesa, Ca 92041

E 6852p

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.



**23.00**  
\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**  
\$ \_\_\_\_\_

**24.00**

\$ \_\_\_\_\_

Amount Received

\$ **23.00** \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151
N<sup>o</sup> 36003Date: 4-11, 19 88From: Virginia Dumas Address: 8730 Hayes Street, SDTr. St. Hra 20100 Dollars (\$ 23.00)In Payment of Aug 28 CreditLot 6 Grave 3 Row 9 Section 9 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6656BALANCE DUE 386.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

APR 14 1988

ISSUED BY India Walton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>23.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>23.00</u>



Send or bring one coupon with each remittance **COUPON**

**8**

DO NOT MAIL ENTIRE BOOK

**2-8836 Credit Lot**

ACCOUNT No.

**Virginia A. Duncan**

**8730 Hayes Street**

**La Mesa, Ca 92041**

*E 6822*

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								<b>10</b>			

Amount due when paid on, or before,  
due date above.



**23.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**

\$

\$

Amount Received

\$ **23.00**

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35425

 Date: 12-11, 1987

 From: Virginia A. Duncan Address: 8230 Unives St. La Mesa (H92041)
Twenty-Three Dollars & 00/100 Dollars (\$) 23.00

 In part Payment of Credit Lot Sales coupon #4

 Lot 6 Grave 3 Row      Section 9 Division Block 3

 Invoice No.                     

 Acct. No.                     

 W.O. E-6856

 BALANCE DUE 478.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>23.00</u>
Opening/	77184	
Closing	100	
Burial	77181	
Containers	100	
	77182	
Handling Fee	100	
Recording &	77185	
Misc. Fees	100	
Pre-Need	77183	
Trust	83033	
Sales Tax	9022	
	60101	
	78390	

 ISSUED BY Linda Black

 TOTAL PAID \$ 23.00

Send or bring one coupon with each remittance

**COUPON**

**4**

DO NOT MAIL ENTIRE BOOK

**E-6856 Credit Lot**

ACCOUNT No.

**Virginia A. Duncan**

**8730 Hayes Street**

**La Mesa, Ca 92041**

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								<b>10</b>			

Amount due when paid on, or before,  
due date above



**23.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**

\$

\$

Amount Received

\$ **23.00**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E 4856 NO 36136

 From: Virginia A. Duran Address: 8730 Hayes Street, L.A. 44

 Date: 5-10, 1988
Twenty-three 20/100 Dollars (\$ 23.00)

 In Payment of coupon 9 Credit

 Lot 6 Grave 3 Row \_\_\_\_\_ Section 9 Division Block 3

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

 W.O. E-656

 BALANCE DUE 363.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR

MAY 12 1988

 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	<u>23.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	8022	
Sales Tax	85101	
	76390	
TOTAL PAID	\$	<u>23.00</u>

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**Virginia A. Duncan**  
**8730 Hayes Street**  
**La Mesa, Ca 92041**

E 68520

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								10			

Amount due when paid on, or before,  
due date above



**23.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**

\$

\$

Amount Received

\$ **23.00**

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO-CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

E 6856 No 36282

Date: 6-10, 1988

From: Virginia L. Davis Address: 8730 W. 15th St. Mesa

Tucson - Ariz 85705 Dollars (\$ 23.00)

In Payment of: Virginia L. Davis

Lot 6 Grave 3 Row Section 4 Division Block 3

Invoice No.

Acct. No.

W.O. E-6856

BALANCE DUE 340.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

JUN 15 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	23 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	23 00



Send or bring one coupon with each remittance

**COUPON**

**10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Virginia A. Duncan  
8730 Hayes Street  
La Mesa, Ca 92041

Elc 856

**Month and Day Due Indicated Below**

OCT	NOY	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								10			

Amount due when paid on, or before,  
due date above.



**23.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**

\$

\$

Amount Received

\$ **23.00**

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36416

Date: 7-12-88 19

From: Virginia G. Deere Address: 8730 Thayer Street SD

In: Three Notes Dollars (\$ 23.00 )

Payment of: Canyon 11 Credit Note

Lot 6 Grave 3 Row Section 9 Division Block 3

Invoice No.

Acct. No.

W.O. E-6856

BALANCE DUE 312.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE
 CREDIT 87007  
 20% Sales Care 77184  
 80% Sales 100  
 of Lots 77184  
 Opening/ 100  
 Closing 77181  
 Burial 100  
 Containers 77182  
 100  
 Handling Fee 77185  
 Recording & 100  
 Misc. Fees 77183  
 Pre-Need 83033  
 Trust 9022  
 Sales Tax 60101  
 78380

TOTAL PAID

\$

23.00

CITY AUDITOR

JUL 19 1988

23.00

ISSUED BY

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Virginia A. Duncan

8730 Hayes Street

La Mesa, Ca 92041

E 6856

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								10			

Amount due when paid on, or before  
due date above



23.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above



1.00

\$

01 00

\$

Amount Received

\$ 23.00

NAME

ADDRESS

CITY

STATE

Zip

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E6856

N<sup>o</sup> 36547Date: 8-10, 1988From: Virginia Duran 3730, Duran Address: ThursIn payment of three dollars Dollars (\$ 23.00)Payment of Credit LotLot 6 Grave 13 Row 9 Section 3 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6856BALANCE DUE 294.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

AUG 12 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>23</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burat	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>23</u>

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Virginia A. Duncan

8730 Hayes Street

La Mesa, Ca 92041

E 4854

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
								10			

Amount due when paid on, or before,  
due date above



23.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



1.00

\$

\$

Amount Received

\$ 23.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E 6856

N<sup>o</sup> 36676Date: 9-12, 1988From: Virginia Sanchez Address: 8730 Hughes Street, L.M.twent - three no 100 Dollars (\$ 23.00)In Payment of coupon 13 creditLot 6 Grave 3 Row 9 Section 9 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 8-6156BALANCE DUE 271.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

SEP 19 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Comm	77184	
80% Sales of Lots	100	<u>23.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>23.00</u>



Send or bring one coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**Virginia A. Duncan  
8730 Hayes Street  
La Mesa, Ca 92041**

E 6856

**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.



**23.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**

\$

\$

Amount Received

\$ **23.00**

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

 No 36825  
 Ele856

From:

 Virginia Overcar  
 11010 - 11000 10/100

Address:

 8730 Hayes Street, La Mesa  
 Dollars (\$ 23.00 )

Date:

10-12-88

In

Payment of

Coupon 14 Credit lot

Lot

6

Grave

3

Row

Section

9

Division  
Block

3

Invoice No.

Acct. No.

W.O.

E-6856

BALANCE DUE

248.00

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

 CITY AUDITOR  
 OCT 14 1988

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 10-87)

129

ISSUED BY

Linda Ward

CREDIT

20% Sales Care

67007

80% Sales

77184

of Lots

100

Opening/

77184

Closing

100

Burial

77181

Containers

100

Handling Fee

77182

Recording &amp;

100

Misc. Fees

77183

Pre-Need

63033

Trust

9022

Sales Tax

60101

TOTAL PAID

78390

\$

23.00

Send or bring one coupon with each remittance

**COUPON**

**14**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT NO. **E-4856**

**Credit Sale**

**Virginia A. Duncan  
8730 Hayes Street  
La Mesa, Ca 92041**

*E 4856*

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								<b>10</b>			

Amount due when paid on, or before,  
due date above.



\$ **23.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ **23.00**

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E188De

No 36956

Date: 11-10 1988From: Virginia Duran Address: 2730 Chaparral Street SD
Tulcent - three 2nd/100 Dollars (\$ 23.00)
In \_\_\_\_\_ Payment of Amount 15 Credit Lot
 Lot 6 Grave 3 Row \_\_\_\_\_ Section 9 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6856BALANCE DUE 225.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

NOV 21 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com.	77184	
80% Sales of Lots	100	<u>23.00</u>
Opening/	77184	
Closing	100	
Burial	77181	
Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>23.00</u>

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Virginia A. Duncan

8730 Hayes Street

La Mesa, Ca 92041

E6856

## Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								10			

Amount due when paid on, or before,  
due date above.

23.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

1.00

\$

24.00

\$

Amount Received

\$ 23.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 37080

Date: 12-8, 1988
 From Virginia A. Furman Address 8230 Hays St, San Diego, CA 92141  
Twenty three dollars, 00/100 Dollars (\$) 23 00
In part 5 Payment of credit lot, copy #16
 Lot 6 Grave 3 Row — Section 9 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. E-68516

W.O. \_\_\_\_\_

BALANCE DUE 262 00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

L. Jara Black

CREDIT	67007
20% Sales Com	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID \$

23 00
 CITY AUDITOR  
 DEC 12 1988

Recorded



Send or bring one coupon with each remittance

**COUPON**

**16**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**Virginia A. Duncan  
8730 Hayes Street  
La Mesa, Ca 92041**

E 6856

**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.



**23.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**

\$

\$

Amount Received

\$

**23.00**

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37195

From:

 Virginia Duncan  
 Address: 8730 Hayes Street La Mesa  
 Twenty - three Dollars (\$ 23.00)

In

Payment of

Coupon 17 Credit for

Lot

6

Grave

3

Row

Section

9

Division  
Block

3

Invoice No.

Acct. No.

W.O.

BALANCE DUE

 8-6856  
 177.00

 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
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	60033
Trust	9022
Sales Tax	60101
	78390

 23.00  
 CITY AUDITOR  
 JAN 17 1989

Pre-Need Lot

☐

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☐

AC-212 (Rev. 10-87)

134

ISSUED BY

India [Signature]

TOTAL PAID

\$

23.00

Send or bring one coupon with each remittance

**COUPON**

**17**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

Virginia A. Duncan  
8730 Hayes Street  
La Mesa, Ca 92041

E 68530

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								10			

Amount due when paid on, or before,  
due date above.



**23.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**

\$

\$

Amount Received \$ 23.00

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37351

Date: 2-10, 19 89From: Virginia Duncan Address: 8730 Haynes St. LHMTwenty-Three and 00/100 Dollars (\$ 23.00)In Coupon 18 Payment of Credit forLot 6 Grave 3 Row 9 Section 9 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6856BALANCE DUE 156.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEISSUED BY [Signature]

CREDIT	67007
20% Sales Com	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390
TOTAL PAID	\$ <u>23.00</u>

 CITY AUDITOR  
 FEB 16 1989

Send or bring one coupon with each remittance

**COUPON**

**18**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

Virginia A. Duncan  
8730 Hayes Street  
La Mesa, Ca 92041

E 6850

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								10			

Amount due when paid on, or before,  
due date above:



**23.00**

\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above:



**1.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ 23.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E 6850

N<sup>o</sup> 37485Date: 3-9, 19 89From: Virginia Quader Address: 8730 Chapman St, LHMIn Payment of Balance 19 CreditDollars (\$ 133.00)Lot 6 Grave 3 Row 9 Section 9 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6156BALANCE DUE 133.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
PAID IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>23.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	6022	
Sales Tax	60101	
	76390	

ISSUED BY Andra WhiteTOTAL PAID \$ 23.00
 CITY AUDITOR  
 MAR 16 1989



Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Virginia A. Duncan  
6730 Hayes Street  
La Mesa, Ca 92041

E6856

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.



23.00

\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



1.00

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ 23.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37638

Date: 4-7, 1989From: Veronica Hunter Address: 8730 U.S. Street, La Mesa
Twenty - three Dollars (\$) 23.00
In Payment of Urgent 20 credit
 Lot 6 Grave 3 Row \_\_\_\_\_ Section 9 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6856BALANCE DUE 110.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE
 CITY AUDITOR  
 APR 17 1989
ISSUED BY Andrea Ward

CREDIT	67007		
20% Sales Care	77184	<u>9</u>	<u>00</u>
80% Sales	100	<u>14</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	80033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>23</u>	<u>00</u>

Send or bring one coupon with each remittance

**COUPON**

**20**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

Virginia A. Duncan  
8730 Hayes Street  
La Mesa, Ca 92041

E6854

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								10			

Amount due when paid on, or before,  
due date above.



**23.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**1.00**

\$

\$

Amount Received

\$ 23.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 37791

E6852

Date: 5-9, 1989

From: William Duncan Address: 8730 Hayes St, La Mesa, CAIn: Twenty-three and 10/100 Dollars (\$ 23.00)
 In: 6 Payment of Grave 3 Row 9 Section 9 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6056BALANCE DUE 87.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID

\$

ISSUED BY

Ande Chard
 CITY AUDITOR  
 MAY 12 1989
23.00

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Virginia A. Duncan  
8730 Hayes Street  
La Mesa, Ca 92041

E6850

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,  
due date above



23.00  
\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above



1.00  
\$ \_\_\_\_\_  
24.00

\$ \_\_\_\_\_

Amount Received

\$ 23.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E 6836 N2 38151

 Date: 2-12, 1989

 From: Veronica Duncan Address: 6730 Chapin Street La Mesa  
trust - this is for Dollars (\$ 23.00)

 In \_\_\_\_\_ Payment of Major 22 Credit for

 Lot 6 Grave 3 Row \_\_\_\_\_ Section 7 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. 2-6836

 BALANCE DUE 64.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>23.00</u>

 1300  
 CITY AUDITOR  
 JUN 15 1989



Send or bring one coupon with each remittance

**COUPON**

**22**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6856** **Credit Sale**

**Virginia A. Duncan**  
**8730 Hayes Street**  
**La Mesa, Ca 92041**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								10			

Amount due when paid on, or before,  
due date above



\$ **23.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ **23.00**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

NAME DUNCAN, VIRGINIA A.

ACCT. NO. E-6856

ADDRESS 8730 Hayes street, La Mesa, Ca 92041

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Aug 13 87	Lot 6, Graves 3, Section 9, Division 3	\$95 00		117 00	478 00
1-11 88	Coupon #5 Receipt # 35547			2300	455 00
2-11 88	Coupon #6 Receipt # 35709			2300	432 00
3-10 88	Coupon #7, Receipt # 35856			2300	409 00
4-11 88	Coupon #8 Receipt 36003			2300	386 00
5-10 88	Coupon #9 Receipt 36136			2300	363 00
6-10 88	Coupon #10 Receipt 36282			2300	340 00
7-12 88	Coupon #11 Receipt 36416			2300	317 00
8-10 88	Coupon 12 Receipt 36547			2300	294 00
9-12 88	Coupon 13 Receipt 36676			2300	271 00
10-13 88	Coupon 14 Receipt 36825			2300	248 00
11-10 88	Coupon 15, Receipt 36956			2300	225 00
12-8 88	Coupon 16 Receipt 37080			2300	202 00
1-9 89	Coupon 17 Receipt 37195			2300	179 00
2-10 89	Coupon 18, Receipt 37351			2300	156 00
3-9 89	Coupon 19, Receipt 37485			2300	133 00
4-7 89	Coupon 20, Receipt 37638			2300	110 00
5-9 89	Coupon 21, Receipt 37791			2300	87 00
6-12 89	Coupon 22, Receipt 38157			2300	64 00

NAME

ACCT. NO.

ADDRESS

### RATING

LIMIT

64. d

DATE \_\_\_\_\_

ITEMS

DEBIT

✓

CREDIT

BALANCE

89	Coupon 23, Receipt 3271	2300	4100
	Balance on E-8182		



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

Eugene

112

38271

Date: 7-10 1989From: Virginia Hernandez Address: 8730 Shasta Ave, La MesaIn three Payment of 23.00 Dollars (\$ 23.00)Lot 6 Grave 3 Row 9 Section 9 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6836BALANCE DUE 46.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

ISSUED BY

CREDIT	67007
20% Sales Com	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	80101
	78390

TOTAL PAID \$ 23.00

CITY AUDITOR

JUL 14 1989

Send or bring one coupon with each remittance

**COUPON**

**23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Virginia A. Duncan  
5730 Hayes Street  
La Mesa, Ca 92041

E 6854

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								10			

Amount due when paid on, or before,  
due date above.



23.00

\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



1.00

\$ \_\_\_\_\_

24.00

\$ \_\_\_\_\_

Amount Received

\$ 23.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/14/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Upitawa Milo - Age 1 mo.

in a NONE Vault/Liner Funeral, date, time Tuesday 18 - 10AM

Church, Chapel, Graveside Chapel & S.S.; Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran No

✓ Lot 712 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 9

Grave space & Care Fund ..... 100

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 64

Burial Container 2-0 flat top - ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35

Sales taxes ..... \_\_\_\_\_

Total Due ..... 199.00

Paid receipt number 34938 25.00

Balance due \$ 174.00

I hereby certify I am the Father of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

\* Joseph M. M.  
Signature  
Address 127 N. Taylor Oak Dr  
S.D. CA 92114  
State Zip Code  
267-1263  
Telephone

Invoice # 060268

Acct. # 023307

Work Order # E 6857

PY-893 (REV. 8-85)



## NOTE-STRAIGHT

\$ 174<sup>00</sup>  
-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to  
San Diego, California, August 14, 1987  
Mr. Hope Cemetery or San Diego City Treasurer  
 or order  
 at 3751 Martin Luther King Way, San Diego, CA 92102  
 the sum of One Hundred Seventy four DOLLARS.  
 with interest from Sept 15, 1987 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

X [Signature]  
[Signature]

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #

45178032

(89)

45178032

Payable at 25.00 no starting Sept 15, 1987

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Uputaua Monalisa Milo</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 13, 1987</b>	DATE OF DEATH <b>DOA</b> <b>Aug. 13, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lopeti Milo - Father</b> <b>123 North Royal Oak</b> <b>San Diego, CA. 92114</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON IN CHARGE OF DISPOSITION) <b>Cypress View/Bonham Brothers</b> <b>3953 Imperial Ave.</b> <b>San Diego, CA.</b>		CALIFORNIA LICENSE NUMBER <b>670</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES WURNMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>no date</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <b>2-0- Flat Top -</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 17 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos, M.D. Cof</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/18</b> <small>(ENTER DATE)</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶ [Signature]</b> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34938

Date: 8/14/87 19

 From: Lopez Mils Address: S.D.  
 In: Dep. Payment of On The Interment of Infant Mils Dollars (\$ 25.00 )

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section -1- Division Block 9

Invoice No. 2

Acct. No. 2

W.O. E-6857

BALANCE DUE 174.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	25.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	25.00



# OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
284-3151

No 35376

Date: 12/7/87, 19\_\_

From: Dept M ile Address: SD

Dollars (\$) 25<sup>00</sup>/<sub>2</sub>

In Part Payment of Work order F-6857 same

Lot 712 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F6857

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☐ On Acct ☒

Pre-need Trust ☐ Cash ☐ Check ☒

T.E.M.O.  
AC-212 (Rev. 11-86)

225-5417-545

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

**PAID**  
DEC 07 1987  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

ISSUED BY Loj

CREDIT	67007
20% Sales Com	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390
TOTAL PAID	\$ <u>25<sup>00</sup>/<sub>2</sub></u>

Logged

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

35997-A

From:

*Mr. Milo*

Address:

*122 N. Ideal Ave*

Date:

*4-11*

19

*88*

Dollars (\$

*49.00*

In

Payment of

*Uptown Milo's Service*

Lot

*712*

Grave

Row

Section

*1*
Division  
Block
*9*

Invoice No

*060266*

Acct. No

*022307*

W.O.

*E-6057*

BALANCE DUE

*0*

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	57007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	80101
	78390

 Pre-Need Lot ☐ At Need ☒ On Acct ☐

 Pre-need Trust ☐ Cash ☒ Check ☐

ISSUED BY

*Andrea W.*

TOTAL PAID

\$

*49.00*

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35043

Date: Sept 16, 1987From: Lopete MeloAddress: 123 N. Royal Oak Dr SD 92114In partPayment of Uputava MeloDollars (\$ 25.00 )Lot 712

Grave

Row

Section 1Division  
Block 9Invoice No. 060268Acct. No. 023307W.O. E6857

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

ISSUED BY Dave Lowrey

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9822
Sales Tax	60101
	78390

TOTAL PAID

\$

25.00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 35171

Date: 10-16, 1987

 From: Lopez Miles Address: 123 N. Royal Oak Dr. S.D. 92114  
 Twenty five and 1/100 Dollars (\$ 25.00)

In Partial Payment of Upstarta Mile

Lot 712 Grave Row Section 1 Division Block 9

Invoice No. 060268

Acct. No. 023307

W.O. E-6857

BALANCE DUE \$124.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

ISSUED BY Bruce M. [Signature]

CREDIT	67907
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID \$ 25 00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35597

Date: 1-25, 1988From: Deaths Note Address: 122 N. Royal OakIn Twenty Five Dollars (\$) 25.00Lot 712 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9Invoice No. 060268Acct. No. 023307W.O. E-6857BALANCE DUE 49.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77188	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐ISSUED BY Mike Doe

TOTAL PAID

\$

25.00

CITY OF  
SAN DIEGO

01/25/01	25.00	INVS
01/25/01	25.00	CA
01/25/01	.00	BA

E6857



060268 09/03/87 023307 LOPETI MILO

E-6857

100 072  
100 072  
100 072  
67007

*Handwritten signature*

77181 000072  
77183 000072  
77184 000072  
77184

04/11/88 CA

064930 01/13/88 019061 AUTO CLINTC

04/12/88 CA 695313

49.00  
18.02  
9.86  
15.49  
5.63

62.00

174.00

62.00

PAID IN FULL

0.00  
PAID IN FULL

0.00

E6857

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/14/87

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of Gurney E. Drby

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 16 Grave 10 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 250.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

Tyson  
I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

T. J.  
Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6858**

PY-593 (REV. 8-85)

Send or bring one coupon with each remittance **COUPON**

**1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6858 Credit Sale

Quincy E. Irby  
6101 Fulmar

San Diego, Ca 92114

**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.



\$ 10.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ 11.00

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**2**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-6858

Credit Sale

Quincy E. Irby

6101 Fulmar

San Diego, Ca 92114

**Month and Day Due Indicated Below**

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

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**E-6858**

**Credit Sale**

**Quincy E. Irby**  
**6101 Fulmar**

**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**4**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6858**

**Credit Sale**

**Quincy E. Irby**

**6101 Fulmar**

**San Diego, Ca 92114**

**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.

**\$ 10.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

**\$ 1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6858 Credit Sale**

**Quincy E. Irby**  
**6101 Fulmar**

**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6858** **Credit Sale**

**"Quincy E. Irby"**

**6101 Fulmar**

**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

☐ check (✓) if this is new address

## OFFICIAL RECEIPT

No 37518


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 254-3151
Date: 3-15, 1989From: James M. Decker Address: 10110 -Dollars (\$ 60.00)In: 1-6 Payment of 1-6Lot 16 Grave 10 Row 2 Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6058BALANCE DUE 60.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAR 20 1989

CREDIT	67007
20% Sales Tax	77184
20% Sales	100
Graves	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	80101
	78390

ISSUED BY Lady WoodTOTAL PAID \$ 60.00



0 72782 41153

011 72762 41153

No folder  
5-20-98

PRINTED IN USA

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Quincy Kirby

Address 6101 Fulmar S.D. CA 92114

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 10, Grave 10, Row —, Section 2, Block/Division 11 in Mt. Hope Cemetery, entered into on August 14, 1987, by and between Mt. Hope Cemetery and Syrene Brown 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: Michelle L. Clark  
Clerical Asst. II

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Credit Sale

Date

8/14/87

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of

Gunnery E. Arby

in a

Vault/Urner

Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran

Lot

16

Grave

10

Row

Section

2

Division/~~Block~~

11

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number

Balance due

T. J. Arby  
I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Zip Code

Telephone

Invoice #

Acct. #

Work Order #

E 6858

PY-593 (REV. 8-85)



E 6858

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 14 day of August, 1987, between Gumney E. Arby, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 16, Grave 10, Row —, Section 2, Block/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$250.00, payable as follows: \$ 5 cash herewith, the receipt of which is hereby acknowledged; \$ 10.00 on the 10 day of Sept, 1987; and the balance in installments of \$ 10.00 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 INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

WITNESS our hands this day and year above written.

Deed to be issued to:

Coupon Book

23 @ 10<sup>00</sup> 230<sup>00</sup>  
1 @ 20<sup>00</sup> 20<sup>00</sup>  
250<sup>00</sup>

Junicy E IRBY  
Name

6101 Fulmar  
Address

San Diego 92114  
264-0835

PURCHASER

T. J.

\_\_\_\_\_  
Street Address (Mail)

\_\_\_\_\_  
City State Zip Code

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: \_\_\_\_\_



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.

Sandra Ward  
Administrative Aide II  
Mt. Hope Cemetery



MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date

8/14/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Floyd / Mae Mc Cullough

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary, \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 16 Grave 9 Row \_\_\_\_\_ Section 2 Division/Back 11

Grave space & Care Fund \_\_\_\_\_ 250.00

Additional spaces and care fund Res. Sp. 8 for one yr \_\_\_\_\_

Opening/Closing & Setup To 8/14/87 \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_ 250.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature

Address

State

Zip Code

Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6859**

PY-683 (REV. 6-85)

*Credit Sale*

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

*8/14/87*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of *Floyd / Mrs McCullough*

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran \_\_\_\_\_

Lot *16* Grave *9* Row \_\_\_\_\_ Section *2* Division/*Back* *11*

Grave space & Care Fund ..... *250.00*

Additional spaces and care fund ..... *Res. Sp. 8 for one yr*

Opening/Closing & Setup ..... *To 8/15/87*

Burial Container ..... *not arranged*

Handling Fees ..... *at this time*

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... *250.00*

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

*my* I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

*T. J.*  
Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6859**

PY-593 (REV. 8-85)

E6859

9/9/87 35015

10-8-87 35139

11-4-87 35243

250.00

10.00

240.00

10.00

230.00

10.00

220.00

E6859



E-6859

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 14 day of August, 1987, between Floyd Mae McCullough, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 16, Grave 9, Row —, Section 2, Block/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$250.00, payable as follows: \$0 cash herewith, the receipt of which is hereby acknowledged; \$10.00 on the 10 day of Sept, 1987; and the balance in installments of \$10.00 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 INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

Reserve Sp 8 for one year.

WITNESS our hands this day and year above written.

Deed to be issued to:

Coupon Book  
23 @ 10<sup>00</sup> 230<sup>00</sup>  
1 @ 20<sup>00</sup> 20<sup>00</sup>  
250<sup>00</sup>

Floyd / Mae M<sup>o</sup> Cullough  
Name

280 - 50th apt C  
Address

S.D. 92102

PURCHASER

T. J.

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: Raymond Stelter



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 35139

A

From:

*David MacCallister*  
*Twenty Dollars*

Address:

*280 Soto Apt C, SD 92102*  
 Dollars (\$) *10.00*

Date:

*10-8*, 19*87*

In

Payment of

*Twenty Dollars*  
*Payment of Credit*

Lot

*16*

Grave

*9*

Row

*2*

Section

*2*

Division

Block

*11*

Invoice No.

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 11-86)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY

*David MacCallister*

CREDIT

20% Sales Care	77184
60% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID

\$

*10*



Send or bring one coupon with each remittance **COUPON**

**2**

DO NOT MAIL ENTIRE 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
								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

\$ 10.00

Amount Received

NAME

ADDRESS

CITY

STAT

ZIP



check (✓) if this is

new address

Floy M. Cullough  
280 50th St Apt C  
San Diego CA 92102

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35243

Date: 11-4, 19 87
 From: FLOY MAE McCullough Address: 280 50th ST APT. C. SD. 92102  
Ten Dollars Dollars (\$) 10.00

 In Part Payment of Credit Lot

 Lot 7 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6859BALANCE DUE 454.00 220.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

Bruce Morrison

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	<u>10</u>	<u>-</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77183		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

Send or bring one coupon with each remittance

**COUPON**

**3**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-6859** Credit Lot

**Floy Mae McCullough**

**280 50th Street, Apt. C**

**San Diego, Ca 92102**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME **Floy McCullough**

ADDRESS **280 50th apt c**

CITY **San Diego** STATE **Ca** ZIP **92102**

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35015

Date: 9-9, 1987

From: Mary Mae McCullough Address: 280 30th, Apt C 92102

Dollars (\$ 10.00 )

In: Payment of Coupon # 1, Credit Set

Lot 10 Grave 9 Row Section 2 Division Block 11

Invoice No

Acct. No

W.O. E-6859

BALANCE DUE 240.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

062330

SEP 11 1987

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86)

ISSUED BY

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	10
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	10

Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-6859 Credit Lot

Floy Mae McCullough

280 50th Street, Apt. C

San Diego, Ca 92102

**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.



\$ 10.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 1.00

\$ 10.00

Amount Received \$

NAME Floy Mae McCullough

ADDRESS 280 50th Street Apt C

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address



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*

Sandra Ward  
Administrative Aide II  
Mt. Hope Cemetery

E6859





THE CITY OF  
SAN DIEGO

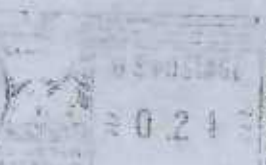
3751 Market Street  
San Diego, California 92102

OFFICE OF  
MT. HOPE  
CEMETERY



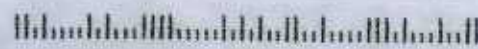
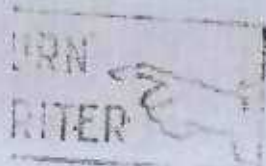
DO NOT  
POST

POSTAGE  
PAID



Floyd Mae McCullough  
280 50th Street, Apt 51  
San Diego, Ca 92102

**FORWARDING ORDER EXPIRED**  
☐ ATTEMPTED  
☒ NO SUCH ADDRESS  
☐ OTHER  
ROUTE # 223 INITIALS 6





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.

A handwritten signature in cursive script, reading "Sandra Ward", is positioned above the typed name.

Sandra Ward  
Administrative Aide II  
Mt. Hope Cemetery

E6859

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Floyd Mae McCullough

Address 280 50<sup>th</sup> St. Apt. C S.D. CA 92102

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 16, Grave 9, Row —, Section 2, Block/Division 11 in Mt. Hope Cemetery, entered into on August 14, 1987, by and between Mt. Hope Cemetery and Floyd McCullough 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: Michelle L. Clark  
Clerical Asst. II



Credit Sale

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/14/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Yvonne Longmire

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 16 Grave 7 Row - Section 2 Division/Block 11

Grave space & Care Fund ..... 250<sup>00</sup>

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... \_\_\_\_\_

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... \_\_\_\_\_

Sales taxes ..... \_\_\_\_\_

Total Due ..... 250<sup>00</sup>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

Yvonne I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

T. J.  
Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6860**

PV-593 (REV. 9-85)

9/11/87	35031	250 <sup>00</sup> 20 <sup>00</sup> <hr/> 230 <sup>00</sup> 20.00 <hr/> 210.00 20.00 <hr/> 190.00
10-5-87	35104	20.00 <hr/> 170.00 20.00 <hr/> 150.00
10-28-87	35215	20.00 <hr/> 170.00 20.00 <hr/> 150.00
12-1-87	35343	20.00 <hr/> 170.00 20.00 <hr/> 150.00
12-30-87	35473	20.00 <hr/> 170.00 20.00 <hr/> 150.00

NAME Longmire, Yvonne

ACCT. NO. E-6860

ADDRESS 1432 Gibson Street, San Diego, Ca 92114

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Aug 14 87	Lot 16, Grave 7, Section 2, Division 11	250 00		100 00	150 00
2-3 88	Coupon 11 & 12 Receipt # 35637			20 00	130 00
3-2 88	Coupon # 13 & 14, Receipt # 35795			20 00	110 00
4-1 88	Coupon # 15 & 16, Receipt 35950			20 00	90 00
5-3 88	Coupon # 17 & 18, Receipt 36081			20 00	70 00
6-1 88	Coupon # 19 & 20, Receipt 36219			20 00	50 00
7-5 88	Coupon # 21 & 22, Receipt 36360			20 00	30 00
8-9 88	Coupon 23 & 24, Receipt 36533			30 00	0



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35031

 From: Worcester, Lorraine Address: 1432 Lohman, SD 92114  
Twenty Dollars Dollars (\$) 20.00

 In 1 Payment of Coupon 142 Credit Lot

 Lot 16 Grave 7 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6860BALANCE DUE 230.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

Sandy Ward  
4079

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	<u>20</u>	<u>-</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>20</u>	<u>-</u>

Send or bring one coupon with each remittance

**COUPON**

**1**

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

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								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

E6860

\$ 11.00

Amount Received \$

NAME

Yvonne Longmire

ADDRESS

1432 Gibson St.

CITY

San Diego

STATE

Ca.

ZIP

92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**2**

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**

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

E6860

Amount Received \$ \_\_\_\_\_

NAME YVONNE Longmire

ADDRESS 1432 Gibson St.

CITY San Diego STATE Ca. ZIP 92114

☐ check ☒ if this is new address



Send or bring one coupon with each remittance

COUPON

3

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

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

Yvonne Longmire

ADDRESS

1432 Gibson St.

CITY

San Diego

STATE

CA

ZIP

92114

☐ check ☒ if this is new address

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151
N<sup>o</sup> 35104

From:

Address:

Date:

Dollars (\$

In

Payment of

Lot

Grave

Row

Section

Division  
Block

Invoice No.

Acct. No.

W.O.

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86)

ISSUED BY

CREDIT	87007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID

\$

Ring one coupon with each remittance **COUPON**  
NOT MAIL ENTIRE BOOK

**4**

ACCOUNT No. **E-6860** Credit Sale

**Yvonne Langmire**  
**1432 Gibson**  
**San Diego, Ca 92114**

**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.



\$ **10.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME **Yvonne Langmire**  
ADDRESS **1432 Gibson St.**  
CITY **San Diego** STATE **Ca** ZIP **92114**

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 35215

Date: 10-28, 1977From: Longmire Address: 1432Dollars (\$ 80.00)In: Longmire 576 Payment of 100.00Lot 16 Grave 7 Row 2 Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6860BALANCE DUE 190.00Pre-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 SPACEISSUED BY Andrea

CREDIT	67007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	<u>20</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>80</u>

Send or bring one coupon with each remittance

COUPON

5

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

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								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

\$ \_\_\_\_\_

NAME Yvonne LongmireADDRESS 1432 Gibson St.CITY San Diego STATE Ca. ZIP 92114☐ check (✓) if this is new address

Send 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

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								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

\$

Amount Received \$

NAME

Yvonne Longmire

ADDRESS

1432 Gibson St.

CITY

San Diego

STATE

Ca.

ZIP

92114

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35473

Date: 12/31 19 87

 From: 1432 Johnson, SD 92114  
 Payment of 00/100 Dollars (\$ 20.00)

In: 100/100 Credit

Lot 16 Grave 17 Row 2 Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6860

BALANCE DUE 8.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

JAN 06 1988

CREDIT	87007	
20% Sales Comm	77184	
80% Sales	100	20.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	20.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY

Send or bring one coupon with each remittance

**COUPON**

**9**

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	FEB	MAR	APR	MAY	JUN	JUL	AUG
								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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME YVONNE Longmire

ADDRESS 1432 Gibson St.

CITY San Diego STATE Ca. ZIP 92114

☐ check (✓) if this is new address

and we bring one coupon with each remittance

COUPON

10

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

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								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**

\$ \_\_\_\_\_

NAME Yvonne Longmire Amount Received \$ \_\_\_\_\_

ADDRESS 1432 Gibson St.

CITY San Diego STATE Ca. ZIP 92114

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35637

Date: 2-3, 1988From: Donna Hernandez Address: 1752 Wilson St, SD 92114In Twenty Dollars (\$ 20.00) Payment of 11812 Credit LotLot 16 Grave 17 Row 2 Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-1260BALANCE DUE 130.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE
 CITY AUDITOR  
 FEB 05 1988
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>20</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78090	
TOTAL PAID	\$	<u>20</u>

Send or bring one coupon with each remittance

COUPON

11

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

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

Yvonne Longmire

ADDRESS

1432 Gibson St.

CITY

San Diego

STATE

Ca.

ZIP

92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

12

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

DEC	JAN	FEB	MAR	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 than \_\_\_\_\_ days  
after due date above.



\$ **1.00**

\$ \_\_\_\_\_

Amount Received \$

NAME

**Yvonne Longmire**

ADDRESS

**1432 Gibson St.**

CITY

**San Diego**

STATE

**Ca.**

ZIP

**92114**

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35795

Date: 3-2, 1988
 From: Mr. James Address: 1432 Wilson Street, 55014  
Twenty Dollars Dollars (\$) 20.00
In \_\_\_\_\_ Payment of Receipt 13 & 14
 Lot 16 Grave 7 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-0060BALANCE DUE 110.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAR 08 1988

ISSUED BY [Signature]

CREDIT	67007
20% Sales Com	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID

\$

20

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-6860** Credit Sale

**Yvonne Longmire**

**1432 Gibson**

**San Diego, Ca 92114**

Month and Day Due Indicated Below

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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Yvonne Longmire

ADDRESS 1432 Gibson St

CITY San Diego STATE Ca. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

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

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Yvonne Longmire

ADDRESS 1432 Gibson St.

CITY San Diego STATE Ca ZIP 92114

☐ check 1/10 if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35950

 Date: 4-1, 1988

 From: George Lawrence Address: 1432 Gibson St, SD 92114

 In Twenty Dollars Payment of Coupon 15816 Credit 20.00 Dollars (\$ 20.00 )

 Lot 16 Grave 7 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. E-6860

 BALANCE DUE 90.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

APR 6 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>20.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

4031
Andrea Ward

Send or bring one coupon with each remittance

COUPON

16

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

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME YVONNE Longmire

ADDRESS 1432 Gibson St,

CITY San Diego STATE Ca. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

~~9-9850~~

Credit Sale

Yvonne Longmire

1432 Gibson

San Diego, Ca 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Yvonne Longmire

ADDRESS 1432 Gibson St.

CITY San Diego

STATE Cal.

ZIP 92114

☐ check ☒ if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 35343

From:

*Juanne Ramirez*  
*Twenty Dollars*

Address:

*1432 Gibson, SD 92114*

Date:

*12-1*, 19*87*

In

Payment of

*Coupon 788 Credit 20*
Dollars (\$ *20.00* )

Lot

*16*

Grave

*7*

Row

Section

*2*Division  
Block*11*

Invoice No

Acct. No

W.O.

BALANCE DUE

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 11-88)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY

*Andy Ward*

CREDIT

67007

20% Sales Care

77184

80% Sales

100

of Lots

77184

Opening/

100

Closing

77181

Burial

100

Containers

77182

100

Handling Fee

77183

Recording &amp;

100

Misc. Fees

77183

Pre-Need

63033

Trust

9022

Sales Tax

60101

78390

TOTAL PAID

\$

*20*

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-6860 Credit Sale

Yvonne Longmire

1432 Gibson

San Diego, Ca. 92114

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.

\$ 10.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ 1.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Yvonne Longmire

ADDRESS 1432 Gibson St.

CITY San Diego STATE Ca. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**8**

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**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME **Yvonne Longmire**

ADDRESS **1432 Gibson St.**

CITY **San Diego** STATE **Ca.** ZIP **92114**

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 36781

Date: 5-3 1988From: James L. Lomere Address: 1432 Gibson Street, SD 92114Twenty Dollars 20.00 Dollars (\$ 20.00 )In: Coupon 17 & 18 Credit Payment of 20.00
 Lot 16 Grave 7 Row 2 Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6860BALANCE DUE 70.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

MAY 06 1988

ISSUED BY Andrea Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>20</u>	<u>00</u>

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

K-6860

Credit Sale

Ivonne Longmire

1432 Gibson

San Diego, Ca 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

Ivonne Longmire

ADDRESS

1432 Gibson St.

CITY

San Diego

STATE

Ca.

ZIP

92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

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

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Yvonne Longmire

ADDRESS 1432 Gibson St.

CITY San Diego STATE Ca. ZIP 92114

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 36219

From:

Gronke, Lorraine

Address:

1932 Lakewood Street, SD

Date:

E-1, 1988

Dollars (\$

20.00)

In

Payment of

Coupon 19820

Unpaid

Lot

16

Grave

7

Row

Section

2

Division  
Block

11

Invoice No.

Acct. No.

W.O.

BALANCE DUE

E-6860  
SD.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

JUN 7 1988

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	80101
	78390

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

ISSUED BY

TOTAL PAID

\$

20.00

Send or bring one coupon with each remittance

COUPON

19

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

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME YVONNE Longmire

ADDRESS 1432 GIBSON ST.

CITY SAN DIEGO STATE CA ZIP 92114

☐ check ☒ if this is new address

Send or bring one coupon with each remittance

COUPON

20

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

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Yvonne Longmire

ADDRESS 1432 Gibson

CITY San Diego STATE Ca ZIP 92114

☐ check ( ☒ ) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36360

 From: Yvonne Longmire Address: 1432 Gibson Street SD  
Twenty Adams  
 In: \_\_\_\_\_ Payment of: Coupon 21 of 22 Credit for Dollars (\$) 20.00
Date: 7-5 1988
 Lot 16 Grave 7 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6860BALANCE DUE 30.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

JUL 11 1988

ISSUED BY: [Signature]

CREDIT	67007		
20% Sales Com	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		

TOTAL PAID \$ 20.00

Send or bring one coupon with each remittance

**COUPON**

**21**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**E-6860**

**Credit Sale**

**Yvonne Longmire**

**1432 Gibson**

**San Diego, Ca 92114**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
						*		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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Yvonne Longmire

ADDRESS 1432 Gibson St.

CITY San Diego STATE Ca. ZIP 92114

☐ check ( ) if this is new address

Send or bring one coupon with each remittance

COUPON

22

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

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								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**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME YVONNE Longmire

ADDRESS 1432 Gibson St

CITY San Diego STATE Ca. ZIP 92114

☐ check (✓) if this is new address



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 36533

 Date: 9-9, 1988

 From: Wm. H. Hargrave Address: 1432

 Dollars (\$) 30.00

 In Payment of

 Lot 16 Grave 7 Row 2 Section 2 Division Block 30-0

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

 W.O. E-1-100

BALANCE DUE \_\_\_\_\_

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CITY AUDITOR

AUG 12 1988

 ISSUED BY [Signature]

CREDIT	63007
20% Sales Comm	77184
80% Sales of Lots	100
Opening/Closing	77181
Burial Containers	77182
	100
Handling Fee	77185
Recording & Misc. Fees	77183
Pre-Need Trust	63033
	9022
Sales Tax	60101
	78390

 TOTAL PAID \$ 30

Send or bring one coupon with each remittance

COUPON

24

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

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
								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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Yvonne Longmire

ADDRESS 1432 Gibson St.

CITY San Diego STATE Ca. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

23

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

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								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

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Yvonne Longmire

ADDRESS 1432 Gibson St.

CITY San Diego STATE Ca. ZIP 92114

☐ check (✓) if this is new address

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/17/87

Per: 151523

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Harold A. Ferch - Dec

in a Ash Vault - 2 Funeral, date, time by 9/1/87

Church, Chapel, Graveside none Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran WWI

to Lot 75A Grave Under Edge of Marker - Nearest name Row 3 Section GAR Division/Block 3

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 105<sup>00</sup>

Burial Container

Handling Fees Disinterment 210<sup>00</sup>

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes AUG 17 1987

MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 315<sup>00</sup>

Paid receipt number 34940 315<sup>00</sup>

Balance due 0

I hereby certify I am the Widow of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

**PAY DORA**  
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature X Elva A. Ferch

Address 4380 Ventura Cyn. Rd.

City Sherman Oaks, Ca. 91423

Telephone (818) 990-7586

Zip Code

Invoice #

Acct. #

Work Order #

**E 6861**

NY-553 (REV. 5-85)

**Completed**  
**8/24/87**



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

Nº 34940

Date: 8/17/87, 19From: Edward S. Ferch Address: 4380 Ventura Cyn apt 4 San Marcos Ca
Three hundred fifteen and 00/100 Dollars (\$ 315.00 )

 In full Payment of Reinterment & Re-Interment of Harold S. Ferch & dec - Within the next 10 working days

 Lot 75A Grave \_\_\_\_\_ Row \_\_\_\_\_ Section SAR Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6861BALANCE DUE 3530Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY Loyen

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	<u>105.00</u>
Burial	100	
Containers	77182	
	100	<u>210.00</u>
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78300	
TOTAL PAID	\$	<u>315.00</u>



A hand-drawn diagram of a rectangular area, possibly a field or garden. It features a solid red outer border and a dashed red inner border. Inside the dashed border, there are some red markings that look like stylized plants or trees. On the left side, outside the dashed border but within the solid border, there is a small structure resembling a chair or a small building. There are also some black dots and lines scattered around the diagram, possibly representing a path or a fence.







THE CITY OF

# SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

E 6861

PROPERTY  
DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

August  
MONTH

1987  
YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Harold H. Ferch ⓧ

from Lot 77 Grave ~ Section 9AR Row ~ Block ~ Div 3  
and to remove the same to and reinter said remains in Lot 75A Grave ~  
Section 9AR Row ~ Block ~ Div 3. *North Easterly - see sketch on back.*

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal and reinterment.

*Marker to be moved also.  
See map on other side.*

*Foot of 75-1 (Sergeant)*

Elva S. Ferch  
Signature

Signature

Signature

Wife

Relation to deceased

Relation to deceased

Relation to deceased

4380 Ventura Cyn. Dr.  
Address

Address

Address

Sherman Oaks, Ca. 91423

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

See E-6861



From 77  
To 75A

0.4





MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/17/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Madge Hughes

in a liner <sup>Vault/Liner</sup> Funeral, date, time 8/18, Tues 3 p.m.

Church, Chapel, Graveside Woodsview Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran direct burial

✓ Lot 96 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 100F Division/Block 23

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 220 330

Burial Container \_\_\_\_\_ 100

Handling Fees \_\_\_\_\_ 145

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35

Sales taxes \_\_\_\_\_ 6

Total Due 606.00

Paid receipt number 34945 100.00

Balance due 506.00

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Lytle Halving

Address 44715 Lynn Valley Rd

State James C 92035

Telephone 465-6531 Zip Code

Work Order # E 6862

PY-893 (REV. 8-86)

Invoice # 060267

Acct. # 023306

## NOTE—STRAIGHT

\$ 506<sup>00</sup> San Diego, California, 8-18-87, 1990  
90 days after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mt. Hope Cemetery or San Diego City Treasurer  
 or order  
 at 3751 Martin Luther King Way, San Diego, CA 92102  
 the sum of Five Hundred Sixty 00/100 DOLLARS  
 with interest from December 18-87 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

X Lyle Galsbury

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # 7464737



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6862

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Madge Harriet Hughes</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 8, 1907</b>	DATE OF DEATH <b>August 15, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>		PLACE OF DEATH—COUNTY, OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lytle Gaboury - Sister</b> <b>14715 Lyons Valley Road</b> <b>Jamul, CA 92035</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH <b>Mayer, Mortuary 2859 Adams Av. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>1424</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

**FOR CORONER'S USE ONLY**

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>Covered China</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>AUG 18 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/18/87</b> <small>(ENTER DATE)</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

**COPY 2** IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

# LOT OWNER

C-1836

Belmont, Calif.

HUGHES, Madge D. 1207 Old Country Rd.

NAME

ADDRESS

LOT 102 GR. Sec IOOF Blk 23

101 Sec IOOF Blk 23

96 " "

107 " "

E6862

Invoice ?

---

Pay 100 mo.

Hope



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34945

Date: 8/18, 1987

From: [Signature] Address: 14715 [Signature] San Diego, CA

Dollars (\$ 100.00)

In [Signature] Payment of [Signature] Interment fee [Signature]

Lot 96 Grave [Signature] Row 100F Section [Signature] Division Block 23

Invoice No. [Signature]

Acct. No. [Signature]

W.O. [Signature]

BALANCE DUE 506.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

8/18/87

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	1	100.00

E6862

E-6862

09/03/87 023306 LYTLE GABOURY  
100 072  
100 072  
100 072  
100 072  
60101

nt.  
slope

77181 000072  
77182 000072  
77183 000072  
77185 000072  
78390  
01/20/88 CK 3588

106.00 ✓  
46.09  
20.95  
7.33  
30.38  
1.25

506.00 0.00 ✓  
PAID IN FULL

09/03/87 023307 LORETTA MITO

01/25/88 CA

25.00 ✓

49.00 ✓

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/17

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Betha Stanley (X)

in a ash vault Funeral, date, time 8/20 Thurs.

Church, Chapel, Graveside 710 Service Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran Direct Bureau

Lot 25 Grave 6 Row      Section MAS Division/Block K

Grave space & Care Fund     

Additional spaces and care fund     

Opening/Closing & Setup 105

Burial Container (marble urn - gold band) 40

Handling Fees 60

Flower vases - Marker setting fee     

Recording and filing fee 35

Sales taxes 2.40

Total Due 242.40

Paid receipt number 3V949 242.40

Balance due 0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Elizabeth S. Lydon  
Signature  
1250 Francisian Way  
Address  
San Diego Ca 92116  
State  
295-1134  
Telephone  
Zip Code

Work Order #

E 6863

PY-593 (REV. 8-85)

Invoice #

Acct. #



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

EL6863

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>BERTHA BOCK STANLEY</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>JAN 28, 1890</b>	DATE OF DEATH <b>AUG 15, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>ELIZABETH S. LYDON, DAUGHTER 1250 FRANCISCAN WAY SAN DIEGO, CA 92116</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>HECKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>		CALIFORNIA LICENSE NUMBER <b>F-119</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 10. DISPOSITION PENDING

☐ 4. SCIENTIFIC USE

**FOR CORONER'S USE ONLY**

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>GREENWOOD CREMATORY, 1-805 &amp; IMPERIAL AVENUE, SAN DIEGO, CA</b>	DATE OF CREMATION <b>AUG 18 1987</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Donald W. Kallanorud</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Marble Urn</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 18 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/30/87</b> (ENTER DATE) <b>2576 MAS R</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Loayza</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>N/A</b>		

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


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34949

Date: 8-19, 1987
 From: Barbara Stanley Address: 4436 Conson St. S.D. 92116
Two hundred forty-two 40 Dollars (\$) 242.00

 In Barbara Stanley Payment of Gravestone Service

 Lot 25 Grave 6 Row 11175 Section 11175 Division Block K

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6863BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86)

ISSUED BY

Landra W. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	<u>105.00</u>
	77181	<u>40.00</u>
	100	<u>60.00</u>
Handling Fee	77182	<u>35.00</u>
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	80101	<u>2.00</u>
	78390	
TOTAL PAID		\$ <u>242.00</u>

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date

8/17

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Chara W. Anderson

in a Open Vault Funeral, date, time Wed, 8/19

Church, Chapel, Graveside no service Forest Hill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 1196 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division/Block 8

Grave space & Care Fund \_\_\_\_\_

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 ⓪

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6864**

PY-593 (REV. 6-85)



E6864

Pre-need opening \$90.00 & Cement liner charges \$63.00 paid. See W.O. C-8151 dated 1/17/1970.

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

NO. 53

Forest Hill Memorial Park

3201 East Forest Hill Avenue

Oak Creek, Wisconsin 53154

Date \_\_\_\_\_ 19 \_\_\_\_\_

The undersigned hereby requests and authorizes FOREST HILL MEMORIAL PARK, in accordance with and subject to its rules and regulations, to cremate the remains of:

Clara W. Anderson

who died at Racine on the 25 day of July 1987

and certifies and represents that he or she has the right to make such authorization, and agrees to hold FOREST HILL MEMORIAL PARK harmless from any liability on account of said authorization and cremation.

Signature of Nearest Relative Virginia E. Turner Relationship Daughter

Address 4927 King's Cove Rd. Racine Phone 639-1219

Funeral Director Van Meredith Marsh-Meredith F.H.

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 encased in a casket or other suitable container.*



E6864  
CASE NO. \_\_\_\_\_

OFFICE OF THE CORONER/MEDICAL EXAMINER

Racine COUNTY, WISCONSIN

PERMISSION TO CREMATE

NAME OF DECEASED Clara W. Anderson  
 ADDRESS 1700 C.A. Becker Dr. Racine Wis 53406  
                     Street                    City                    State                    Zip  
 AGE 94 DATE OF BIRTH Oct. 18, 1892 DATE OF DEATH July 25 1987  
 TIME OF DEATH 4:45 p M DATE DEATH RECORD SIGNED 7 - 28 - 87  
 DEATH RECORD SIGNED BY W.H. Williamson M.D. MD/CORONER/M.E.  
 CAUSE OF DEATH \_\_\_\_\_

ATTENDING PHYSICIAN W.H. Williamson M.D.  
 FUNERAL DIRECTOR Thomas J. Meredith Maresh - Meredith F.H.  
 NAME OF PERSON REQUESTING CREMATION Virginia E. Leutner  
 ADDRESS 4927 Kings Cove Rd. Racine Wis  
                     Street                    City                    State                    Zip  
 PHONE 639 - 1219 RELATION TO DECEASED Daughter

OTHER INFORMATION:

*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*

445 (AM) (PM) 7 27 87  
 Hour Month, Day, Year

Issued 8-4-87 John E. Sullivan  
                     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 GeorgeDATE 8/6 TIME 10:15**WHILE YOU WERE OUT**M Mrs. Fox

OF \_\_\_\_\_

PHONE 746-8501- EXT. \_\_\_\_\_

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
RETURNED YOUR CALL	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WAS IN TO SEE YOU	<input type="checkbox"/>	WILL COME IN AGAIN	<input type="checkbox"/>

MESSAGE REG: mother to bedelivered from WisconsinDec 16 - Sup paid - 242<sup>00</sup>Butner -Clara M. Anderson <sup>1956</sup> AlvinDeceased in Ohio -next to Husband - Alvin -

1196-3-8

Call When  
Cremains Come  
arrange for  
Possible Remains

E6864

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/17/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of William E. Morton

in a ash Vault Funeral, date, time Balboa Cem. Serv

Church, Chapel, Graveside NONE Mortuary.

All Funeral cars must 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 795 Grave — Row — Section — Division/Block 10

Grave space & Care Fund On Space with wife D-2097-

Additional spaces and care fund —

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee —

Recording and filing fee 35.00

Sales taxes 2.40

Total Due 242.40

Paid receipt number 34942 242.40

Balance due —

I hereby certify I am the Friend + Property holder of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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

4086 SWIFT AVE

Address

S.D. CA. 92104

State

563-9268

Telephone

Zip Code

Work Order #

**E 6865**

PR-693 (REV. 8-85)

Invoice #

Acct. #



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6865

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>William Earnest Morton</b>		SEX <b>male</b>	DATE OF BIRTH <b>Aug. 22, 1909</b>	DATE OF DEATH <b>Aug. 14, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Beulah Morton Scott, Sister</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Balboa Cremation Services 4658 30th St.; San Diego, CA 92116</b>		CALIFORNIA LICENSE NUMBER <b>F 1370</b>	P.O. Box 322 <b>New Ark, AR 72562</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10. DISPOSITION PENDING       </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery; 3751 Market Street; San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Lenada Inc.; 14065 Olde Hwy. 80; El Cajon, CA</b>	DATE CREMATED <b>8/20/87</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 19 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/25/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

**COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.**

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34942

Date: 8/17/87 19\_\_From: Wright Heaton Address: 4086 Dwight AveIn full Payment of Interment of William S. Morton Dec 8Lot 796 Grave 2 Row 100 Section 10 Division Block 10Invoice No.       Acct. No.       W.O. E 6865BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSES STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.ISSUED BY Robert [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/ Closing	77184	105.00
Burial Containers	100	40.00
	77182	60.00
Handling Fee	100	35.00
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	2.40
	60101	
	78390	
TOTAL PAID	\$	242.40



**MT. HOPE CEMETERY**  
**INTERMENT ORDER**

City of San Diego

Date 8/17/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Aaron Dewar

in a Double Crypt Funeral, date, time 1 P.M. - Tuesday 8/18

Church, Chapel, Graveside Church - St. Clare ; Rogersdal Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 36 Grave 6 Row ~ Section 3 Division/Block 12

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup By heel - Pd. \_\_\_\_\_

Burial Container Double Crypt extra fee 50.00

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 30.00

Sales taxes \_\_\_\_\_

Total Due 85.00

Paid receipt number 34943 85.00

Balance due 0

I hereby certify I am the Grand-son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature x Henry V. Dewar Jr.

Address 1728 Rockwell

State Fort Worth Texas 76112

Telephone (817) 654 0913 Zip Code \_\_\_\_\_

Work Order #

**E 6866** ✓

PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6866

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>AARON DEWS</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Feb. 6, 1895</b>	DATE OF DEATH <b>Aug. 9, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Aaron Dews - Grandson 1729 Rockview Court Fort Worth, Texas 76112</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Jr. Way; San Diego, California</b>			COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION OF LOCATION TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <b>Blue Ocean</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.			SIGNATURE OF APPLICANT <b>[Signature]</b> DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>AUG 17 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald L. Ramos, M.D. M.M.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/18/87</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 34943

Date: 8-17, 1987

From: Henry Duns Address:

eighty-five dollars no/cent Dollars (\$ 85.00 )

In: Payment of Burial Duns Services

Lot 36 Grave 6 Row Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 6666

BALANCE DUE 8

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

ISSUED BY: Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	50 -
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	32 -
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 85.00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/18

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ramon G. Quintanar Jr.

in a Vault Funeral, date, time Friday 8/21 1 p.m.

Church Chapel Graveside Church, G.S. Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 4978 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 695.

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 320.

Burial Container ..... 175.

Handling Fees ..... 170.

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35.

Sales taxes ..... 10.50

Total Due ..... 1405.50

Paid receipt number 34951 1405.50

Balance due 0

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

R.G. Quintanar  
Signature  
1117 Bush St.  
Address  
SAN Diego Ca. 92103  
State  
295-7218 Zip Code  
Telephone

Work Order #

**E 6867**

PY-593 (REV 8-65)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# E6867

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>RAMON GERARDO QUINTANAR, JR.</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>OCT 22, 1953</b>	DATE OF DEATH <b>AUG 15, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>MARTHA E. QUINTANAR, SISTER 1117 BUSH STREET SAN DIEGO, CA 92103</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>MERKLEY-MITCHELL MORTUARY, 3855 FIFTH AVENUE, SAN DIEGO, CA 92103</b>		CALIFORNIA LICENSE NUMBER <b>F-119</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

<input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)  <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)  <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY  <input type="checkbox"/> 4 SCIENTIFIC USE	<input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)  <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)  <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)  <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> 10 DISPOSITION PENDING       </div>
--	---	--

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Last Supper Steel</i>		

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>
----------------	--

ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <b>[Signature]</b>
		DATE SIGNED

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 19 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>
-----------------	--	-------------------------------------	--	---

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/24/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE <b>N/A</b>
--	--	--	--

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH
--	--

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34951

From:

C. E. Gusterson

Address:

1117 S. 1st St. SS 72/03

Date:

8-19, 19

In

Payment of

 24 Thompson 2 pul marked line. 500 Dollars (\$ 1405.50)  
 for Mr. C. Gusterson per invoice

Lot

4978

Grave

Row

Section

Division  
Block

10

Invoice No.

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot

☐

At Need

☒

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 11-86)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY

CREDIT

20% Sales Care

80% Sales

of Lots

Opening/

Closing

Burial

Containers

Handling Fee

Recording &amp;

Misc. Fees

Pre-Need

Trust

Sales Tax

TOTAL PAID

67007

77184

100

77184

100

77181

100

77182

100

77183

100

77183

63033

9022

60101

78390

\$

 139.00  
 556.00  
 320.00  
 175.00  
 170.00  
 33.00  
 10.50  
 1465.50

MT. HOPE CEMETERY  
INTERMENT ORDER  
City of San Diego

Date 8-18-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mae Reed (Marcel) Wright  
in a Crematorium Funeral, date, time 8/21 Friday 2pm  
Church, Chapel, Graveside Honesdale Laguna Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 11 Grave 4 Row \_\_\_\_\_ Section 1 Division Block 7

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_ 320.

Opening/Closing & Setup \_\_\_\_\_ 100.

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_ 145.

Flower vases - Marker setting fee \_\_\_\_\_ 35.

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_ 6.

Total Due \$606.

Paid receipt number 4/13/89 606.00

Balance due 0

I hereby certify I am the wife of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Hubert Wright  
Signature 2530 Imperial ave  
Address 234-2409 92102  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 060266

Acct. # 023305

Work Order # E 6868

PY-593 (REV. 8-85)



## NOTE-STRAIGHT

\$ 606.00 San Diego, California, Aug. 18, 1987days after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mr. Hope Cemetery or San Diego City Treasureror order  
at 3751 Martin Luther King Way, San Diego, CA 92102the sum of six hundred six dollars DOLLARS.with interest from \_\_\_\_\_ on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

x Herbert Wright  
921022530 Imperial ave

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Soc. Sec.Calif. Driver Lic. #310-20-8458

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6868

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Aka Mae Manuel Wright Lettie Mae Wright</b>	SEX <b>Female</b>	DATE OF BIRTH <b>March 22, 1909</b>	DATE OF DEATH <b>Aug. 15, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Herbert Wright - Husband 2530 Imperial Avenue San Diego, California 92102</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Jr. Way; California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
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 <b>N/A</b> <i>metal</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>AUG 18 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramirez, M.D.M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE) INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>▶</b>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶</b> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS 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**



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-18-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hiram Chonell

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 65 Grave 11812 Row 7, 8 & 9 Section 3 Division Block 12

Grave space & Care Fund 5 @ \$495 \$2475

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 \$2475

Paid receipt number \$100

Balance due \$2375

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6869

PY-593 (REV. 8-85)



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37548

Date 3/24/89, 19From Joe ChannellAddress: PO Box 62115 - LA - 90062Dollars (\$ 100.00)In PartPayment of On Credit Feb -Lot 64Grave 11-12Row 7-89Section 3Division  
Block 12Invoice No. 65

Acct. No. \_\_\_\_\_

W.O. E-6869BALANCE DUE 2275.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

\*AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
PAID IN THIS SPACE
 CITY AUDITOR  
 MAR 30 1989
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>100</u>
of Lots	77184	<u>00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>100.00</u>





# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-14-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Harry Lamar Channell  
in a Casket Funeral, date, time Fri 8-21 1:00

Church, Chapel, Graveside Chapel/Graveside: Dayside Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00  
will be applied and billed to undersigned. 706

Lot <u>64</u>	Grave <u>11</u>	Row	Section <u>3</u>	Division/Block <u>12</u>
Grave space & Care Fund <u>795.00</u>				
Additional spaces and care fund				
Opening/Closing & Setup <u>375.00</u>				
Burial Container <u>190.00</u>				
Handling Fees <u>145.00</u>				
Flower vases - Marker setting fee				
Recording and filing fee <u>45.00</u>				
Sales taxes <u>14.23</u>				

Total Due 1564.23

Paid receipt number R 34944 100.00  
R 37540 100.00

Balance due 1364.23

I hereby certify I am the Brother of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

X 706  
X Signature P.O. Box 1618  
X Address Chino, Calif 91708  
X City (623) 812-5445 Zip Code  
X Telephone

Invoice #

Acct. #

Work Order # **E 14532**

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

NOTE

W.O. # E-14532

\$ 682.73

San Diego, California

8-14

1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at  
3751 Market Street, San Diego, CA 92101, the sum of Six hundred eighty five and 13/100 DOLLARS  
with interest from Sept 22, 1998 on the unpaid principal  
at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will  
accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker  
will be 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 held 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.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code  
authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME

X Harry J. Channell

SIGNATURE

X [Signature]

ADDRESS

X P.O. Box 1618 Chino, California 91708-1618

CALIFORNIA DRIVER LICENSE NUMBER

X P.O. 5712155

SSN #

X 573-60-3358

E 6864



## CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and ForfeitureTo Hiram ChannellAddress P.O. Box 62115 Los Angeles, CA 90062

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<sup>7,8 &</sup>, 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, 1996.CITY OF SAN DIEGO  
Mt. Hope Cemetery

*Catina Turgeon*  
By: Catina Turgeon  
Clerical Assistant II

# AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 18 day of August, 1987, between Niran Channell, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 64, Grave 1182 Row 788, Section 3, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$2475, payable as follows: \$100 cash herewith, the receipt of which is hereby acknowledged; \$100 on the 10 day of September, 1987, and the balance in installments of \$100 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.



WITNESS our hands this day and year above written.

Deed to be issued to:

23 @ \$100  
1 @ \$75

7th Circle  
Name  
1826 W. VERNON Ave.  
Address  
Los Angeles, Calif 90062

PURCHASER

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Street Address (Mail)

\_\_\_\_\_  
City State Zip Code

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: \_\_\_\_\_



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34944

From:

Union Chapel

Address:

1826 N. Vermont Ave. L.A.

Date:

8-18

19

Dollars (\$

100.00)

In

Payment of

Credit for sales

Lot

69465

Grave

112/1211

Row

Section

1

Division  
Block

12

Invoice No.

Acct. No.

W.O.

E-6869

BALANCE DUE

2375

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



AC-212 (Rev. 11-66)

ISSUED BY

India Vaid

CREDIT

20% Sales Com.

67007

77184

80% Sales

100

of Lots

77184

Opening/

100

Closing

77181

Burial

100

Containers

77182

100

Handling Fee

77183

Recording &amp;

100

Misc. Fees

77183

Pre-Need

63033

Trust

9022

Sales Tax

101

10

TOTAL PAID

\$

100



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

Hiram Channell  
1826 W. Vernon Avenue  
Los Angeles, 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*

Sandra Ward  
Administrative Aide II  
Mt. Hope Cemetery

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/19/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eleanor Howard - Pineda

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Vault/Liner

Church, Chapel, Graveside \_\_\_\_\_ ; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ 277 Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 105.00

Burial Container \_\_\_\_\_ 40.00

Handling Fees \_\_\_\_\_ 60.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 2.40

Total Due \_\_\_\_\_ 242.40

Paid receipt number 34950 242.40

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6870

PY-593 (REV. 8-85)



# Merkley-Mitchell Mortuary

Established 1917

3655 Fifth Avenue  
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 Insrtuctions 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:

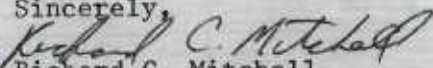
\$100.00	Opening/ Closing of Grave
40.00	Concrete Ash Vault
2.40	Sales Tax on Vault
60.00	Vault Handling Fee
<u>35.00</u>	<u>Recording Fee</u>

\$242.40 Total

If you should have any further questions, please contact us.

Independent  National

Sincerely,

  
Richard C. Mitchell  
president

E6870

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34950

Date: 8-19 1987From: Walter Mitchell Address: 2455 St One S.D. 9213
Two Hundred and Two 00 Dollars (\$) 242.00
In \_\_\_\_\_ Payment of Plaque, Ground - Mitchell
 Lot 277 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6870BALANCE DUE 2Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	105
Closing	77181	
Burial	100	60
Containers	77182	
	100	60
Handling Fee	77183	
Recording &	100	35
Misc. Fees	77183	
Pre-Need	65033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>242.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/19/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Theodore Buchanan

in a Linco - Bell Vault/Liner Funeral, date, time Exp - 11 Am - 8/20

Church, Chapel, Graveside Church & S.; Graysdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran WW2 -

Lot 106 Grave 2 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 250<sup>00</sup>

Additional spaces and care fund Res. of 2 sp for 30 day. (3)

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container Conute Burial Linco - ..... 100<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

Flower vases - Marker setting fee (V.A. fee \$125<sup>00</sup>) ..... 035<sup>00</sup>

Recording and filing fee ..... 6<sup>00</sup>

Sales taxes ..... 856<sup>00</sup>

Total Due ..... 856<sup>00</sup>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Eddie Mae Buchanan  
Signature 1825 Bayview Hgts 91  
Address S.D. CA 92105  
State 263-0971 Zip Code

Invoice # 060265  
Acct. # 023304

Work Order # E 6871  
PY-593 (REV. 8-86)



## NOTE—STRAIGHT

\$ 856<sup>00</sup> San Diego, California, August 19, 1987-30-

days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Eight hundred fifty six and 00/100 DOLLARS.with interest from Sept. 20, 1987 on the unpaid principal at the rate of12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

✓ NO676725  
Eddie Mac Buchanan

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

F6871

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>THEODORE BUCHANAN</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Oct. 4, 1910</b>	DATE OF DEATH <b>Found</b> <b>Aug. 17, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Eddie Mae Buchanan - Wife 1825 Bayview Heights #91 San Diego, California 92105</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>FOR CORONER'S USE ONLY</b></p> <p><input type="checkbox"/> 10. DISPOSITION PENDING</p> </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; San Diego; California</b>			COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>	
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 <b>N/A</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.			SIGNATURE OF APPLICANT <b>[Signature]</b>  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>AUG 21 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramos, M.D., MM</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>Feb 2-2-11</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS**



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Aug 19, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mildred E. Kissinger

in a Double Crypt Funeral, date, time Mon. 10 AM

Church, Chapel Graveside Graveside Lewis Col. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 483 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund ..... 595.<sup>00</sup>

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 330.<sup>00</sup>

Burial Container ..... 330.<sup>00</sup>

Handling Fees ..... 320.<sup>00</sup>

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35.<sup>00</sup>

Sales taxes ..... 19.<sup>80</sup>

Total Due ..... 1619.<sup>80</sup>

Paid receipt number 161980

Balance due 0

*Possible Sat. Service - will make arrangements.*

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

M. Kissinger  
Signature  
2435 Chicago, San Diego  
Address  
California 92110  
State Zip Code  
276-2786  
Telephone

Work Order # E 6872

PV-593 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151
N<sup>o</sup> 34954
 From: K. D. Kissinger Address: 2435 Chicago St SD 92110  
one thousand six hundred ninety eight 80 Dollars (\$ 1619.80 )  
 In \_\_\_\_\_ Payment of Mildred E. Kissinger Service

 Lot 483 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 8  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6872BALANCE DUE 0
 NOT VALID FOR PURPOSES STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

AUG 19 1987

 MT. HOPE CEMETERY  
 CITY of SAN DIEGO, CALIF.
Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	119 00
80% Sales	100	476 00
of Lots	77184	
Opening/	100	320 00
Closing	77181	
Burial	100	330 00
Containers	77182	
	100	320 00
Handling Fee	77183	
Recording &	100	35 00
Misc. Fees	77183	
Pre-Need	60033	
Trust	9022	
Sales Tax	60101	19 80
	78390	
TOTAL PAID	\$	1619 80

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6872

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>MILDRED E. KISSINGER</b>		SEX <b>female</b>	DATE OF BIRTH <b>June 13, 1910</b>	DATE OF DEATH <b>Aug 18, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Kenneth D. Kissinger - husband 2435 Chicago St. San Diego, CA 92110</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Lewis Colonial/Benbough 3051 El Cajon Blvd, San Diego, CA 92104</b>		CALIFORNIA LICENSE NUMBER <b>P-480</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)      ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)      ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)      ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)      ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - San Diego, CA (3751 Market St.)</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b> <i>Perk arlington</i> <i>Bottom Double Crypt</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <i>[Signature]</i>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 21 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/24</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>n/a</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34954

Date: 8-17, 1987From: R.D. Linnier Address: 2435 Chaparral St SA 92106In Payment of Mildred E. Linnier Dollars (\$ 1517.00)Lot 413 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 8 Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6072BALANCE DUE 0Pre-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 SPACEISSUED BY Jandra Ward

CREDIT	67007	
20% Sales Care	77184	<u>117.00</u>
80% Sales	100	<u>476.00</u>
of Lots	77184	
Opening/	100	<u>30.00</u>
Closing	77181	
Burial	100	<u>230.00</u>
Containers	77182	
	100	<u>330.00</u>
Handling Fee	77183	
Recording &	100	<u>30.00</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>17.00</u>
	78390	
TOTAL PAID	\$	<u>1517.00</u>



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151
N<sup>o</sup> 35924Date: 3/28/88, 1988From: Kenneth D. Krasinger Address: 2435 Chicago St. #10 92110Dollars (\$ 15.90 )In full Payment of One Galv Flower VaseWarranty - 5 yrs -Lot 483 Grave --- Row --- Section 1- Division Block 8-Invoice No. ---Acct. No. ---W.O. Invoice E-6872BALANCE DUE ---NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR

APR 4 1988

ISSUED BY George [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	5.00
Containers	77182	
	100	10.60
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	30
	78390	
TOTAL PAID	\$	15.90

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

1201

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/19/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Willie Louis Nash

in a T.S. Vault Funeral, date, time Set - 8/22/10Am

Church, Chapel, Graveside Church & S.S. : Ridge Dale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran no yes Sec

Lot 10 Grave 6 Row 7W Division/Block 14

Grave space & Care Fund 595<sup>00</sup>

Additional spaces and care fund no

Opening/Closing & Setup 320<sup>00</sup>

Burial Container T.S. Concrete Vault 175<sup>00</sup>

Handling Fees Ext. O.T. 380<sup>00</sup> + Hc 170<sup>00</sup> 550<sup>00</sup>

Flower vases - Marker setting fee

Recording and filing fee 35<sup>00</sup>

Sales taxes 1050

Total Due 1685.30

Paid receipt number

Balance due

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Delores Ann Nash  
Signature  
x 854 Gwen St  
Address  
x San Diego Ca 92114  
State  
x 262 8760 Zip Code  
Telephone

Work Order #

E 6873

PY-593 (REV. 8-85)

Invoice #

Acct. #

060264  
023303

## NOTE—STRAIGHT

\$ 1685<sup>50</sup> San Diego, California, August 19, 1987-30-

days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Sixteen Hundred Eighty Five & 50/100 DOLLARS.with interest from Sept 22, 1987 on the unpaid principal at the rate of12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Dolores A. Noel

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # A0131502



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6873

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>WILLIE LOUIS NASH</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Aug. 17, 1951</b>	DATE OF DEATH <b>Aug. 17, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Dolores A. Nash - Wife 854 Gwan Street San Diego, California 92114</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
 ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
 ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
 ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
 ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
 ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
 ☐ 10. DISPOSITION PENDING

## FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Jr. Wy. California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>Lat Gueppu</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>Lat Gueppu</b>
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 <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>Lat Gueppu</b> DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>AUG 21 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramos, M.D.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/21/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Scogen</b> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR AT ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>San Diego</b>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Etta Bradford + Shirley Henderson

in a \_\_\_\_\_ Vault/Urner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 129 Grave 8+9 Row \_\_\_\_\_ Section 3 Division/~~Block~~ 12

2 grave spaces for Double Crypts Grave space & Care Fund 990.00

Additional spaces and care fund 20495

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 990.00

Paid receipt number 34953 400.00

Balance due 590.00

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Etta Bradford

Address 5330 Orange Ave

State San Diego Ca.

Telephone 286-4195

Zip Code \_\_\_\_\_

Work Order # E 6874

PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

9-10-87

38027

\$ 590

300

10-20-87 38188

\$ 290

290

00



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34953

Date: 8-19- 1987From: ETTA BRADFORD Address: 5330 ORANGE AVE, APT 5B 92115Dollars (\$ 400.00 )In Part Payment of 2 GRAVE SPACES FOR ETTA BRADFORD  
ADD SHIRLEY HENDERSONLot 129 Grave 8 + 9 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E6874BALANCE DUE 590.00Pre-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 SPACEISSUED BY W. J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>400.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	60033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	1	<u>400.00</u>

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 35027

 From: Mr. Bradford Address: 5330 Orange Ave # 58 Date: \_\_\_\_\_ 19\_\_

Three hundred Dollars (\$ 300.00)  
 In \_\_\_\_\_ Payment of Purchase of Placed lots

 Lot 129 Grave 879 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6874BALANCE DUE 290.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>300</u> -
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78290	
TOTAL PAID	\$	<u>300</u> -

ISSUED BY Andrea Word

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-20-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Charles T. Harkey  
in a Simple Funeral, date, time Wed 8/26 3p.m.

Church, Chapel, Graveside Graveside; Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran \_\_\_\_\_

Lot 78 Grave 3 Row \_\_\_\_\_ Section 4 Division/Block 5

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 0

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6875**

PY-593 (REV. 8-85)



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6875

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Charles Turner Harkey</b>		SEX <b>Male</b>	DATE OF BIRTH <b>January 14, 1894</b>	DATE OF DEATH <b>August 20, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>Greenville</b>	PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>Texas</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Margaret Henson - Daughter</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mayer Mortuary 2859 Adams Ave. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>1424</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Rt. #2 Box 634 Quinlan, Texas</b>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
 ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
 ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
 ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
 ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
 ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
 ☐ 10. DISPOSITION PENDING

FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>Steel non sealed</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>Steel</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <b>Chester</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>Steel</b> DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>AUG 25 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Parnas, M.D.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/26/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Loyle W. Stettin</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

nellie + margaret

Mark Penhance

Lybrow - June

214 - 356 - 3532

E 6875

**MT. HOPE CEMETERY**  
**INTERMENT ORDER**

City of San Diego

Date 8/21/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dorothy J. Roberts

in a Bell hein Vault/Urner Funeral, date, time 11Am - 8/24/ Mon

Church, Chapel, Graveside Chapel & S.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran NO

Lot 119 Grave 2 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 250<sup>00</sup>

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 320<sup>00</sup>

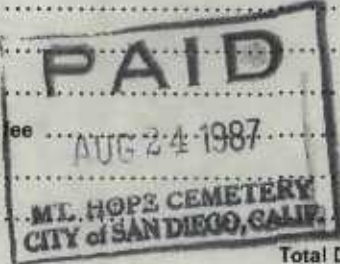
Burial Container ..... 100<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... 6<sup>00</sup>



Total Due ..... 856<sup>00</sup>

Paid receipt number 34960 856<sup>00</sup>

Balance due 0

*check from  
Ragsdale*

I hereby certify I am the Mother of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Bruce Peterson  
Signature  
3457 Ocean View  
Address  
San Diego 92113  
State  
835-0125 Zip Code  
Telephone

Work Order # **E 6876**  
PY-593 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34960

Date: Aug 24, 19 47From: Rogersdale Address: 2050 Tenthredine St. #101In full Payment of Mortality J. Roberts - servicesDollars (\$ 256.00)Lot 119 Grave 2 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E6876BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACEPre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☒

AC-212 (Rev. 11-66)

ISSUED BY

CREDIT	67007		
20% Sales Tax	77184	50	00
60% Sales of Lots	100	200	-
Opening/Closing	77181	320	50
Burial Containers	100	100	00
	77182	145	00
Handling Fee	100	25	00
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	6	00
	78390		
TOTAL PAID	\$	856	00

ck # 8297 from Rogersdale

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6876

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>DOROTHY JEAN ROBERTS</b>		SEX <b>Female</b>	DATE OF BIRTH <b>April 24, 1944</b>	DATE OF DEATH <b>Aug. 19, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Bessie Peterson - Mother 3457 Oceanview Blvd. San Diego, California 92113</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
 ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
 ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
 ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
 ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Jr. Way: California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA, OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Steel - Min</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b> DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>AUG 24 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos, M.D. MTH</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/24/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶ Royce Latta</b> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/21/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Verline Terry

in a Bell Service Funeral, date, time Wed - 11AM - 26'

Church, Chapel, Graveside Chapel & S.S.; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

✓ Lot 196 Grave 7 Row \_\_\_\_\_ Section 21 Division/Block 11/12

Grave space & Care Fund Care & Grave Sp - 250<sup>00</sup>

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 320<sup>00</sup>

Burial Container \_\_\_\_\_ 100<sup>00</sup>

Handling Fees \_\_\_\_\_ 145<sup>00</sup>

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35<sup>00</sup>

Sales taxes \_\_\_\_\_ 6<sup>00</sup>

Total Due \_\_\_\_\_ 856<sup>00</sup>

Paid receipt number 34959 856<sup>00</sup>

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Sherry Whitaker  
Signature  
396 S. Balboa Ave  
Address  
San Diego Cal  
City  
Zip Code

Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6877**

PY-593 (REV. 9-85)



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6877

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>VERLINE NMN TERRY</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Dec. 1, 1947</b>	DATE OF DEATH <b>Aug. 19, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Patricia Ray - Sister 6026 New Castle Court San Diego, California 92114</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
 ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
 ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
 ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
 ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Jr. Way; San Diego, Ca.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS: NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <i>[Signature]</i> DATE SIGNED <b>Aug. 24, 1987</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>AUG 25 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D.M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/26/87</b> INTERMENT DATE	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 34959

Date: 8/21, 1987
 From: Shirley Whitaker Address: San Diego  
Eighteen and a half years as a Dollars (\$ 856.00 )

 In Full Payment of Interment of Verline Terry - Dec
Single space & required service  
 Lot 96 Grave 7 Row \_\_\_\_\_ Section 2 Division Block 11
Invoice No.                     Acct. No.                     W.O. E-6877BALANCE DUE                     Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEISSUED BY                     

CREDIT	67007	
20% Sales Care	77184	<u>50.00</u>
80% Sales	100	<u>2.00</u>
of Lots	77184	<u>00</u>
Opening/	100	<u>320.00</u>
Closing	77181	
Burial	100	<u>100.00</u>
Containers	77182	
	100	<u>145.00</u>
Handling Fee	77183	
Recording &	100	<u>31.00</u>
Misc. Fees	77183	
Pre-Need	83033	<u>          </u>
Trust	9022	
Sales Tax	60101	<u>6.00</u>
	78390	
TOTAL PAID	\$	<u>856.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-21-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Norman Kiewel

in a Double Crypt Funeral, date, time Mon 8:24 a.m.

Church, Chapel, Graveside Woodside Humphreys Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 68 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund Greened

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes \_\_\_\_\_

Total Due 35.00

Paid receipt number 34969 35.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 6878

PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6878

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>NORMAN ARDEN KIEVEL</b>		SEX <b>Male</b>	DATE OF BIRTH <b>May 26, 1907</b>	DATE OF DEATH <b>August 20, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Eleanore Kievel (Wife) 5009 Bld Cliffs Road San Diego, CA 92120</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary—855 Broadway Chula Vista, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery - 3751 Market St. - San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A Both Covered - 3/4</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A Penny Lamb Wooden</b>		SIGNATURE OF APPLICANT ▶
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby 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 REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 21 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/28/87</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald E. Rios M.D.</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34969

Date: 6-28, 19

From: H.A. Kimmel Address: 5009 Oak Street

Dollars (\$ 35.00 )

In Payment of Recording cost for 11 new head

Lot 6 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-6878

BALANCE DUE 2

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86)

ISSUED BY

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	2500
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 35.00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-24-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Helen S. Mukai

in a Top Double Casket Funeral, date, time Sat 8/29 10:00

Church, Chapel, Graveside Graveside Jesus Calvary Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 9 Grave 1 Row \_\_\_\_\_ Section 11 Division Block 7

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 320.00

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_ Sat Overtime 386.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_ 785.00

Paid receipt number Cate 9/10/87 735.00

Balance due 5

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Wendy M. Hoshiguchi

Signature 4048 Cosmo St

Address San Diego Ca 92111

State (Calif) 277-96003 Zip Code

Telephone \_\_\_\_\_

Work Order # E 6879

PY-593 (REV. 3-85)

Invoice # 060263

Acct. # 023302



SHIPPED IN FOR INTERMENT

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6879

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>HELEN SUMIYE MUKAI</b>		SEX <b>female</b>	DATE OF BIRTH <b>May 21, 1934</b>	DATE OF DEATH <b>Aug 22, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>Reno</b>	PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>Nevada</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Caren Ong - daughter 1926 Old Canyon Drive Hacienda Heights, CA 91745</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (FOR PERSONS ADDRESS IN OTHER COUNTRY) <b>3051 El Canyon Blvd. Lewis Colonial/Benbough San Diego, CA 92104</b>		CALIFORNIA LICENSE NUMBER <b>F-480</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
 ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
 ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
 ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
 ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - San Diego, CA (3751 Market St.)</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT OF DEPARTURE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>Steel 18 Ga Sealer Top of Double Crypt [Signature] Wendy on</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 25 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/29/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>n/a</b>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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

CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

E-6879

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 09/16/87

DATE: 09/16/87  
TIME: 004829  
PAGE: 4

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
60263	09/03/87	023302	WENDYLN HASHIGUCHI			09/10/87	CK	#115	735.00	735.00	0.00
			100 072	77181	000072				320.00		
			100 072	77183	000072				415.00		

PAID IN FULL

NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 735.00



Mt. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Aug 25, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Leo Washington Jr. Daymantakel Wash

in a NONE Funeral, date, time 3: P.M. Aug 27

Church, Chapel, Graveside Graveside ; Regsdale Mortuary.

All Funeral cars must 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 1568 Grave — Row — Section 1 Division/Block 9

Grave space & Care Fund ..... 100.00

Additional spaces and care fund ..... NONE

Opening/Closing & Setup ..... 84.00

Burial Container ..... —

Handling Fees ..... —

Flower vases - Marker setting fee ..... —

Recording and filing fee ..... 35.00

Sales taxes ..... —

Total Due ..... 199.00

Paid receipt number 20.00

Balance due 179.00

I hereby certify I am the father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Leo Washington  
Signature  
6265 Scimitar Dr.  
Address  
S. Ca. 92114  
State Zip Code  
262-1454  
Telephone

Work Order #

**E 6880**

PV-593 (REV. 8-85)

Invoice # 060262

Acct. # 023301



## NOTE-STRAIGHT

\$ 179<sup>00</sup>/<sub>2</sub> San Diego, California, August 25, 1987- 90 - days after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mt. Hope Cemetery or San Diego City Treasureror order  
at 3751 Martin Luther King Way, San Diego, CA 92102the sum of One Hundred Seventy Nine and 00/100 DOLLARS.with interest from Nov 25, 1987 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

xx Leo Washington Jr.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

30 days -Calif. Driver Lic. # N0092628

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6880

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Dezman LaKel Washington</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Aug. 21, 1987</b>	DATE OF DEATH <b>Aug. 21, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>LaTanya Dudley - Mother 3969 1/2 32nd Street San Diego, California 92104</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |  |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                     |  |  |

<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> 10 DISPOSITION PENDING
--

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Wy.; San Diego, Calif.</b>			COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>	
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 <b>2-6- Hi Pole - Blue</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b> <b>NO REMAINS</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.			SIGNATURE OF APPLICANT <b>▶</b> DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THE PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>AUG 27 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Robert L. Brown, M.D. mtr</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/27/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶</b> <b>Leoyun Steller</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



## OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34964

Date: 8/25/87, 19From: Leo WashingtonAddress: 6225 Santa - D. 92114Dollars (\$ 20.00)In PartPayment of Interment of (L.B.) Washington -Lot 1568

Grave

Row

Section 1Division  
Block 9Invoice No.       Acct. No.       W.O. E6880BALANCE DUE 179.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

ISSUED BY Rayen [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>20.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	53033	
Trust	9032	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20.00</u>



PAID IN FULL

PARTIAL PAYMENT

060262 09/03/87 023301 LEO WASHINGTON JR.

10/0/87 CA

100 072  
100 072  
100 072  
67007

77181 000072  
77183 000072  
77184 000072  
77184

50.00  
17.68  
9.78  
16.76  
5.58

179.00

NUMBER OF INVOICES PAID 2  
TOTAL AMOUNT PAID 925.00

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

 E 6880 N<sup>o</sup> 35100

 Date: 10-9, 1987

 From: 1st + 2nd Address: 3741 1/2 1st St. D.

 Dollars (\$) 50.00

 In Payment of Gravestone

 Lot 1568 Grave 160262 Row 1 Section 1 Division Block 1

 Invoice No. 160262

 Acct. No. 023301

 W.O. 124.00

 BALANCE DUE 124.00

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

OCT 9 1987

 Pre-Need Lot ☐ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86)

 ISSUED BY Kathy Wain

CREDIT	57007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>50.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-25-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Carroll Franklin  
in a single Funeral, date, time Friday, 8/28 1 p.m.  
Church, Chapel, Graveside Graveside Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran \_\_\_\_\_

Lot 270 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division B-10

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes \_\_\_\_\_

Total Due 35.00

Paid receipt number 34971 35.00

Balance due 0

I hereby certify I am the auth of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

1980  
Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6881

PR-593 (REV. 8-85)



## MOUNT HOPE CEMETERY

E6881

Sept. 3, 1980 19 80

The undersigned hereby requests and authorizes the interment of the remains of

Carroll L. Franklin in Lot 270 Gr        Row        Sec.         
Block

Division 10 in accordance with and subject to the rules and regulations  
governing said interment in Mount Hope Cemetery, and certifies and represents

that he or she has the legal right to make such authorization and agrees to

hold Mount Hope Cemetery harmless from any and all liability on account of said  
authorization and interment.

x Carroll Franklin Self

Signature of relative or legal  
representative

Address & relationship to deceased or  
authority to sign authorization

Arthur C. Mitchell  
Witness

\_\_\_\_\_  
Witness

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6881

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Carroll Lenore Franklin</b>		SEX <b>Female</b>	DATE OF BIRTH <b>12/31/1907</b>	DATE OF DEATH <b>8/25/1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Pre-Need Records (Self)</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Beardsley-Mitchell Funeral Home 1818 Sunset Cliffs Blvd. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-816</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Beardsley-Mitchell Funeral Home 1818 Sunset Cliffs Blvd. San Diego, CA 92107</b>

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3. 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 WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA</b>			COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>N/A</b>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>			SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 27 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramirez, M.D.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/28/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

**COPY 2** IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34971

Date: 2-28, 1997From: John J. Mitchell Address: 3155 5TH AVE S.D. 92103In Payment of Funeral & BurialLot 270 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6881BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/25/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Doe #87-470

in a Vault/Urns Funeral, date, time 10 AM / Wed / 8/26

Church, Chapel, Graveside Claremont Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 150 Grave 7 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund NONE 50

Additional spaces and care fund No

Opening/Closing & Setup 90

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 145.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 6882

PV-593 (REV. 8-85)

Invoice # 060260

Acct. # 000952

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6882

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>John Doe CC#87-470</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Unk.</b>	DATE OF DEATH <b>April 8, 1987</b>
PLACE OF DEATH—CITY OR TOWN		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Public Administrator 5201-A Ruffin Road San Diego, CA 92123</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5602 El Cajon Blvd. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-1357</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
 ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
 ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
 ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
 ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
 ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
 ☐ 10. DISPOSITION PENDING

## FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>T.V. Special Flat chert cloth covered metal (4) Channel 8</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A "Dora Black Star"</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>Donald A. Roman M.D.</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 26 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/26/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>George A. Miller</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 8/25/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Porfirio E Salinas - (Enrriqueta)

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 131 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund ..... Double Crypt - 320.00

Opening/Closing & Setup ..... 320.00

Burial Container ..... Double Crypt 330.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee ..... ~

Recording and filing fee ..... 35.00

Sales taxes ..... 19.80

Trust 1379.80 250.00 1429.80 250.00 1679.80

Total Due ..... 1274.80

Paid receipt number 34966 1629.80

Balance due 0

I hereby certify I am the own selves of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

AUG 25 1987

**MT. HOPE CEMETERY  
CITY of SAN DIEGO, CALIF.**

X Porfirio E Salinas

Enrriqueta H Salinas

1855 National Ave

San Diego 92113

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 6883**

PY-593 (REV. 9-85)





E 6883

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.

- 1) 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

*Miss Walker*  
Business Office

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34966

Date: 8/25/87, 19\_\_From: Porfirio E Salinas Address: 1855 National Ave. #D - 92113In: Full Deposit Payment of For Grave Space - Double Crypt - and twoInterments - all charges inc.Lot 131 Grave 3 Row — Section 2 Division Block 11Invoice No. —Acct. No. —W.O. F6883BALANCE DUE 0Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 11-80)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	50.00
80% Sales of Lots	100	200.00
Opening/Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	1379.80
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	1629.80

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-26-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rev. Dr. V. M. Blackman

in a crypt Vault/Liner Blackman Funeral date, time

Church, Chapel, Graveside \_\_\_\_\_; Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 115 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 495-

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 495

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Signature Rev. Dr. Vernon

5330 Orange Ave

San Diego, CA 92115

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6884

PV-693 (REV. 8-85)

23 @ #20  
1 @ #35



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37366

Date: 2-16, 19 89From: Vernon Bladman Address: 5330 Caring (on #2B, SDDollars (\$ 100.00)Payment of Credit for Sale
 Lot 115 Grave 3 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6884BALANCE DUE 395.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACEISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>100.00</u>

CITY AUDITOR

FEB 21 1989



## OFFICIAL RECEIPT


 WHITE ..... TO-CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 37509

Date: 3-11-89, 1989From: Vernon Blackman Address: 5330 Camino Verde, #20, SDThree hundred fifty-five and 00/100 Dollars (\$ 355.00)In Credit Payment of Lot SaleLot 115 Grave 3 Row 2 Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-6884BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.
 CITY AUDITOR  
 MAR 20 1989
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>99.00</u>
80% Sales of Lots	100	<u>296.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Standing Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>395.00</u>



Credit  
Sale

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-27-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosa Payne - Pierce

in a \_\_\_\_\_ Vault/Urner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 96 Grave 9 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 250.00

Paid receipt number \_\_\_\_\_

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 \_\_\_\_\_ hold under deed.

Signature of recorded holder of deed

X Rosa m. Payne  
Signature 1233 Skyline Dr  
Address SD-CA 92114  
State 264-0237 Zip Code  
Telephone

Work Order # E 6885

PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Alan Christopher Washam.

*Per Med*

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/27/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Alan Christopher Washam

in a Top Seal Concrete Vault Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran No

Lot 96 Grave 9 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund Sp. - Single - 250.00

Additional spaces and care fund none \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 320.00

Burial Container Concrete Top Seal Vault \_\_\_\_\_ 175.00

Handling Fees Labor fee \_\_\_\_\_ 170.00

Flower vases - Marker setting fee \_\_\_\_\_ 35.00

Recording and filing fee \_\_\_\_\_ 10.50

Sales taxes \_\_\_\_\_ 960.50

Total Due 960.50

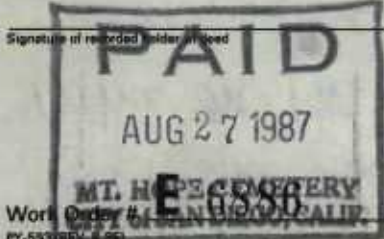
Paid receipt number 34968 960.50

Balance due 0

I hereby certify I am the Mother (Per Med) of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

Send to be issued to A.C.W.  
I hereby authorize the interment in lot I  
hold under deed.

Signature of record holder Rosa M. Paepe  
Address 7233 Skyline Dr  
San Diego 92114  
State CA Zip Code  
Telephone 264-0237



Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



9/4/98

Rosa Payne does not want son  
name on Pre Need anymore.

Owner name revert to Rosa Payne  
who is Purchaser of lot.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34968

Date: 8/27/87, 19From: Rosa M. Byrne, Mother of Alan Address: 7233 Ledyline Dr. L.D. 92114In Full Payment of Pre-Need Credit for Lot & Burial Trust for  
future use of Alan Christopher Washam -  
 Dollars (\$) 960.50
 Lot 96 Grave 9 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E6886BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	<u>50.00</u>
80% Sales of Lots	100	<u>200.00</u>
Opening/Closing	77181	<u>1.00</u>
Burial Containers	100	<u>1.00</u>
	77182	<u>1.00</u>
Handling Fee	100	<u>1.00</u>
Recording & Misc. Fees	77183	<u>1.00</u>
Pre-Need Trust	63033	<u>710.50</u>
Sales Tax	9022	<u>1.00</u>
	60101	<u>1.00</u>
	78390	<u>1.00</u>

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐ISSUED BY [Signature]  
Cent. mgr.TOTAL PAID \$ 960.50
 970  
 950



CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

E6886

No 11442

# DEED

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Alan Christopher Washam for the sum of \$ 250.00 (DOLLARS)

LEGAL DESCRIPTION Lot 96, Grave 9, Section 2, Division 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:*

Preneed Trust - \$710.50

Regulation Marker 24"x12"x3"

Countersunk

*George W. Stelter*  
Cemetery Manager

*Arthur Zula*  
Property Director



This deed replaces Deed 11442.



CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

**DEED**

OWNERSHIP AND INTERMENT PRIVILEGES

TO ROSA M. PAYNE for the sum of \$ \$250.00 (DOLLARS)

LEGAL DESCRIPTION Lot 96, Grave 9, Section 2, Division 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:

Preneed Trust - \$710.50

Flat marker 12x24x3 only

*John Waiter*  
Cemetery Manager

*J. T. [Signature]*  
Real Estate Assets Director

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/27/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of La Shonte Dean Lewis

in a Crematorium Vault/Urns Funeral, date, time Mon 10AM - 8/31

Church, Chapel, Graveside Graveside; Agoda Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 1947 Grave — Row — Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund —

Opening/Closing & Setup 100.00

Burial Container Crematorium 50.00

Handling Fees 11.00

Flower vases - Marker setting fee —

Recording and filing fee 35.00

Sales taxes 3.00

30 day acc 299.00

NAVY 299.00

Balance due 0

I hereby certify I am the Father of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed

Signature

Laura A. Lewis

Address

4666 Marlborough #8

State

San Diego CA 92105

Telephone

283-0895

Work Order #

**E 6887**

PV-593 (REV. 5-85)

Invoice #

Acct. #

## NOTE—STRAIGHT

\$ 299<sup>00</sup> San Diego, California, 8/27/87, 19\_\_  
- 30 - days after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mt. Hope Cemetery or San Diego City Treasurer  
 or order  
 at 3751 Martin Luther King Way, San Diego, CA 92102  
 the sum of Two Hundred Ninety nine and 00/100 DOLLARS.  
 with interest from Sept 28, 1987 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Lanza of Lanza  
4060 Marlborough #8 S.D.C.A. 92105

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # 5621274



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6887

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>LaShonte Diane Lewis</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Aug. 26, 1987</b>	DATE OF DEATH <b>Aug. 26, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lawyer Franklin Lewis - Father 4060 Marlborough Avenue San Diego, California 92105</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

## FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Way: San Diego; California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
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 <b>N/A</b> <i>house over Point Hope # OA Lewis</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>AUG 31 1987</b>
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>▶</b> <i>Ronald L. Ramos, M.D.Mr.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/31/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶</b> <i>Gregory S. Little</i>	
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>Vital Records P. O. Box 85222 San Diego, California 92138-5222</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS 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.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 34975

Date: 9/1/87, 19From: L. F. Lewis Address: 4060 7th Avenue - EP - 2D, 72101
Two Hundred Ninety Nine and 00/100 Dollars (\$ 299.00 )
In full Payment of Interment of Lorraine Deane Lewis - Dec
 Lot 1947 Grave ~ Row ~ Section 1 Division Block 9

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E6887BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR

002158

Sept 4, 1987

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	<u>30.00</u>
80% Sales	100	<u>80.00</u>
of Lots	77184	
Opening/	100	<u>100.00</u>
Closing	77181	
Burial	100	<u>50.00</u>
Containers	77182	
	100	<u>11.00</u>
Handling Fee	77183	
Recording &	100	<u>25.00</u>
Misc. Fees	77183	
Pre-Need	63033	<u>~</u>
Trust	9022	
Sales Tax	60101	<u>3.00</u>
	78390	
TOTAL PAID	\$	<u>299.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/27/

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Flores, Yolanda <sup>1340</sup>

in a Vault/Liner Funeral, date, time Fri 8/28 2:00

Church, Chapel, Graveside no service Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran Drop

Lot 150 Grave 7 Row 2 Section 11 Division/Block 11

Grave space & Care Fund 38.00

Additional spaces and care fund 67.00

Opening/Closing & Setup J. Sager

Burial Container J. Sager

Handling Fees J. Sager

Flower vases - Marker setting fee J. Sager

Recording and filing fee J. Sager

Sales taxes J. Sager

Total Due 105.00

Paid receipt number 1036327

Balance due 0

I hereby certify I am the Mary Sager of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # 060261

Acct. # 000952

Work Order #

**E** 6888

PY-593 (REV. 8-85)



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6888

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>YOLANDA FLORES</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 29, 1974</b>	DATE OF DEATH <b>August 27, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Public Administrator Indigent Burial Officer 5201-A Ruffin Road San Diego, CA 92123</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary—855 Broadway Chula Vista, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

TYPE OF PERMIT; CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Nt. Hope Cemetery 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE OF CREMATION <b>Aug 28 1987</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESIGNATION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>See line on Top of Double Deep no. line</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b> <i>From Foster Care</i>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>Humphrey Chula Vista Mortuary</b> DATE SIGNED <b>August 28, 1987</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 28 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Carras, M.D. CO</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>8/28/87</b> <b>150-4-2-11</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/31/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Virginia Sue

in a Vault/Liner Funeral, date, time Tues 9/1 1:30

Church, Chapel, Graveside McElroy-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran Disg Off

✓ Lot 150 Grave 2 Row 2 Section 2 Division/Block 11

Grave space & Care Fund 55.00

Additional spaces and care fund 90.00

Opening/Closing & Setup 90.00

Burial Container     

Handling Fees     

Flower vases - Marker setting fee     

Recording and filing fee     

Sales taxes     

Total Due 145.00

Paid receipt number     

Balance due     

I hereby certify I am the P.A. 1036386 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed     

Signature     

Address     

State      Zip Code     

Telephone     

Invoice # 060801

Acct. # 000952

Work Order #

**E 6890**

PY-593 (REV. 8-85)



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E6890

NAME OF DECEDENT <b>VIRGINIA SNEED</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>NOV 26, 1908</b>	DATE OF DEATH <b>AUG 27, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH <b>MERLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>		CALIFORNIA LICENSE NUMBER <b>F-119</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 10. DISPOSITION PENDING

FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>County</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 31 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>9/1</b> <b>150/3/2/11-10</b> ENTER DATE	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Geoyen</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos</b>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE <b>N/A</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 8-28-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Florence Johnson

in a \_\_\_\_\_ Vault/Liner \_\_\_\_\_ Funeral date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran \_\_\_\_\_

Lot 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 ..... 245

Flower vases - Marker setting fee ..... 35

Recording and filing fee ..... 6

Sales taxes ..... 101

Total Due ..... 1401

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

Florence L. Johnson  
Signature  
245 North Pardee St.  
Address  
Calif.  
State 92102 Zip Code  
239 6538  
Telephone

Work Order #

**E 6889**

MY-583 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/31/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Leticia C. Hawkins

in a Bellview Vault/Liner Funeral, date, time Tuesday-9/1- 11 Am.

Church, Chapel, Graveside Chapel 8/31; SoCal Christ Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No 234-3272

Lot 1804 Grave --- Row --- Section 1 Division/B 9

Grave space & Care Fund 100<sup>00</sup>

Additional spaces and care fund none

Opening/Closing & Setup 100<sup>00</sup>

Burial Container 50<sup>00</sup>

Handling Fees 11<sup>00</sup>

Flower vases - Marker setting fee ---

Recording and filing 35<sup>00</sup>

Sales taxes 3.00

Graveside Granite Works. Total Due 299<sup>00</sup>

Cash - 32 Paid receipt number 34974 299<sup>00</sup>

Balance due 0

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Philomena Winter  
Signature  
X 4861 Euclid #5  
Address  
X San Diego CA 92115  
State Zip Code  
X 563-4900  
Telephone

Work Order #  
PY-593 (REV. 8-85)

E 6891

Invoice #

Acct. #



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6891

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Laticia C. Hawkins</b>		SEX <b>Female</b>	DATE OF BIRTH <b>5-22-1987</b>	DATE OF DEATH <b>8-26-1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lee V. Hawkins (Father) 4261 Euclid Avenue #5 San Diego, CA 92115</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5602 El Cajon Blvd. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-1357</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market Street San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
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 <b>near OA Overa 32" Octagon White Lamb</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b> DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>AUG 31 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Dorrell L. Ramos, M.D. mm</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>9/1/87</b> <b>1804-1-9</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS



## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

34974

 From: E. Wooten Address: 4261 Euclid #3 - D.D. 92115 Date: 8/31/87 1987  
Two Hundred Ninety Nine and 00/100 Dollars (\$ 299.00)  
 In full Payment of Interment of an fee Leticia C. Hawkins - dec

 Lot 1804 Grave ~ Row ~ Section ~ Division Block 9

 Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E6891  
 BALANCE DUE 0

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR

002032 SEP 2 1987

 Pre-Need Lot ☐ At Need ☒ On Acct ☐  
 Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

ISSUED BY

CREDIT	67007	
10% Sales Care	77184	20.00
60% Sales of Lots	100	80.00
Opening/ Closing	100	100.00
100	77181	
Containers	100	50.00
100	77182	
Handling Fee	100	11.00
Recording & Misc. Fees	100	35.00
77183		
Pre-Need Trust	53033	
9022		
Sales Tax	80101	3.00
78390		
TOTAL PAID	\$	299.00

MT. HOPE GEMETERY  
INTERMENT ORDER

City of San Diego

Date 9/2/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Mae Dawson

in a \_\_\_\_\_ Vault/Liner Funeral, date, time Thurs 9/4/87

Church, Chapel, Graveside \_\_\_\_\_ Mortuary Mayer

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 104 Grave 3-4 Row \_\_\_\_\_ Section 2 Division/Block 11

Bottom Grave space & care fund \_\_\_\_\_ 5500

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 receipt number \_\_\_\_\_

Balance due 745.00

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 6892

PY-593 (REV. 8-85)

Invoice # 060800

Acct. # 000952

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6892

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Willie Mae Dawn</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Sept. 9, 1917</b>	DATE OF DEATH <b>August 30, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Public Administrator 5201-A Ruffin Road San Diego, CA 92123</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mayer Mortuary 2859 Adams Av. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>1424</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
 ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
 ☐ 6. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
 ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
 ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
 ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
 ☐ 10. DISPOSITION PENDING

## FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: <b>Mt. Hope Cemetery, 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b> <i>Flat chena plan 4 Blastic factual Board Bottom in Travel</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>SEP 2 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>104-4-2-11</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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 THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9-3-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Kenneth Mortimer Whalley

in a \_\_\_\_\_ Funeral, date, time Friday 9/4/87

Church, Chapel, Graveside Graveside Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran Decap off

Lot 104 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund Top 55.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 90.00

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 145.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order #

**E 6893**

PY-593 (REV. 8-86)

Invoice # 060798

Acct. # 000952

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6893

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

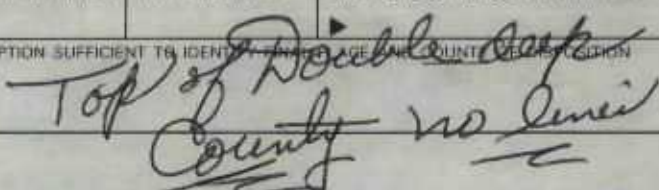
NAME OF DECEDENT <b>Kenneth Mortimer Walley</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Feb. 12, 1947</b>	DATE OF DEATH <b>Aug. 28, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Susan Gidley/Dep. Public Adm. 5201-A Ruffin Rd. San Diego, CA 92123</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Goodbody Mortuary 5027 El Cajon Blvd., San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>F-790</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

## FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery, 3751 M.L. King Way, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY REMAINS <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>SEP 3 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>9/4/87</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Ramos, M.D., M.M.</b>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Debra Slatta</b>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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 THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Sept 4, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Elizabeth Davis Miller

in a Vault Funeral, date, time Thurs 9/10 2:00

Church, Chapel Graveside Chapel & Mausoleum Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 144 Grave 2 Row \_\_\_\_\_ Section 14 Division/Block 7

Grave space & Care Fund Preneed 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

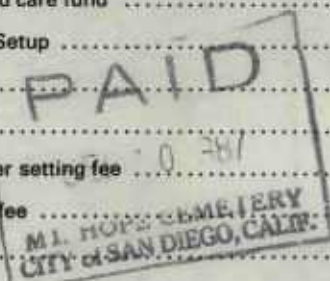
Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee 35.00

Recording and filing fee 3.50

Sales taxes 10.50



Total Due 710.50

Paid receipt number 34992 210.50

Balance due 500.00

I hereby certify I am the Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

x Eugene Neal  
Signature 3003 K St.  
Address San Diego, CA  
State CA Zip Code 92102  
Telephone 232-0669

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 6894  
PY-583 (REV. 5-85)



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6894

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ELIZABETH NMN MILLER</b>		SEX <b>Female</b>	DATE OF BIRTH <b>June 6, 1889</b>	DATE OF DEATH <b>Sept. 3, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Eugene Neal - Nephew 3003 "K" Street San Diego, California 92102</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <b>FOR CORONER'S USE ONLY</b><br><input type="checkbox"/> 10. DISPOSITION PENDING                     |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Jr. Way: California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>Steel non Seal</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>Std Casht</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>SEP 9 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>9/10/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Harold L. Ramos M.D.M.M.</b>	
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

## OFFICIAL RECEIPT


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 34992

From:

*Lucene Neal*

Address:

*3003 K St, SD 92102*

Date:

*9-4*

19

*87*

From:

*Two hundred - Ten 50*
Dollars (\$ *210.50* )

In

Payment of

*Elizabeth D. M. New Juvenile*

Lot

*144*

Grave

*2*

Row

Section

*14*

Division

*7*

Invoice No.

Acct. No.

W.O.

*E-6894*

BALANCE DUE

*500.00*
NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT

20% Sales Comm 67007 77184

80% Sales 100

of Lots 77184

Opening/ 100

Closing 77181

Burial 100

Containers 77182

100

Handling Fee 77183

Recording &amp; 100

Misc. Fees 77183

Pre-Need 63033

Trust 9022

Sales Tax 60101 78390

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

ISSUED BY

*Indira K. Patel*

TOTAL PAID

\$

*210.50*

## OFFICIAL RECEIPT

No 34997


 WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

From:

Carmel

Address:

3003 K Street, SD 92102

Date:

9-4, 1987

In

Payment of

 paid hundred Dollars (\$ 500.00 )  
 Elizabeth D. Miller service

Lot

144

Grave

2

Row

14

Section

14

Division  
Block

7

Invoice No.

Acct. No.

W.O.

BALANCE DUE

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

Pre-Need Lot

☐

At Need

☒

On Acct

☐

Pre-need Trust

☐

Cash

☒

Check

☐

AC-212 (Rev. 11-86)

ISSUED BY

CREDIT

20% Sales Care

67007

77184

80% Sales

100

of Lots

77184

Opening/

100

Closing

77181

Burial

100

Containers

77182

100

Handling Fee

77183

Recording &amp;

100

Misc. Fees

77183

Pre-Need

63033

Trust

9022

Sales Tax

60101

78390

TOTAL PAID

\$

500.00



B-4318  
MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9-4-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Robert E. Weiss

in a liner Funeral, date, time Tuesday 9:30 AM

Church, Chapel, Graveside Church, San Marcos Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 184 Grave 2 Row \_\_\_\_\_ Section 14 Division Block 7

Grave space & Care Fund Tag \_\_\_\_\_

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 SEP. 08. 1987 35.00

Total Due 35.00

Paid receipt number 35001 35.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 6895**

PR-593 (REV. 9-85)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E6895

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>ROBERT EDWARD HINDS</b>		SEX <b>Male</b>	DATE OF BIRTH <b>March 8, 1886</b>	DATE OF DEATH <b>Sept. 3, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Gladys Penney - Daughter 2545 Carmona Street Los Angeles, CA 90016</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>1320</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

## FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Martin Luther King Way: San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Roy Bell</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <i>Top of Burial Separate Bell Line</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		SIGNATURE OF APPLICANT <i>Roy A. Chavez</i>
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby 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 REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND AS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>SEP 8 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>9/8/87</b> (ENTER DATE) <b>1849/2/14/7.</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Scogla State</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, 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 CEMETERY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



# OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
264-3151

No 35001

Date: 9-8, 1987

From: Calvin - Parada Address: 5052 Alameda Blvd

Thirty five dollars Dollars (\$ 35.00 )

In Payment of Reading for year

Robert Hope's Service

Lot 184 Grave 2 Row 14 Section 14 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-6895

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev 11-86)

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	43033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>35.00</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9-8-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Shirley C. Morrison  
in a Bell Crematorium Funeral, date, time Thurs. 9/10 1230

Church, Chapel Graveside Graveside Graveside Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran No

Lot 62 Grave 1 Row --- Section 5 Division/Block 2

Grave space & Care Fund Flat marked only 495<sup>00</sup>

Additional spaces and care fund no -

Opening/Closing & Setup 991 396 320<sup>00</sup>

Burial Container 100<sup>00</sup>

Handling Fees 145<sup>00</sup>

Flower vases - Marker setting fee 15.90

Recording and filing fee 35<sup>00</sup>

Sales taxes 6<sup>00</sup>

Total Due 1106.90

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the Daughter of the above named decedent  
and this is your authority to make disposition of remains as above indicated. I certify and represent  
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Shirley C. Morrison  
Address 1992 Avocado Ave #3  
El Cajon CA. 92020  
State 579-8372 Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 6896  
PY-583 (REV. 5-85)

Invoice # 060790  
Acct. # 023493

## NOTE-STRAIGHT

\$ 1101<sup>00</sup> San Diego, California, Sept 8, 1987- 30 - days after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mt. Hope Cemetery or San Diego City Treasureror order  
at 3751 Martin Luther King Way, San Diego, CA 92102the sum of Eleven Hundred One and 00/100 DOLLARS.with interest from October 8, 1987 on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Richard CassmanMAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICEMailing AddressCalif. Driver Lic. # NO 925039



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6896

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>GLORIA RUTH ARMSTRONG</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Dec. 27, 1924</b>	DATE OF DEATH <b>Sept. 7, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Loretta Y. Maeker, daughter 11061 Plum Tree Lane Spring Valley, Ca. 92077</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>FEATHERINGILL MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>1083</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1 BURIAL (INCLUDES ENTOMBMENT)

☐ 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 10 DISPOSITION PENDING

☐ 4 SCIENTIFIC USE

## FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market St., San Diego, Ca. 92102</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED <b>n/a</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>n/a</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>  DATE SIGNED <b>[Blank]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>SEP 9 1987</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>9/10/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS



CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 10/22/87

DATE: 10/22/87  
TIME: 222329  
PAGE: 5

DEPARTMENT 072      PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND      DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
060790	09/24/87	023493	RACHELL OSSMAN				10/15/87	CK	1608	1,116.90	1,116.90	0.00
			100      072		77181	000072				320.00		
			100      072		77182	000072				105.00		
			100      072		77183	000072				35.00		
			100      072		77184	000072				396.00		
			100      072		77185	000072				155.60		
			60101		78390					6.30		
			67007		77184					99.00		
NUMBER OF INVOICES PAID												
TOTAL AMOUNT PAID											1,116.90	

PAID IN FULL



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

9/7/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Gasparich

in a Linco Funeral, date, time Fri 9/11 / 1 P.M.

Church, Chapel, Graveside Chapel & LL : Penkham - Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 443 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division/Block 8

Grave space & Care Fund Revised B-1282

Additional spaces and care fund none

Opening/Closing & Setup 320<sup>00</sup>

Burial Container Call Linco Consult 100<sup>00</sup>

Handling Fees 145<sup>00</sup>

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35<sup>00</sup>

Sales taxes 6<sup>00</sup>

Reverend May Buy ch. 606<sup>00</sup>

179<sup>00</sup>

178<sup>00</sup>

0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State

Zip Code

Telephone

Invoice #

Acct. #

Work Order #

PY-693 (REV. 8-85)

E 6897

ck 5990  
9/8/87

OK Via Phone  
Kaven

Paid receipt number

35037

Balance due

SEP 14 1987

MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 6897

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>JOHN GASPARCH</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>JUN 5, 1910</b>	DATE OF DEATH <b>SEP 7, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>CORONADO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>MATTIE SUE GASPARCH, WIFE</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH <b>PINKHAM-MITCHELL MORTUARY, 808 15TH STREET, IMPERIAL BEACH, CA 92032</b>		CALIFORNIA LICENSE NUMBER <b>F-1178</b>		<b>856 B AVENUE CORONADO, CA 92118</b>

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 10. DISPOSITION PENDING

FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND <u>COUNTY</u> OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>SEP 9 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED <b>9/11/87</b> DISPOSITION WAS MADE ON (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Loeyu Sletta</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald E. Ramsey, M.D.</b>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF <u>COUNTY</u> OF DEATH		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE <b>N/A</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



## OFFICIAL RECEIPT

No 35037


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

Date: 9/15/87, 19

 From: Frankham Mitchell Address: Imperial Beach  
 Seven Hernding Eightyfive 0/10 Dollars (\$ 785.00)  
 In full Payment of Interment fees & marker setting fees etc

Lot 443 Grave — Row — Section 3 Division Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-6897

BALANCE DUE \_\_\_\_\_

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	320.00
Closing	77181	
Burial	100	100.00
Containers	77182	
	100	145.00
Handling Fee	77183	
Recording &	100	214.00
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	6.00
	78390	
TOTAL PAID	\$	785.00

ck 5990

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 9-8-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Henry Boey

in a Line 1 Funeral, date, time Wed. 9/8 2:00

Church, Chapel, Graveside Church, Home, Laykale Mortuary.

All Funeral cars must 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 101 Grave 5 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 250.

Additional spaces and care fund ..... 320.

Opening/Closing & Setup ..... 100

Burial Container ..... 145

Handling Fees ..... 35

Flower vases - Marker setting fee ..... 6

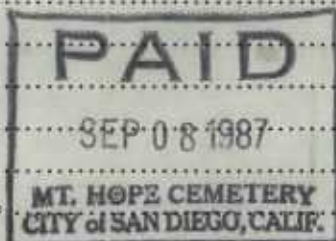
Recording and filing fee ..... 856

Sales taxes ..... 856

Total Due ..... 856

Paid receipt number 35002 856

Balance due 0



I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under dead.

\_\_\_\_\_  
Signature of recorded holder of deed

Oscar Lacy  
Signature  
10648 So Chestnut  
Address  
CA 93725  
State  
1-209-8345040  
Telephone  
Zip Code

Work Order # E 6898

PT-593 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-6898

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>JOHN HENRY LACY</b>		SEX <b>Male</b>	DATE OF BIRTH <b>July 19, 1909</b>	DATE OF DEATH <b>Sept. 2, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Juanita Lacy - Wife 515 South 65th Street San Diego, California 92114</b>
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mort.: San Diego, California</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1 BURIAL (INCLUDES ENTOMBMENT)

☐ 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 10. DISPOSITION PENDING

☐ 4 SCIENTIFIC USE

**FOR CORONER'S USE ONLY**

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Jr. Way: San Diego, California</b>			COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>		
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 <b>N/A</b> <i>Brown Point, San Diego, Calif.</i>				
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>				
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.			SIGNATURE OF APPLICANT <b>[Signature]</b> DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>SEP 9 1987</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/5-2-11</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH				

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



# OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

## CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151

No 35002

Date: Spt 8, 1987

From: Opas Lacey Address: 10648 La Chetnut Fresno Ca

Eight hundred fifty six dollars and <sup>NO</sup>00 Dollars (\$ 856.<sup>00</sup>)

In full Payment of John Henry Lacey

Lot 101 Grave 5 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E 6898

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	87007	<u>50</u>	-
20% Sales Care	77184		
80% Sales	100	<u>200</u>	-
of Lots	77184		
Opening/	100	<u>320</u>	-
Closing	77181		
Burial	100	<u>100</u>	-
Containers	77182		
	100	<u>145</u>	-
Handling Fee	77183		
Recording &	100	<u>35</u>	-
Misc. Fees	77183		
Pre-Need	83053		
Trust	9022		
Sales Tax	60101	<u>6</u>	-
	78390		
TOTAL PAID	\$	<u>856</u>	<u>00</u>

ISSUED BY Dave Lowrey

ck # 657, from Opas Lacey  
Fresno - ck from R.H. - Lowrey

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

9-8-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mae Nell Salston

in a Bell Lin Vault/Liner Funeral, date, time Wed 9/9 11:00

Church, Chapel, Graveside Chapel & Home Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 97 Grave 1 Row \_\_\_\_\_ Section 2 Division/Block 11

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 Day late Total Due ..... 856

Paid receipt number 11-3-87 856

Balance due 0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Sandra D. Reed  
Address 5480 University Ave #210  
Calif. 92105  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone 583 1033

Work Order #

**E 6899**

PY-593 (REV. 8-86)

Invoice #

060795

Acct. #

023497

## NOTE—STRAIGHT

\$ 856.00 San Diego, California, 9-8, 1987days after date, for value received, the undersigned maker(s) promise(s) to pay to  
Mt. Hope Cemetery or San Diego City Treasureror order  
at 3751 Martin Luther King Way, San Diego, CA 92102the sum of eight hundred fifty six <sup>00/100</sup> 00/100 DOLLARS.with interest from \_\_\_\_\_ on the unpaid principal at the rate of  
12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

X Sandra L. Reed  
5480 University Ave #210MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICEMailing AddressCalif. Driver Lic. # N9618523



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-6899

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Mae Dell Galston</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Oct. 15, 1932</b>	DATE OF DEATH <b>Sept. 3, 1987</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Sandra Bee Reed - Daughter</b> <b>5480 University Ave. Apt. 210</b> <b>San Diego, CA 92105</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary San Diego, CA</b>		CALIFORNIA LICENSE NUMBER <b>5050 Federal Blvd.</b> <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4 SCIENTIFIC USE                                     |   |   |

FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Martin Luther King Way: San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>SEP 9 1987</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>9/12/87</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	
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

CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

E-6899

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 11/13/87

DATE: 11/13  
TIME: 19565  
PAGE: 5

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
060795	09/24/87	023497	SANDRA D. REED				11/03/87	CK	165658	856.00	856.00	0.00
			100 072		77181	000072				320.00		
			100 072		77182	000072				100.00		
			100 072		77183	000072				35.00		
			100 072		77184	000072				200.00		
			100 072		77185	000072				145.00		
			60101		78390					6.00		
			67007		77184					50.00		

NUMBER OF INVOICES PAID  
TOTAL AMOUNT PAID

1  
856.00

PAID IN FULL

E-6899



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

9-8-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe

in a Vault/Urns Funeral, date, time Thurs. 9/10 11am  
Church, Chapel, Graveside Placent Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran drag off

Lot 109 Grave 11 Row 2 Section 2 Division/Block 11

Grave space & Care Fund 55

Additional spaces and care fund 90

Opening/Closing & Setup Cancelled - 10:15 AM

Burial Container NAVY

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145

Paid receipt number

Balance due

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order # **E 6900**

PP-593 (REV. 8-85)

Beverly - 233-2564  
Navel P.A.  
565-5694 - Susan