Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/9/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnnie L. Brantley Branch

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 17 Grave 546 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund 2-2spaces	500.00
Additional spaces and care fund (3+4) Res. 2sp for 12 mo.	
Opening/Closing & Setup ..... not arranged for at this time.	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	500.00
Paid receipt number _____	
Balance due	

Tyrone Brown

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6901

Acct. # _____

PY-593 (REV. 8-85)

11-10-87
12-8-87

35392

500.00
20.00
480.00
20.00
460.00

Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/9/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joel Branth Branch

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 17 Grave 11&12 Row – Section 2 Division/Block 11

Grave space & Care Fund 2 Sp @ 250	500.00
Additional spaces and care fund Res. 2 Sp for 12 mo	
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	

not arranged for at this time

Purchase Cancelled 4/9/03

Tyrone Brown

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 4974 Logan Ave

State San Diego Zip Code 92113

Telephone

Invoice # _____

Work Order # E 6902

Acct. # _____

PY-593 (REV. 8-85)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6902 Credit Sale

Joel Branch Branch
4974 Logan Ave., Apt #4
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 $ _____

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-6902 Credit Sale

Joel [redacted] Branch
4974 Logan Ave, Apt #4
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 $ ____

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-6902 Credit Sale

Joel Krupsik Branch
4974 Logan Ave., Apt #4
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 $ _____

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-6902 Credit Sale

Joel ~~[illegible]~~ Branch
4974 Logan Ave/, Apt #4
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 $ _____

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-6902 Credit Sale

Joel [redacted] Branch
4974 Logan Ave., Apt #4
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

$ _____

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-6902 Credit Sale

Joel [redacted] Branch
4974 Logan Ave., Apt #4
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 $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

NAME Branch, Joel ACCT. NO. E-6902

ADDRESS 4453 Market Street, #4, SD RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
9-9-87	Credit Lot Opened for: @25.00				
	Lot 17; graves 11 & 12; Sec. 2; Div1 11	500.00			500.00
11-16-87	Receipt #35302			20. 00	480.00
12-8-87	Receipt #35393			20. 00	460.00
1-15-88	Receipt #35494			20.00	440.00
4-1-88	Receipt #35949			20.00	420.00
4-3-89	Receipt #37578 (Coupons 5-11)			140. 00	280.00
12-5-91	R 41581			40 —	240 00
				Pd 240.00	
2/28/03	Mailed delinquint notice				
4-9-03	Notice returned lot purchase Cancelled monies absorbed by City.				

AVERY FORM NO. 25-204 Branch, Joel AVERY Pre Need Lot PRINTED IN USA

E 6902

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41581

Date: 12-5, 1991

From: Joel Branch Address: 215 So. Bancroft, CO 92113

Forty 00/100 Dollars ($ 40.00)

In _____ Payment of Credit Lots

Lot 17 Grave 11 + 12 Row — Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6902

BALANCE DUE $240.00

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

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

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	40	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	40	00

AC-212 (Rev. 1-91)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6902 Credit Sale

Joel ~~Branch~~ Branch
4974 Logan Ave, Apt #4
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 $ _____

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-6902 Credit Sale

Joel Branch
4974 Logan Ave., Apt #4
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 $ _____

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-6902 Credit Sale

Joel [redacted] Branch
4974 Logan Ave., Apt 64
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 $ _____

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 6902 № 37578

Date: 4-3 , 19 89

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 140.00)

In [illegible] Payment of [illegible]

Lot 17 Grave 11 & 12 Row [illegible] Section 2 Division Block 11

Invoice No. [illegible]

Acct. No. [illegible]

W.O. E-6902

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
APR 05 1989

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	140.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	140.00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6902 Credit Sale

Joel Dennis Branch
4974 Logan Ave., Apt #4
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 $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

E6902 № 35949

OFFICIAL RECEIPT

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

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

Date: 4-1, 1988

From: Joel Branch Address: 4974 Logan Ave #4 SD
twenty dollars Dollars ($ 20.00)

In _____ Payment of Coupon #4 Credit Lot

Lot 17 Grave 11 & 12 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6902

BALANCE DUE 420.00

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

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

CITY AUDITOR
APR 6 1988

ISSUED BY Sandra Wood

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

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6902 Credit Sale

Joel XXXXXXX Branch
4974 Logan Ave, Apt #4
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 $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35495

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

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

Date: Jan 5, 1988

From: Joel Branch Address: 4974 Logan #4 - 92113

Twenty Dollars ($ 20.00)

In Payment Payment of Credit Sale #3

Lot 17 Grave 11+12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6902

BALANCE DUE 440.00

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

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

5 CITY AUDITOR
JAN 11 1988

ISSUED BY Georgen Stott

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

AC-212 (Rev. 10-87)

Mod Logged

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. P-6902 Credit Sale

Joel [redacted] Branch
4974 Logan Ave., Apt #4
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 $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35393

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

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

Date: 12-8, 1987

From: Joel Branch Address: 4974 Logan Ave Apt. #4 S.D. 92113

Twenty dollars & 00/100 Dollars ($ 20.00)

In Part Payment of Credit Sales coupon #2-Pre-need

Lot 17 Grave N12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6902

BALANCE DUE 460.00

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

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

ISSUED BY Dora Black

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

AC-212 (Rev. 11-86)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6902 Credit Sale

Joel ~~Branth~~ Blanck
4974 Logan Ave., Apt #4
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 $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

E6902 № 35302

OFFICIAL RECEIPT

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

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

Date: 11-16, 1987

From: [illegible] Address: 4974 Logan Ave, Apt #4, [illegible]

Twenty dollars Dollars ($ 20.00)

In _____ Payment of Coupon #1 Credit Sale

Lot 17 Grave 11 & 12 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6902

BALANCE DUE 480.00

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

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

ISSUED BY [illegible]

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

AC-212 (Rev. 11-86)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6902 Credit Sale

Joel Branth
4974 Logan Ave., Apt #4
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 Joel Branch

ADDRESS 4974 Logan Ave.

CITY S. D. STATE Ca ZIP 92113

☐ check (✓) if this is new address

[redacted]

THE CITY OF SAN DIEGO

Mt. Hope Cemetery
Park and Recreation
3751 Market Street • San Diego, California 92102-4527

NL
3-04-03
D
3/12
3/19

CERTIFIED

SAN DIEGO
Z 215 493 149
MAR 03 '03

Adam Rec

MAIL

4.42
U.S. POSTAGE

E 6902

RETURNED TO SENDER
UNCLAIMED

MR JOEL BRANCH
215 S BANCROFT
SAN DIEGO CA 92113

INSUFFICIENT
ADDRESS
RETURN TO SENDER

[redacted]

E6902

THE CITY OF SAN DIEGO

February 28, 2003

Mr. Joel Branch
215 S. Bancroft
San Diego, CA 92113

Reference: Customer Contract

Dear Mr. Branch,

Subject: Delinquent Pre-need Cemetery Account

The current status of your account is delinquent. Our records indicate your last payment was December 05, 1991 leaving a balance of $240.00. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue.

Your original receipt contains the following contract information: Contract number E-6902, date issued September 09, 1987, cemetery location Division 11, Section 2, Lot 17, Grave 11&12.

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contract obligation at (619) 527-3400.

Sincerely,

Ray Snider
Cemetery Manager

RS:ph

cc: file

DIVERSITY

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

Fold at line over top of envelope to the right of the return address

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write *"Return Receipt Requested"* on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

Joel Branch
215 S. Bancroft
San Diego Ca
92113

4a. Article Number
Z 215 453 145

4b. Service Type
- ☐ Registered
- ☒ Certified
- ☐ Express Mail
- ☐ Insured
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

5. Received By: *(Print Name)*

6. Signature *(Addressee or Agent)*

8. Addressee's Address *(Only if requested and fee is paid)*

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

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

OFFICE OF
MT. HOPE
CEMETERY

PRESORTED FIRST CLASS

SAN DIEGO MAR 15 '95

U.S. POSTAGE 0274

E6902

Joel Branch
4453 Market St. #4
S.D., CA 92102

ORDER EXPIRED

Printed on recycled paper

E 40102

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Joel Branch

Address 4453 Market St #4 SD 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 17, Grave 11412, Row —, Section 2, Block/Division 11 in Mt. Hope Cemetery, entered into on September 9, 1987, by and between Mt. Hope Cemetery and Joel Branch that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michele L. Clark
Clerical Asst. II

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

E 6902

263.0477
Joel Branch

35949

375.78
4/40
5-11

YOUR RECORD OF PAYMENTS

COUPON 1	COUPON 7	COUPON 13
DATE PAID 11/16/87	DATE PAID 4/3/89	DATE PAID
AMT. $ PAID 20.00	AMT. $ PAID 20.00	AMT. $ PAID
CHECK NO. Cash	CHECK NO. Cash	CHECK NO.
COUPON 2	**COUPON 8**	**COUPON 14**
DATE PAID 12887	DATE PAID 4/3/89	DATE PAID
AMT. $ PAID 20.00	AMT. $ PAID 20.00	AMT. $ PAID
CHECK NO. Cash HB	CHECK NO. Cash	CHECK NO.
COUPON 3	**COUPON 9**	**COUPON 15**
DATE PAID 1-15-88	DATE PAID 4/3/89	DATE PAID
AMT. $ PAID 20.00	AMT. $ PAID 20.00	AMT. $ PAID
CHECK NO. Cash	CHECK NO. Cash	CHECK NO.
COUPON 4	**COUPON 10**	**COUPON 16**
DATE PAID 4-1-88	DATE PAID 4/3/89	DATE PAID
AMT. $ PAID 20.00	AMT. $ PAID 20.00	AMT. $ PAID
CHECK NO. Cash SL	CHECK NO. Cash	CHECK NO.
COUPON 5	**COUPON 11**	**COUPON 17**
DATE PAID 4/3/89	DATE PAID 4/3/89	DATE PAID
AMT. $ PAID 20.00	AMT. $ PAID 20.00	AMT. $ PAID
CHECK NO. Cash	CHECK NO. Cash	CHECK NO.
COUPON 6	**COUPON 12**	**COUPON 18**
DATE PAID 4/3/89	DATE PAID	DATE PAID
AMT. $ PAID 20.00	AMT. $ PAID	AMT. $ PAID
CHECK NO. Cash	CHECK NO.	CHECK NO.

SPACE FOR RECORDING ADDITIONAL PAYMENTS IS PROVIDED ON INSIDE BACK COVER

[illegible]
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Send or bring one coupon with each remittance **COUPON 14**

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ACCOUNT No. E-6902 Credit Sale

Joel [illegible] Branch
4974 Logan Ave, Apt #4
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

$ _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/9/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robin Eric Palmer

in a Liner (Vault/Liner) Funeral, date, time Mon-9/14 11:00

Church, Chapel, Graveside Church - GS ; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied $100 and billed to undersigned. War time veteran No.

Lot 88 Grave 6 Row ____ Section 2 Division/Block 11

Grave space & Care Fund ... Single Space	250.00
Additional spaces and care fund ... n/a	
Opening/Closing & Setup	320.00
Burial Container ... Concrete Bell Liner	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number 35029	300.00
Balance due	556.00

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.

x Richard L. Palmer Jr.
Signature
x 7399 Magnolia Ave. #47
Address
x Riverside, Ca. 92504
State Zip Code
x 714 687-9165
Telephone

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

Signature of recorded holder of deed

Invoice # 060792

Work Order # E 6903

Acct. # 023495

PY-583 (REV. 8-85)

W.O. NO. E6903

NOTE—STRAIGHT

$ 856.00 San Diego, California, Sept 9, 1982

-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 & 00/100 DOLLARS,

with interest from Oct 9-82 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 L. Palmer Jr.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # E0640345

E 6903

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROBIN ERIC PALMER	Male	Dec. 29, 1958	Sept. 6, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Richard Palmer Sr.-Father 7110 Tuther Way San Diego, CA

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary-4094 University Ave.-San Diego CA 92105	69

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

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

FOR CORONER'S USE ONLY

- ☐ 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Martin Luther King - San Diego, CA 92102	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ Richard L. Palmer Jr. DATE SIGNED 9/10/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $ 3.00 DATE PERMIT ISSUED: SEP 10 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Lamiss, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/14/87 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

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

E6903 № 35029

OFFICIAL RECEIPT

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

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

Date: 9-11, 1987

From: Leonard Palmer Address: 7399 Magnolia #7, Riverside

Three hundred Dollars ($ 300.00)

In _____ Payment of Lydia Palmer Service

Lot 88 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6903

BALANCE DUE 556.00

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

280

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

ISSUED BY Sandy Ward

CREDIT	67007	50	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	50	00
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	300	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-9-87

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

in a liner (Vault/Liner) Funeral, date, time Sat 9/12 10AM.

Church, Chapel, Graveside Chapel & Grave; Nazdale Mortuary.

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

Lot 120 Grave 7 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 OT Sat (380)	145
Flower vases - Marker setting fee	
Recording and filing fee	35
Sales taxes	6
Total Due	1236.00
Paid receipt number	
Balance due	

Paid 6/9/88

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

Shirley Scott
Signature

4948 Hilltop Drive
Address

San Diego, Ca. 92102
State Zip Code

264-5521
Telephone

Invoice # 067093

Acct. # 023496

Work Order # E 6904

PY-593 (REV. 8-85)

W.O. NO. E-6904

NOTE—STRAIGHT

$ 1236.00 San Diego, California, September 9, 1987

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

Mt. Hope Cemetery or San Diego City Treasurer

, or order

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

the sum of twelve hundred thirty-six 00/— 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 Shirley Scott

4948 H Mtop Drive 92102

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Calif. Driver Lic. #N0663860

E 69104

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDWARD NMN KING, JR.	Male	July 12, 1946	Sept. 8, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Irene King - Mother 4948 Hilltop Drive San Diego, California 92102

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

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Jr. Way; San Diego, California	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Lower Sandy Heldon Sat.
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: SEP 11 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/12/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Leogene Stella	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

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

OFFICIAL RECEIPT

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

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

E 6904 No 35802

Date: 3-3, 19 88

From: Mike Scott Address: 4908 Hilltop Dr, SD

Dollars ($ 100.00)

In Payment of Interment Fee for Burial Service

Lot 125 Grave 7 Row Section 2 Division 11 Block

Invoice No. 067093

Acct. No. 023496

W.O. E 6904

BALANCE DUE 125.00

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 1988

ISSUED BY

CREDIT		
20% Sales Care	87007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100.00

E 6904

OFFICIAL RECEIPT

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

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

№ 35965

Date: 4-5, 1988

From: Shirley Scott Address: 4948 Hilltop Dr, SD

One hundred 00/100 Dollars ($ 100.00)

In _____ Payment of Edward King for Service

Lot 120 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. 067073

Acct. No. 023416

W.O. E-6904

BALANCE DUE 26.00

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 6 1988

ISSUED BY [signature]

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

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

6/13

E 6904

№ 36280

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

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

Date: 6-9, 1988

From: Edward King Address:

Thirty-six & no/100 Dollars ($ 36.00)

In _____ Payment of Edward King for Burial

Lot 120 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. 067093

Acct. No. 623496

W.O. E-6904

BALANCE DUE 0

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

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

CITY AUDITOR
JUN 14 1988

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	36.00

AC-212 (Rev. 10-87)

E 6904

33.95-

060793 09/24/87 023496 SHIRLEY SCOTT 06/09/88 CA 36280 1,236.00 0.00
PAID IN FULL

E-6904

100	072	77181	000072
100	072	77182	000072
100	072	77183	000072
100	072	77184	000072
100	072	77185	000072
60101		78390	
67007		77184	

36.00
9.32
2.91
1.02
5.83
15.29
0.17
1.46

OFFICIAL RECEIPT

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

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

№ 36453

Date: 7-25, 1988

From: Irene King Address:

One hundred thirty five Dollars ($ 135.00)

In _____ Payment of Marker Installation fee for Edward King

Lot 120 Grave 7 Row 8 Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6904

BALANCE DUE 0

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

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

CITY AUDITOR
JUL 29 1988

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	135 00
Pre-Need Trust	80033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	135 00

AC-212 (Rev. 10-87)

Pre-need
Transfer from Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/10/87

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

in a Vault/Liner Funeral, date, time 11 Am ter at 9/15

Church, Chapel, Graveside Bell Liner - min Graveside ; Conrad - Mortuary.

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

Lot 19 Grave 3 Row ____ Section 3 Division/[redacted] 12

Grave space & Care Fund D-7804	
Additional spaces and care fund NONE	
Opening/Closing & Setup	320.00
Burial Container ~~[illegible]~~	100.00
Handling Fees Labor	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 35022	606.00
Balance due	0

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

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

Signature of recorded holder of deed

Noreen Leigh Miller
Signature
8750 S.W. Bohmann Pkwy
Address
Portland, Or. 97223
State Zip Code
1-503-245-6830
Telephone

Invoice # ____

Work Order # E 6905

Acct. # ____

PY-593 (REV. 8-85)

E6905

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ETHEL NORINE LUNAN	Female	Dec. 21, 1901	Sept. 12, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Pre-need

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary 7387 Broadway-Lemon Grove, CA 92045	F 941

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT OF SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED September 14, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED SEP 15 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/15/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

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

E 6905

№ 35032

OFFICIAL RECEIPT

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

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

Date: 9/10/87, 19

From: Oswald Nielsen Address:

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

In full Deposit Payment of Interment fee for Ethel Lanan

Lot 19 Grave 3 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE E6905

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

AC-212 (Rev. 11-86) Ck#1

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

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	606.00
Sales Tax	80101 78390	
TOTAL PAID	$	606.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-10-87

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

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 131 Grave 7 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number	200.00
Balance due	295.00

Owned Lot

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

C/O MARIA Collazo
Signature
5831 DE LA VISTA
Address
RIVERSIDE, CA 92509
State Zip Code

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

_____
Signature of recorded holder of deed

_____
Telephone

Invoice # _____

Work Order # E 6906

Acct. # _____

PY-593 (REV. 8-85)

10-8-87	35137	295.00
		20.00
		275.00
11-19-87	35216	15.00
		260.00
		20.00
12-17-87	35434	240.00
1-20-88	35581	28.00
		212.00

E 6906 № 35026

OFFICIAL RECEIPT

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

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

Date: 9-10, 1987

From: Celina Collazo Address: 57 I St #2 Chula Vista

two hundred Dollars ($ 200.00)

In _____ Payment of Credit Purchase of Lot

Lot 131 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6906

BALANCE DUE $295.00

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

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

ISSUED BY Lindy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	—

AC-212 (Rev. 11-86)

E6906 № 35137

OFFICIAL RECEIPT

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

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

Date: 10-8, 1987

From: Marie Collazo Tatyana Perez Address: 5831 Ave La Vista, Riverside 92507

Dollars ($ 20.00)

In _____ Payment of Coupon # 2 Credit Lot

Lot 131 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6906

BALANCE DUE 275.00

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

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

ISSUED BY Sandy Ward

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

AC-212 (Rev. 11-86)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6906 Credit Bot

Lutgarda Perez
~~c/o Rayi Cabera~~ Margie Collazo
351 I Street, Apt. 2
Chula Vista, Ca 92010

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 ▶ $ 12.00

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

$ 13.00

Amount Received $

NAME Margie Collazo

ADDRESS 5831 De la Vista

CITY Riverside STATE Ca ZIP 92509

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35316

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

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

Date: 11-19, 1987

From: Margaret E. Callazo-Albo Address: 5831 De La Vista Riverside
Fifteen dollars Dollars ($ 15.00 9250)

In _____ Payment of Cayon #3 Credit Lot

Lot 131 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6906

BALANCE DUE _____

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

0287

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

ISSUED BY Sandy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	15 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	15 00

AC-212 (Rev. 11-86)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6906 Credit Lot

Lutgarde Perez

C/O ~~Kayi Cabere~~ Margaret E. Collazo-Alba

~~951 I Street, Apt 2~~ 5831 De La Vista

~~Chula Vista, Ca 92010~~ Riverside, CA 92509

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 ▶ $ 12.00

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

$ ____

Amount Received $ 15.00

NAME Margaret E. Collazo-Alba

ADDRESS 5831 De la Vista

CITY Riverside STATE CA ZIP 92509

☑ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35437

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

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

Date: 12-17, 1987

From: Lutcarda Perez Address: 5831 De La Vista Riverside CA
Twenty dollars Dollars ($ 20.00)

In _____ Payment of Campo # 4 Credit Lot

Lot 131 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6906

BALANCE DUE 240.00

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

AC-212 (Rev. 10-87) 0303

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

CITY AUDITOR

DEC 28 1987

ISSUED BY Lorna L. Ward

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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6906 Credit Dot

Lutgarda Perez

~~c/o Rayi Cabeza~~ Margaret E. Collazo-Alba

~~351 I Street, Apt. 2~~ 5831 De La Vista

~~Chula Vista, Ca 92010~~ Riverside, CA 92506

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 ▶ $ 12.00

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

$ _____

Amount Received $ _____

NAME Margaret E. Collazo-Alba

ADDRESS 5831 De La Vista

CITY Riverside STATE CA ZIP 92509

☑ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 35581

Date: 1-20, 1988

From: Margaret E. Callop Alba Address: 5831 De La Vista Riverside

four hundred ninety five — Dollars ($ 495.00)

In _____ Payment of Coupon # 5 Credit Lot

Lot 131 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6906

BALANCE DUE 212.00

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

AC-212 (Rev. 10-87) 0310

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

CITY AUDITOR
JAN 22 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	—

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6906 Credit Lot

Lutgarda Perez

~~E/O Rayi Cabera~~ Margaret E. Collazo-

~~351 I Street, Apt 2~~ 5831 De La Vista

~~Chula Vista, Ca 92010~~ Riverside, CA 92505

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 ▶ $ 12.00

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

№ 35705

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

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

c/o Tulgarda Serv. Co.

Date: 2-10, 1988

From: Margaret E. Collazo-Alba Address: 5831 Ke La Vista Riverside

Twenty - eight Dollars ($ 28.00)

In _____ Payment of Rupon #6, Credit Lot

Lot 131 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 6-6706

BALANCE DUE 184.00

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

0329

AC-212 (Rev. 10-87)

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

CITY AUDITOR

FEB 12 1988

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6906 Credit Lot

Lutgarda Perez
~~c/o Rayi Cabera~~ Margaret E. Collazo Alba
~~351 I Street, Apt. 2~~ 5831 De La Vista
~~Chula Vista, Ca 92010~~ Riverside, CA 92509

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. $ 12.00

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

№ 35889

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

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

Date: 3/7, 1988

From: Margaret E. Collazo-Elba Address: 5831 Dela Vista Riverside

eighteen Dollars no/100 Dollars ($ 18.00)

In _____ Payment of Coupon #7 Credit Lot

Lot 131 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6906

BALANCE DUE 166.00

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

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

CITY AUDITOR
MAR 21 1988

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	18	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	18	00

ISSUED BY Sandra L. Ward

035

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6906 Credit Lot

Lutgarda Perez

c/o ~~Loyl Cabera~~ Margaret E. Collaro

~~351 I Street, Apt 2-5831~~ De La Vista

~~Chula Vista, Ca 92010~~ Riverside, CA 92506

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 ▶ $ 12.00

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

$ _____

Amount Received $ 13.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

E6906 № 36298

OFFICIAL RECEIPT

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

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

Date: 6-14, 1988

From: Margaret E. Callaway Address: 5831 De La Vista, Riverside
Tuesday - [illegible] no/100 Dollars ($ 28.00)

In _____ Payment of Coupon 8[illegible] Credit [illegible] for
Antonio Perez

Lot 131 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6906

BALANCE DUE 136.00

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

AC-212 (Rev. 10-87) 0403

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

CITY AUDITOR

JUN 20 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6906 Credit Lot

Lutgarda Perez

C/O Kayi Cabera ~~Margaret E. Collazo~~

~~351 I Street, Apt 2~~ ~~9831 De La Vista~~

~~Chula Vista, Ca 92010~~ ~~Riverside, CA~~ 92509

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. $ 12.00

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** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6906 Credit bot

Lutgarda Perez
c/o Rayi Cabera Margaret E. Collazo
351 I Street, Apt. 2 5831 De La Vista Alba
Chula Vista, Ca 92010 Riverside, CA 92509

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. $ 12.00

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

№ 36424

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

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

Date: 7-14, 19 88

From: Lutgarda Perez Address: 5831 De La Vista, Riverside

twenty-four no/100 Dollars ($ 24.00)

In _____ Payment of Coupon 10 Credit Lot for

Lutgarda Perez

Lot 131 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6906

BALANCE DUE 114.00

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

0427

AC-212 (Rev 10-87)

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

CITY AUDITOR

JUL 19 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	24	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	24	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6906 Credit bot

Lutgarda Perez
c/o Rayi Cabera/Margaret E. Collan
351 I Street, Apt. 2 5831 De Lavoy
Chula Vista, Ca 92010 Riverside
92509

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: $ 12.00

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

$ _____

Amount Received $ 24.00

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

№ 36839

Date: 10-12, 1988

From: Margaret Callaro Address: 5831 De La Vista, Pennsylvania
Twelve no/100 Dollars ($ 12.00)

In _____ Payment of Crypt B Crestel Lot

Lot 131 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6906

BALANCE DUE 102.00

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 Andrea Ward

CREDIT	67007	
20% Sales Care	77184	12.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	12.00

CITY AUDITOR
OCT 19 1988

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6906 Credit Lot

Lutgarda Perez

~~E/O Bayi Cabera~~ Margaret E. Collazo

~~351 I Street, Apt 2~~ 5851 Delta Alton

~~Circle Vista, Ca 92210~~ Riverside, CA 92505

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 ▶ $ 12.00

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

$ _____

Amount Received $ 12.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

E6906

№ 37057

OFFICIAL RECEIPT

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

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

Date: 12-6, 1988

From: Marquet College-Alta Address: 5831 De La Vista Riverside
Twelve 12.00 Dollars ($ 12.00)

In _____ Payment of Coupon 14 Metal Lot
Fulgencio Perez

Lot 131 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 2-6906

BALANCE DUE 90.00

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

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

ISSUED BY [signature]

CREDIT	67007	9.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	3.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	12.00

AUDITOR
DEC 12 1988

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Z-6906 Credit bet

Lutgarda Perez
~~c/o Rayi Cabero~~ Margaret E. Collazo Alba
~~351 I Street, Apt. 2~~ 5831 De La Vista
~~Chula Vista, Ca 92010~~ Riverside, CA 92509

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 ▶ $ 12.00

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

$ _____

Amount Received $ 12.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

E6906

OFFICIAL RECEIPT

№ 37094

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

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

Date: 12-12, 1988

From: Margaret Collazo Address: 5831 De La Vista Terrace
[illegible] Dollars ($ 12.00)

In _____ Payment of Coupon 15 [illegible]
Lotanda Perry

Lot 131 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 8-6906

BALANCE DUE 78.00

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

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

ISSUED BY [signature]

CREDIT	67007	12.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	12.00

CITY AUDITOR
DEC 14 1988

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6906 Credit Lot

Lutgarda Perez

~~S/O Reyi Cabera~~ Margarita Lo Haza

~~351 I Street, Apt 2~~ 353 Delaware Ave

~~Chula Vista, Ca 92010~~ Riverside, Ca 92504

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 ▶ $ 12.00

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

$ _____

Amount Received $ 12.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

E6906

№ 37143

OFFICIAL RECEIPT

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

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

Date: 1-3, 1989

From: Margaret Collins Address:

Twelve no/100 Dollars ($ 12.00)

In Payment of Coupon 16 Created Lot for Lutopada Terry

Lot 131 Grave 17 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. 2-6906

BALANCE DUE 66.00

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

AC-212 (Rev. 10-87) 0520

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

CITY AUDITOR
JAN 09 1989

ISSUED BY Sandra Ward

CREDIT	67007	12	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	12	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Z-6906 Credit bat

Lutgarda Perez
~~c/o Rayi Cabera~~ Margaret E. Collazo-Alba
~~351 I Street, Apt. 2~~ 5831 De la Vista
~~Chula Vista, Ca 92010~~ Riverside CA 92509

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. $ 12.00

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

$ _____

Amount Received $ 12.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☑ check (✓) if this is new address

E6906

№ 37372

OFFICIAL RECEIPT

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

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

Date: 2-17, 1989

From: Lutonia Perry Address: 5831 De La Vista, Riverside

to the dollars 12.00 Dollars ($ 12.00)

In _____ Payment of Coupon 17 Credit Lot

Lot 131 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6906

BALANCE DUE 54.00

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

AC-212 (Rev. 10-87) 6553

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

CITY AUDITOR
FEB 24 1989

ISSUED BY Sandra Reid

CREDIT	67007	12	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	12	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6906 Credit Lot

Lutgarda Perez

C/O Mayi Cabera

351 I Street, Apt 2

Chula Vista, Ca. 92010

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. $ 12.00

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

E6906 № 37434

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

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

Date: 3-3, 1989

From: [illegible] Address: 831 De La Vista, Diversion [illegible] 92110

Dollars ($ 12.00)

In _____ Payment of Coupon 18 Credit Lot

Lot 131 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 2-6906

BALANCE DUE 42.00

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

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

CITY AUDITOR
MAR 10 1989

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	12.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	12.00

AC-212 (Rev. 10-87) 560

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6906 Credit Set

Lutgarda Perez
~~c/o Rayi Cabero~~ Margaret E Collazo Alg
~~351 I Street, Apt. 2~~ 5831 De la Vista
~~Chula Vista, Ca 92010~~ Riverside CA 92509

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. $ 12.00

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

№ 37584

Date: 4-3, 1989

From: Margaret E. Callan Address: 5831 De La Vista Riverside
Value 20/10 Dollars ($ 12.00)

In _____ Payment of Coupon 19 Credit Lot

Lot 131 Grave 7 Row _____ Section 1 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. 2-6906

BALANCE DUE 30.00

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

0572

AC-212 (Rev. 10-87)

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

CITY AUDITOR
APR 05 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	12	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	12	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6906 Credit Lot

Lutgarda Perez

C/O ~~Rayi Cabera~~ Margaret E Collazo-Alba

~~351 I Street, Apt 3~~ 5831 De la Vista

~~Chula Vista, Ca 92010~~ Riverside, CA 92509

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 ▶ $ 12.00

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

$ _____

Amount Received $ 12.00

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

№ 37743

Date: 5-3, 1989

From: Margaret E. Cr[illegible] Address: 5831 De La Vista, Riverside Ca 92509

Twelve dollars 9.00/100 Dollars ($ 12.00)

In Part Payment of Credit lot, Coupon 20

Lot 131 Grave 7 Row — Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10906

BALANCE DUE 18.00

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

0592

AC-212 (Rev 10-87)

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

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	12.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	12.00

CITY AUDITOR
MAY 02 1989

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6906 Credit hot

Lutgarda Perez
c/o ~~Rayi Cabero~~ Margaret E. Collazo Alba
~~351 I Street, Apt. 2~~ 5831 De La Vista
~~Chula Vista, Ca 92010~~ Riverside 92509

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. $ 12.00

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 38103

Date: 6-5, 1989

From: Lutgarda Puey Address: 5831 Do La Vista Riverside
Twelve no 1000 Dollars ($ 12.00)

In _____ Payment of Coupon 21 . Audit Lot

Lot 131 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6906

BALANCE DUE 6.00

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

AC-212 (Rev. 10-87) 0610

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

CITY AUDITOR
JUN 09 1989

ISSUED BY Sandy Ward

CREDIT	67007	12	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	12	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6906 Credit bal

Lutgarda Perez
c/o ~~Rayi Cabera~~ Margaret E Collar
~~351 I Street, Apt. 2~~ 5831 De La Vista
~~Chula Vista, Ca 91010~~ Riverside 92501

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 ▶ $ 12.00

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

$ ____

Amount Received $ 6.00

Final Pymt TOTAL $95.00

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-6906 Credit Lot

Lutgarda Perez

C/O ~~Mayi Cabera~~ Margaret E Collazo-Alba

~~351 I Street, Apt 2~~ 5551 Dela Vista

~~Chula Vista, Ca 92010~~ Riverside, CA 92504

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 ▶ $ 12.00

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

$ _____

Amount Received $ 12.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

NAME Perez, Lutgarda C/O Margaret E. Collazo - Aba ACCT. NO. E-6906

ADDRESS 5831 De La Vista, Riverside, Ca 92509 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Sept 10 87	Lot 131, Grave 7, Section 1, Division 12	495 00		283.00	212 00
2-10 88	Coupon #6, Receipt # 35705			28.00	184 00
3-17 88	Coupon # 7, Receipt 35889			18.00	166 00
6-14 88	Coupon # 8 & 9, Receipt 36298			28.00	138 00
7-14 88	Coupon # 10, Receipt 36424			24.00	114 00
10-12 88	Coupon # 13, Receipt 36839			12.00	102 00
12-6 88	Coupon # 14, Receipt 37057			12.00	90 00
2-12 88	Coupon # 15, Receipt 37094			12.00	78 00
1-3 89	Coupon # 16, Receipt 37143			12.00	66 00
2-17 89	Coupon # 17, Receipt 37372			12.00	54 00
3-3 89	Coupon # 18, Receipt 37434			12.00	42 00
4-3 89	Coupon # 19, Receipt 37584			12.00	30 00
5-3 89	Coupon # 20 Receipt 37743			12.00	18 00
6-5 89	Coupon # 21, Receipt 38103			12.00	6 00
11-7 89	Coupon # 22 Receipt 38250			6.00	00

AIGNER FORM NO. 25-204 Perez, Lutgarda C/O Margaret E, Collazo 131 - 7 - 1 - 12 PRINTED IN USA

OFFICIAL RECEIPT

E 6906

№ 38250

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

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

Date: 7-7, 19 89

From: [illegible] Address: 5831 [illegible] Vista, Riverside

Dollars ($ 6.00)

In _____ Payment of Oxygen 22, Credit Lot

Lot 131 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6906

BALANCE DUE Final Payment

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

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

ISSUED BY [illegible]

CREDIT	67007	6 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	6 00

CITY AUDITOR
JUL 17 1989

AC-212 (Rev. 10-87) 0630

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-11-87

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

in a Liner (Vault/Liner) Funeral, date, time 9-15 10AM Tues

Church, Chapel, Graveside Chapel & Grave Beverly 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 351 Grave ____ Row ____ Section ____ Division/Block 10

Top of (PIP)

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 35044	606.00
Balance due	0

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6907

Acct. # _____

PY-693 (REV. 8-85)

E 6907

MOUNT HOPE CEMETERY

September 14, 19 87

The undersigned hereby requests and authorizes the interment of the remains of Ethel H. Dougherty in Lot 3551 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.

James W. Dougherty	184 Santa Maria Ct. Vista, CA 92083
Signature of relative or legal representative	Address & relationship to deceased or authority to sign authorization

Witness

Witness

E 6907

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ETHEL HARRIETT DOUGHERTY	FEMALE	JUL 29, 1900	SEP 11, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
VISTA	SAN DIEGO	JAMES W. DOUGHERTY, SON 184 SANTA MARIA COURT VISTA, CA 92083

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD, SAN DIEGO, CA 92107	F-816

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED SEP 14 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/15/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gwyen Stath	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE N/A
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS 9

OFFICIAL RECEIPT

№ 35044

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

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

Date: 9-16, 1987

From: Beardsley-Mitchell Address: 1818 Sunset Cliff Blvd, SD

Six hundred six dollars Dollars ($ 606.00)

In _____ Payment of Ethel Dougherty Services

Lot 3551 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6907

BALANCE DUE -0-

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

7988

AC-212 (Rev. 11-86)

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

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	606	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/11/87

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

in a Bell Liner (Vault/Liner) Funeral, date, time Wed 11AM 9/16

Church, Chapel, Graveside Chapel & G.S. ; Ragsdale Mortuary.

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

Lot 53 Grave 1 Row ~ Section 3 Division/B[redacted] 12

Grave space & Care Fund Single Space	495.00
Additional spaces and care fund none	
Opening/Closing & Setup	320.00
Burial Container Concrete Bell Liner	100.00
Handling Fees On Liner - Labor	145.00
Flower vases - Marker setting fee $135.00	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1101.00
V.A. Install	135.00
Paid receipt number	1236.00
Balance due	100211
	233.29
	233.29

30 day note
573-9911
Vivian

35161
35295

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

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

_____
Signature of recorded holder of deed

Sharon Brown
Signature

702 N. Carol
Address

Menahans Tx 79756
State Zip Code

915-943-6467
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6908

PY-583 (REV. 8-85)

E 6908

G. D. Conwin
att Vivian Pollard
Retiree Dept
P.O. Box 85357-
MZ 501310
San Diego Ca 92138

#16809

W.O. NO. E-6908

NOTE—STRAIGHT

$ 1236.00 San Diego, California, Sept 11, 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 Two Hundred Thirty Six and 00/100 - DOLLARS.

with interest from October 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 Shane Brown

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #

E 6908

Assignment of Insurance Benifits

I Sharon Brown, residing at 702 N. Carol, Monahans, Texas 79756 being the Beneficiary named in that life Insurance policy # 16809 on my father Joe Blake and for products and service of Mt. Hope cemetery do assign all my rights and benifits up to the amount of said policy not to exceed the sum of $1236.00 The money from this assignment shall be paid direct to Mt. Hope Cemetery, 3751 Market St. San Diego, Ca - 92102.

Dated this 11 day of September, 1987

Sharon Brown
Beneficiary of 16809-

daughter
Relationship to Joe Blake

assignment approved by
Mt Hope Cemetery
Georgia Stalter, Mgr.

E 6908

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOE NMN BLAKE	Male	Jan. 10, 1924	Sept. 10, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Sharon Brown - Daughter 309 No. Allen Street Monahans, Texas 79756

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED 3751 Martin Luther King Jr. Way; Mt. Hope Cemetery: San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A 18ga - Ebony Block - Steel Sealer - Batesville		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED Sept. 16, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED SEP 16 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D. mtar
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/16/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geogen Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

E6908 № 35295

OFFICIAL RECEIPT

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

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

Date: 11-12, 1987

From: Sharon Brown Address: 309 N. Allen Monahans Tx

two hundred thirty three 29/100 Dollars ($ 233.29)

In _____ Payment of Marker installation & balance of Joe Blake's Services

Lot 53 Grave 1 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6908

BALANCE DUE 0

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

AC-212 (Rev. 11-86) 04439544

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

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	98	29
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183	135	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	233	29

№ 35161

OFFICIAL RECEIPT

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

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

Date: _____, 19__

From: Sharon Brown Address: 702 N. Carol Street, Mangla

One Thousand Two dollars and 71/100 Dollars ($ 1002.71)

In _____ Payment of Joe Blake's Services

Lot 53 Grave 1 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6908

BALANCE DUE 233.29

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

90128369

AC-212 (Rev. 11-86)

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

ISSUED BY Sandra L Ward

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	1	71
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	1002	71

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-14-87

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

in a _____ (Vault/Liner) Funeral, date, time Friday 9-18

Church, Chapel, Graveside Forest Lawn Mortuary.

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

Lot 124 Grave 3 Row _____ Section IOOF Division/Block 14

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.
Sales taxes	
Total Due	$140
Paid receipt number 35048	140 00
Balance due	0

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

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6909

Acct. # _____

PY-593 (REV. 8-85)

E 6909

PERMIT FOR DISPOSITION OF HUMAN REMAINS #55908

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

Pacific Beach Mortuary

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
OLIVE PEARL WILSON	FEMALE	JULY 22, 1883	SEPT. 13, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	SELF PRE-NEED

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

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CA		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: CYPRESS VIEW CREMATORY-SAN DIEGO, CA	DATE CREMATED: 9/15/87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶ Debbi Mullins
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: SEP 14 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald E. Conrad, M.D. Jr
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/18/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Peggy W. Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: N/A		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

OFFICIAL RECEIPT

№ 35048

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

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

Date: Sept 17, 1987

From: Pacific Beach Mort. Address: 4710 Cass St. SD 92109

Dollars ($ 140.00)

In full Payment of Olive Wilson - cremation

Lot 124 Grave 3 Row Section 100F Division Block 14

Invoice No.

Acct. No.

W.O. E-6909

BALANCE DUE Ø

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

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

ISSUED BY Dave Lowney

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	140	00

AC-212 (Rev. 11-86)

Ck # 58368 of Sept 17, 1987 from Pacific Beach Mortuary Inc.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-14-87

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

in a liner (Vault/Liner) Funeral, date, time Friday 9/18 11:00

Church, Chapel, Graveside Chapel & Grave Heath Mortuary 477-4139

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

Lot 12 Grave 6 Row _____ Section MAS Division ~~Block~~ G

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 35052	606.00
Balance due	0

Howard Heath will bring check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 6910

PY-593 (REV. 8-85)

E 6910

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VELMA VIOLET YENAWINE	FEMALE	OCT. 6, 1917	SEPT. 13, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Paul Kenneth Yenawine - Husband 221 'G' Street National City, CA 92050

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Heath Funeral Home	807

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Markdt St., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Arlington Woodlawn 473 N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED Sept 16, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: SEP 16 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Powers M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/18/87 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: [signature]		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

E 6910

№ 35052

OFFICIAL RECEIPT

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

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

Date: 9-16, 1987

From: Neat to Funeral Home Address: [illegible]

[illegible] Dollars ($ 606.00)

In _____ Payment of Velma Genaweine Service

Lot 12 Grave 6 Row _____ Section MAS Division Block 6

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE E-6910

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

1956

AC-212 (Rev. 11-86)

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

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	320.00
Burial Containers	100 77182	100.00
Handling Fee	100 77183	105.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	6.00
TOTAL PAID	$	606.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/16/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Rose Le Day

in a T. S. Vault (Vault/Liner) Funeral, date, time Mon - 9 Am - 21

Church, Chapel, Graveside Church & G.S. ; Ragsdale Mortuary.

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

Lot 107 Grave 12 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund none	
Opening/Closing & Setup	320.00
Burial Container Concrete Sealed Vault	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	960.50

30 day note

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

Thomas Le Day
Signature

x 4762 Solola Ave #104
Address

San Diego Ca. 92050
State Zip Code

266-1550
Telephone

Invoice # 060791

Acct. # 023494

Work Order # E 6911

PY-593 (REV. 8-85)

W.O. NO. E6911

NOTE—STRAIGHT

$ 960 50/2 San Diego, California, Sept 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 Nine Hundred Sixty and 50/100 DOLLARS,

with interest from October 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 Thomas Lu Vong

4

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #N6374994

E 6911

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARY ROSE LeDAY	Female	Aug. 28, 1916	Sept. 14, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Thomas LeDay - Son 4762 Solola Ave.,Apt. 104 San Diego, California 92113

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Wy.;San Diego, Calif.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED 9/21/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: SEP 21 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/21/87 (ENTER DATE) 107-12-2-11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

E 6911

OFFICIAL RECEIPT

2/12

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

No 35702

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

Date: 2-10, 1988

From: Thomas Le Doux Address: 4762 Idaho Ave #104 SD

Seven hundred sixty 50/100 Dollars ($ 760.50)

In _____ Payment of Mary Rose Le Doux Service

Lot 107 Grave 12 Row _____ Section 2 Division Block 11

Invoice No. 060791

Acct. No. 023494

W.O. E-6911

BALANCE DUE -0-

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

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

CITY AUDITOR
FEB 16 1988

ISSUED BY Andrea Dow

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	760	50

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-17-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna Foster (X)

in a ash Vault Funeral, date, time

Vault/Liner

Church, Chapel, Graveside : Humphreys Mortuary.

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

Lot 498 Grave ____ Row ~~____~~ Section 1 Division ~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number ____	
Balance due	

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6912

Acct. # _____

PY-593 (REV. 9-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/18/87

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

in a Linen Vault/Liner Funeral, date, time Mon 9/21 10 AM

Church, Chapel, Graveside Church Grove Lodge Mortuary.

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

Lot 164 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	0
Paid receipt number	
Balance due	

Prepaid E-6639

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6913

Acct. # _____

PY-593 (REV. 8-85)

E 6913

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AGRIPPINA COX	Female	July 6, 1909	Sept. 17, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Jack Cox - Husband 4701 Lenore Dr. San Diego, CA 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) CA 92105 | CALIFORNIA LICENSE NUMBER

Rogers Mortuary-4094 University Ave.-San Diego | 69

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery - 3751 Martin Luther King - San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER INFORMATION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Blue Arlington on Bottom layer D.I.P.		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED 9/21/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $ 3.00	DATE PERMIT ISSUED: SEP 18 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald G. Powers M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/21/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/18/87

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

in a Liner (Vault/Liner) Funeral, date, time Wed-Sept 23rd 11Am

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

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

Lot 87 Grave 3 Row — Section II Division/~~Block~~ 11

Grave space & Care Fund	Single Sp	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	35054	404.00
Balance due		452

Ragsdale to Pay 452.00
Family 404.00

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

Louise Smith
Signature

7777 Bulten St #113
Address

San Diego Calif 92111
State Zip Code

560 1914
Telephone

Invoice #

Acct. #

Work Order # E 6914

PY-583 (REV. 8-85)

E 6914

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lola Wright	Female	Jan. 8, 1909	Sept. 17, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Louise Smith - Daughter 777 Belden St. #113 San Diego, CA 92111

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Way: San Diego, CA	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A Blue Arlington	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Lower Sun Wash Rock New Stand		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY QUALIFYING FOR USE: N/A		

ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED 9/21/87

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: SEP 21 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald A. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/23/87 (ENTER DATE) 87/3/21/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

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

E 6914

№ 35054

OFFICIAL RECEIPT

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

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

Date: 9/21/87, 19

From: LeRoy Wright Address: 10602 St St Lemmon Gr -

Four Hundred four and no/100 Dollars ($ 404.00)

In Part Payment of Interment fees and Lola Wright - See Bal from Inv at Ragsdale - See letter -

Lot 87 Grave 3 Row Section 2 Division ~~Block~~ 11

Invoice No. ~

Acct. No. ~

W.O. E-6914

BALANCE DUE $452.00

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

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	50	—
80% Sales of Lots	100 77184	200	—
Opening/ Closing	100 77181	154	—
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	404	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-18-87

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

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 3565 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

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 35091	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

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6915

Acct. # _____

PY-593 (REV. 8-85)

E 6915

W. L. MacQueen

3565 - 10

C-5151

#606.00

P.G. -

5201 A

Ruffin Rd.

92123

E 6915

№ 35091

OFFICIAL RECEIPT

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

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

Date: 10 2, 19 87

From: [illegible] Address: 5201-A [illegible]

Six hundred [illegible] Dollars ($ 60600)

In _____ Payment of [illegible]

Lot 3565 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6915

BALANCE DUE 6

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

010883

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

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	6
Sales Tax	60101 78390	
TOTAL PAID	$	60600

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/21/87

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

in a T.L. Vault (Vault/Liner) Funeral, date, time 9-22-87; 2 P.M Tues.

Church, Chapel, Graveside Chpl & G.S. ; Greenwood Mortuary.

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

Lot 667 Grave — Row — Section 5 Division/~~Block~~ 8

Grave space & Care Fund	595.00
Additional spaces and care fund — none —	
Opening/Closing & Setup	320.00
Burial Container Concrete Vault	175.00
Handling Fees Labor	170.00
Flower vases - Marker setting fee G.I. Marker Setting Fee	135.00
Recording and filing fee	35.00
Sales Taxes Add Vase fee 35.05%	10.50
Total Due	1440.50
Paid receipt number 35053	1440.50
Balance due	-0-

PAID
SEP 21 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

Billie J. Farrar
Signature
(5448 Hamaa
Address
S.D., Ca. 92105
State Zip Code
264-5604
Telephone

Work Order # E 6916

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E 6916

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Wayne E. Farrar	Male	June 8, 1919	Sept. 20, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Billie Farrar-Wife 5448 Hannah Street San Diego, California 92105

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: X Billie J. Farrar DATE SIGNED: 9-21-1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: SEP 22 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramras, M.D. C8
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/22/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE: 667-5-8
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: NA		

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

OFFICIAL RECEIPT

№ 35058

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

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

Date: 9/21/87, 19

From: Gary Farrar Address:

Fifty and 90/100 Dollars ($ 5 90)

In full Payment of Bal on Lab. Vase
To be installed when Machu goes in
from Conti

Lot 667 Grave Row Section 5 Division Block 8

Invoice No.

Acct. No.

W.O. E6916-OK

BALANCE DUE 0

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

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
Handling Fee	100 77183		60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		30
TOTAL PAID	$	5	70

AC-212 (Rev. 11-86)

Conti sells Machu

№ 35053

OFFICIAL RECEIPT

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

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

Date: 9/21/87, 19__

From: Larry E Farrar Address: 9655 Mezpal Las Dorcas 92016

One Thousand Four Hundred & 50/100 Dollars ($ 1440 50/2)

In full Payment of Interment of Wayne Farrar - Dec

Naval Veteran

Lot 667 Grave — Row — Section 5 Division Block 8

Invoice No. —

Acct. No. —

W.O. E-6916

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 [signature]

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77183	180	00
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63030 90[illegible]	Rec. 35	00
Sales Tax	60101 78390	10	50
TOTAL PAID	$	1440	50

AC-212 (Rev. 11-86) 103

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-21-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dalla H. Spiller

in a liner (Vault/Liner) Funeral, date, time 9/22 Tues 2pm

Church, Chapel, Graveside Chapel, Dow 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 99 Grave 2 Row _____ Section 14 Division/Block 7

Grave space & Care Fund ... Tap	
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 35055	606.00
Balance due	0

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

Vernon B Hollong
Signature

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

Signature of recorded holder of deed

806 Madera St
Address

San Diego CA
State Zip Code

92114
Telephone

See Conf. Sheet attached

Invoice # _____

Work Order # E 6917

Acct. # _____

PY-593 (REV. 8-85)

E 6917

Sept 22, 1987

To Whom it may Concern:

Being that the interment on 6/13/60 of Mollie Holloway was made in a #3 Sectional liner on the standard depth and not on second or below 5 ft deep it is my desire to authorize Mt. Hope Cemetery to take the following action and hereby amend Work order E 6917 to the following instruction:

Remove the Top of #3 Concrete Box installed in 1960 and place this burial today on top, covered with a liner as arranged at no additional Cost to Us.

Vernon B Holloway

E 6917

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Willa "H" Spiller	Female	June 17, 1906	Sept. 15, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Vernon B. Holloway - Brother 806 Madera Street San Diego, CA 92114

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetdry: 3751 Martin Luther King Way: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Center Lock Sealer	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 N/A The gulls Steel		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Mary Jane McKee DATE SIGNED 9/21/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT 9/22/87	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED SEP 21 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. mtw
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 99-2-14-7 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

E 6917 № 35055

OFFICIAL RECEIPT

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

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

Date: [illegible], 19[illegible]

From: [illegible] Address: 206 Madera St.

Six hundred six Dollars ($ [illegible])

In _____ Payment of [illegible]

Lot 19-[illegible] Grave 2 Row _____ Section 14 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-6917

BALANCE DUE 0

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

10

AC-212 (Rev. 11-86)

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

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	320.00
Burial Containers	100 77182	100.00
Handling Fee	100 77183	145.00
Recording & Misc. Fees	100 77183	25.00
Pre-Need Trust	63035 9022	
Sales Tax	60101 78390	6.00
TOTAL PAID	$	606.00

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/21/87

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

in a TS Vault (Vault/Liner) Funeral date, time 10-5-87 2:00PM

Church, Chapel, Graveside Church & Graveside Mayhole Mortuary.

All Funeral cars must 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.

OK Lot 42 Grave 9 & 10 Row — Section 1 Division/~~Block~~ 11

Grave space & Care Fund	Ten for Wife Single Depth 10	495.00
Additional spaces and care fund	Comp. for Husband (9)	495.00
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		$1700.50
Paid receipt number	35037	650.00
Balance due		1050.50
	35037	255.50
		495.00

at 100.00 mo or more

Mr Frazier called to verify time

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

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

Signature of recorded holder of deed

x L C Frazier
Signature

x 932-N-39-9
Address

x San Diego Calif 92102
State Zip Code

x 619-264-4568
Telephone

Invoice #

Work Order # E 6918

Acct. #

PY-553 (REV. 8-86)

E 6918

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BERLINE NMN FRAZIER	Female	Jan. 6, 1921	Sept. 29, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Lucious Clement Frazier-Husband 932 North 39th Street San Diego, California 92102

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED: 10/6/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: OCT 5 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Reeves, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: 10/10/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

E6918 № 35077

OFFICIAL RECEIPT

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

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

Date: 9/30, 19[illegible]

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In _____ Payment of [illegible]

Lot 42 Grave [illegible] Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-[illegible]

BALANCE DUE [illegible]

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

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

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	165.00
Burial Containers	100 77182	[illegible]
Handling Fee	100 77183	[illegible]
Recording & Misc. Fees	100 77183	[illegible]
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	[illegible]
TOTAL PAID	$	[illegible]

AC-[illegible] (Rev. 11-86)

№ 35131

OFFICIAL RECEIPT

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

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

Date: 10-7, 1987

From: L. C. Frazier Address: 932 N. 32nd St, SD

Dollars ($)

In Payment of Preneed for Berlin Frazier

Lot 42 Grave 9&10 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6918

BALANCE DUE 395.00

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

2634

AC-212 (Rev. 11-86)

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

ISSUED BY Sandy Wood

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

E6918 № 35057

OFFICIAL RECEIPT

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

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

Date: 9/21/87, 19

From: L. C. Frazier Address: 932-N. 39th - 92102

Six Hundred fifty and no/100 Dollars ($ 650.00)

In Deposit Payment of Comp. Space and Pre need — for Berline Frazier

Lot 42 Grave 9 + 10 Row — Section 1 Division Block 12

Invoice No. —

Acct. No. —

W.O. E-6919

BALANCE DUE 1050.50

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

AC-212 (Rev. 11-86) 2618

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	650	—
Sales Tax	60101 78390		
TOTAL PAID	$	650	00

№ 35299

OFFICIAL RECEIPT

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

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

Date: 11-13, 1987

From: L.C. Frazier Address: 932 N 39 St, SD 92102

one hundred 00/100 Dollars ($ 100.00)

In _____ Payment of Pre need

Lot 42 Grave 9 & 10 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6918

BALANCE DUE 295.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2661

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

ISSUED BY Sandy Ward

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

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 35536

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

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

Date: 1-8, 1988

From: L.C. Frazier Address: 932 N. 32nd St SD

one hundred Dollars ($ 100.00)

In _____ Payment of Credit Cal Payment

Lot 42 Grave 2710 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6918

BALANCE DUE 95.00

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

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

CITY AUDITOR

JAN 13 1988

ISSUED BY [signature]

CREDIT	67007	4	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	96	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	—

AC-212 (Rev. 10-87) 2710

OFFICIAL RECEIPT

E6918 № 35744

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

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

Date: 2-19, 1988

From: L C Frasier Address: 932 N. 59th Street, SD

Twenty 2 five dollars Dollars ($ 95.00)

In _____ Payment of Lot Sale

Lot 42 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6918

BALANCE DUE 0

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

2741

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

CITY AUDITOR
FEB 23 1988

ISSUED BY Sonka Wood

CREDIT	67007	95	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	95	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 35396

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

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

Date: 12-8, 1987

From: L C Frazier Address: 932 N. 39th St. San Diego Ca 92102

One hundred dollars 00/100 Dollars ($ 100.00)

In ~~Part~~ NCB Payment of Preneed

Lot 42 Grave 9010 Row — Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-6918

BALANCE DUE 195.00

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

2680

AC-212 (Rev. 11-86)

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

ISSUED BY Dora Black

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-21-87

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

in a Vault (Vault/Liner) Funeral, date, time 9/24 Thurs. 2pm.

Church, Chapel, Graveside Graveside, Campbell Memorial Mortuary.

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

408-379-5010

Lot 1406 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	—
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 35068	710.50
Balance due	0

Delivered by Raymond Gordon

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

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

_____
Signature of recorded holder of deed

Karen L. Moore
Signature

12330 Hilltop Drive
Address

Los Altos Hills, CA 94022
State Zip Code

(415) 949-3927
Telephone

Invoice # _____

Work Order # E 6919

Acct. # _____

PY-593 (REV. 8-85)

E6919

(408) 287-0955

Gordon's
MORTUARY
TRANSPORTATION

Rob Gordon

P.O. Box 18310
San Jose, CA 95158

E 6919

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Helen Lorraine Meyer	Female	Sept. 22,1901	Sept.20,1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Jose	Santa Clara	Ms Karen L. Moore, Cousin 12330 Hilltop Dr. Los Altos Hills, CA 95022

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Campbell Memorial Chapel, 231 E. Campbell Ave. Campbell, CA 95008	898

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, San Diego, CA — COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: ---- — NAME OF DECEDENT TO BE CREMATED — SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: ----
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: ----
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.** — SIGNATURE OF APPLICANT: Susan L. McGee — DATE SIGNED: 9/22/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT — AMOUNT OF FEE PAID: $3.00 — DATE PERMIT ISSUED: SEP 22 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Stephen A. Gray M.D
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/24/87 (ENTER DATE) — SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: George W Stelter — LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: 2220 Moorpark Ave., San Jose, CA 95128

Damage to Casket in Vault
18 Ga Buttonhole
Blue-Santa Side
front knee deep
Use Vault
Pink

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

E 6919 № 35068

OFFICIAL RECEIPT

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

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

Date: 9-24, 19__

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 710.50)

In _____ Payment of [illegible]

Lot 1406 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-6919

BALANCE DUE —

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

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

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	175	—
Handling Fee	100 77183	170	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	710	50

AC-212 (Rev. 11-86)

Pre need
For Both Paid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/21/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anacleto / Maria Trinidad DIAZ

in a Double Crypt (Vault/Lining) 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 9 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	For Double Crypt	250.00
Additional spaces and care fund	—No— (2nd Burial)	
Opening/Closing & Setup	320.00	320.00
Burial Container	Double Concrete Crypt —	330.00
Handling Fees	To place Crypt in grave —	320.00
Flower vases - Marker setting fee	NONE—Pd	—
Recording and filing fee	3.50	3.50
Sales taxes	3.50	19.80
	Total Due	1274.80
Paid receipt number	35060	162980
	Balance due	0

PAID
SEP 21 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

x Maria Trinidad Diaz
Signature
1857 National Ave
Address
San Diego Cal 92113
State Zip Code
234-2044
Telephone

at foot of Salinas grave. If need call Salinas →

Work Order # E 6920

Invoice # _____

Acct. # _____

PY-693 (REV. 8-85)

$ into Trust # 1379.80

E 6920 № 35060

OFFICIAL RECEIPT

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

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

Date: 9/21/87, 19

From: Maria Trinidad Diaz Address: 1857 National Ave San Diego 92113

Sixteen Hundred Twenty-nine & 80/100 Dollars ($ 1629.80)

In full Deposit Payment of Grave Space for Double Deep and Complete burial for Anacleto + Maria Diaz + Reserved

Lot 131 Grave 9 Row — Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E-6920

BALANCE DUE 0

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

Cash

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	—	
Burial Containers	100 77182	—	
Handling Fee	100 77183	—	
Recording & Misc. Fees	100 77183	—	
Pre-Need Trust	63033 9022	1379	80
Sales Tax	60101 78390	—	
TOTAL PAID	$	1629	80

AC-212 (Rev. 11-86)

Marker Wand Not Paid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/21/87

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 9/24 10AM

Church, Chapel, Graveside St Paul Church & GS. ; Greenwood - Mortuary.

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

Lot 5 Grave 4 Row — Section MAS Division/Block B

Grave space & Care Fund ..... Pre need	—
Additional spaces and care fund .... Family Estate	—
Opening/Closing & Setup	320.00
Burial Container ..... Top Seal Concrete 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	710.50
Paid receipt number 35061	710.50
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

Mary F. Ward
Signature
1824 SHERIDAN AVE
Address
SAN DIEGO, CA 92103
State Zip Code
(619) 295-6086
Telephone

Work Order # E 6921

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E 6921

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Luther Mifflin Ward	Male	Jun. 6, 1913	Sept. 18, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Mary Ward-Wife 1824 Sheridan Avenue San Diego, California 92103

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hopp Cemetery, 3751 Market Street, San Diggo, Ca	COUNTY San Diggo
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED na Problem with Location Held service off grave	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION na Vault mobile etc Metal Casket Concrete Vault	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS na	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ X Mary F. Ward DATE SIGNED 9-21-1987

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$3.00	SEP 23 1987	▶ Donald G. Pamrod, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/24/87 (ENTER DATE) 5/4/MAS/B	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gregory Stetts	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH NA		

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

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT

№ 35061

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

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

Date: 9/21/87, 19

From: Mrs Ward Address: S.D.

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

In full Payment of Interment of and for L. Mifflin Ward - Dec Veteran

Lot 5 Grave Row Section MAS Division Block B

Invoice No. —

Acct. No. —

W.O. E 6921

BALANCE DUE —0—

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

AC-212 (Rev. 11-86) 04 524

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

CITY AUDITOR
SEP 23 1987

002721

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184	—	—
80% Sales of Lots	100 77184	—	—
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	125	00
Handling Fee	100 77183	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	80101 78390	10	50
TOTAL PAID	$	710	50

OFFICIAL RECEIPT

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

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

№ 35606

Date: 1-27, 19 88

From: Mary Ward Address: 1824 Sheridan Ave SD

One Hundred thirty-five Dollars ($ 135.00)

In Payment of Luther M Ward's Marker Installation Fee

Lot 5 Grave 4 Row Section MAS Division Block B

Invoice No.

Acct. No.

W.O. E-6921

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 04616

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

CITY AUDITOR
FEB 03 1988

ISSUED BY Sandy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	135 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	135 00

Pre-Need Pending Service 11/24/87

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/22/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Violet Marie Kelly ⊗

in a ash Vault Vault/Liner Funeral, date, time 11 Fri - 11/27 - 2:30

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

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

Lot 984 Grave Top - Center Row ____ Section ____ Division/Block 10

Grave space & Care Fund ..... Pre Purchased D-1357-	—
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container ..... Cornute Cremation Vault	40.00
Handling Fees ..... Labor	60.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes ..... O.K.	2.40
Total Due	242.40
Paid receipt number 35325	242.40
Balance due	—

RECEIVED NOV 2 1987 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Has Urn - 30 day Hold in Vault till final Payment or note.

Douglas Rumble

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.

Kathy Aguirre
Signature of recorded holder of deed

Sister

Owner

David W Murphy
Signature

1708 Gunn Rd
Address

Port angeles, Wash. 98362
State Zip Code

206-457-4022
Telephone

Work Order # E 6922

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

Previous recorded on Legal

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
November 2, 1987	E-6922

TO: David W. Murphy
1708 Gunn Road
Port Angels, Washington 98362

DESCRIPTION OF CHARGE	AMOUNT
Pre-need for Violet Marie Kelly	
Opening/Closing	$105.00
Cremation Vault	40.00
Handling Fee	60.00
Tax on Vault	2.40
Total Due	$242.40

Call - andrea - Home 477-7440 after Mon
Work 571-3102
ext 245

Kathy - 449-[illegible]

George Held Sewrit
Family all
Present!

FORM PR-955 (10/64)

E 10922

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VIOLET MARIE KELLY	Female	09-12-1912	11-20-1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	David W. Murphy (Son) 1708 Gunn Road Port Angeles, WA 98362

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary- 855 Broadway Chula Vista, CA	F-964

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery-3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda, Inc. 14065 Olde Highway 80 - El Cajon, CA	DATE CREMATED 11-23-87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Humphrey Chula Vista Mortuary DATE SIGNED November 20, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 20 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/27/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR

E 6922 № 35325

OFFICIAL RECEIPT

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

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

Date: 11/24/87, 19

From: Andria Fifita Address: 2419 A- Av. N.C. 92050

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

In full Payment of Inurnment of and for Violet M. Kelly

Lot 984 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E 6922

BALANCE DUE 0

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

AC-212 (Rev. 11-86) 157

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

005270

CITY AUDITOR

DEC 3 1987

ISSUED BY Geoyen Stetts

CREDIT 20% Sales Care	67007 77184	—
80% Sales of Lots	100 77184	—
Opening/ Closing	100 77181	105.00
Burial Containers	100 77182	40.00
Handling Fee	100 77183	60.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	2.40
TOTAL PAID	$	242.40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-22-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julie A. Prida

in a Ash Vault (Vault/Liner) Funeral, date, time Friday 9/25 10:00

Church, Chapel, Graveside Graveside ; Balboa Cem Mortuary.

All Funeral cars must arrive 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 _____ Row C Section 6 Division/~~Block~~ 5

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 35072	242.40
Balance due	0

Psalm 23
Marsha Hall
296-6494

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 6923

PY-553 (REV. 8-85)

E 6923

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Julie Ann Prida	Female	Sept.1,1923	Sept.20,1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Jeloy M. Guthrie, Sister 46645 Township Road 74 Coshocton, OH 43812

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Balboa Cremation Services; 4658 30th St.;San Diego, CA	F 1370

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; 3751 Market St.; San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda,Inc. 14065 Olde Hwy.80; El Cajon, CA	DATE CREMATED 9/22/87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT Robert D. Kenyon Balboa Cremation Services DATE SIGNED 9-21-87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED SEP 22 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Ramos, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/25/87 (ENTER DATE) 2/6/13	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION George Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 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

№ 35072

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

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

Date: 9-25, 19 87

From: DARLEEN BAKKEN Address: RR.3 BOX 31 PLATTE S.D. 57369

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

In full Payment of Julie Pinda service

Lot 2 Grave Row C Section 6 Division Block 5

Invoice No.

Acct. No.

W.O. E-6923

BALANCE DUE $0

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

3003

AC-212 (Rev. 11-86)

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

ISSUED BY Bruce Morgan

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	105
Burial Containers	100 77182	40
Handling Fee	100 77183	60
Recording & Misc. Fees	100 77153	35
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	2 40
TOTAL PAID	$	242 40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/22/87

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

in a (Bell Liner) Vault/Liner Funeral, date, time 9/28 Mon 9:00

Church, Chapel, Graveside Graveside Lewis (Jerry) Mortuary.

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

✓ Lot 161 Grave ——— Row ——— Section 3 Division/Block 8

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 35069	606.00
Balance due	-0-

Witness Interment

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.

Linda C. Reed
Signature

1120 Hollywood Ave #4
Address

Oakland CA 94602
State Zip Code

415/482-2243
Telephone

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

Signature of recorded holder of deed

Invoice # ———

Work Order # E 6924

Acct. # ———

PY-503 (REV. 8-85)

E 6924

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ELYVON C. CURRAN	female	Aug 7, 1913	Sept 22, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	SELF... by pre-arrangement

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery - San Diego, CA (3751 Market St.)	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT: ▶ Melinda M. Stewart DATE SIGNED: 9/25/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: SEP 25 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald G. Ramros, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/28/87 (ENTER DATE) 161-3-8	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Georgia Slate	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: n/a	

Blue Arlington Wooden Mine Linen Graveside 9AM - Mon

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

E 6924 № 35069

OFFICIAL RECEIPT

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

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

Date: 9-24, 19 [illegible]

From: [illegible] Address: 1120 [illegible]

[illegible] Dollars ($ [illegible])

In _____ Payment of [illegible]

Lot 161 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-6924

BALANCE DUE _____

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

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

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	320.00
Burial Containers	100 77182	100.00
Handling Fee	100 77183	145.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	6.00
TOTAL PAID	$	606.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-23-87

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

in a liner (Vault/Liner) Funeral, date, time 9/25 Fri 2:00

Church, Chapel, Graveside Graveside Alter - Villa (Mortuary)

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

Lot 281 Grave ____ Row ____ Section 3 Division/~~Block~~ 8

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	3.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 35074	606.00
Balance due	0

PAID
SEP 25 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mail Crem check

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 6925

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E 6925

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
William G. Hamm	Male	July 5, 1909	Found September 21, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Escondido	San Diego	Nancy Vickers - Daughter 825 Timberwood Escondido, CA 92025

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Alhiser-Wilson Mortuary, 225 South Broadway, Escondido, CA	297

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Martin Luther King Way, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Nancy Vickers DATE SIGNED 9/22/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED SEP 23 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/25/87 (ENTER DATE) 2181-3-8	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stetter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/a		

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

E 6925 № 35074

OFFICIAL RECEIPT

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

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

Date: 9/25/87, 19

From: Nancy Vickers Address: Escondido

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

In full Payment of Interment fees for Willie I Hamm-dec

Lot 2181 Grave — Row — Section — Division Block 8

Invoice No. —

Acct. No. —

W.O. E-6925

BALANCE DUE —

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

0125

AC-212 (Rev. 11-86)

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

ISSUED BY Leozen Stella

CREDIT	67007	—	—
20% Sales Care	77184		
80% Sales of Lots	100 77184	—	—
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	66101 78390	6	00
TOTAL PAID	$	606	00

Revised

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-23-87

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

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 167 Grave 5 Row _____ Section 1 Division ~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	1101.00
Paid receipt number _____	
Balance due	

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

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

_____
Signature of recorded holder of deed

Rosie Manzanares
Signature
2844 Boston Ave
Address
San Diego Ca
State Zip Code
Calif
Telephone
232-2304

Invoice # _____

Work Order # E 6926

Acct. # _____

PY-593 (REV. 8-85)

10-6-87	35110	1101.00
		45.00
		1056.00
11-12-87	35283	45.00
		1011.00
12-7-87		45.00
		966.00
1-6-88	35519	45.00
		921.00

OFFICIAL RECEIPT

№ 35110

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

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

Date: _____, 19__

From: _____ Address: _____

_____ Dollars ($ _____)

In _____ Payment of _____

Lot 167 Grave 5 Row _____ Section 1 Division _____ Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6926

BALANCE DUE _____

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 _____

CREDIT	67007	
20% Sales Care	77184	45 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45 00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6926

Rosie Manazanares for P. Jackson
2844 Boston Avenue
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 ▶ $ 45.00

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

45.00 10/6

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

№ 35283

OFFICIAL RECEIPT

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

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

Date: 11-12, 1987

From: Paul Jackson Address: 2844 Boston Ave, SD

Forty-five Dollars ($ 45.00)

In _____ Payment of Coupon #2 Credit Lot

Lot 167 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6926

BALANCE DUE 1011.00

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

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

ISSUED BY Sandy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	45 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45 00

AC-212 (Rev. 11-86)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6926 Credit Lot & Trust

Rosie Manazanares for P. Jackson
2844 Boston Avenue
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. $ 45.00

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 35519

Date: 1-6 , 1988

From: Paul Jackson Address: 2844 Boston Ave, SD

Forty Five 00/100 Dollars ($ 45.00)

In Payment of Coupon #4 Outlet Art

Lot 167 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6926

BALANCE DUE 921.00

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 Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	45	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	—

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6926 Credit Lot & Trust

Rosie Manazanares for P. Jackson
2844 Boston Avenue
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. $ 45.00

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

$45.00 Cash
1-5-88
[illegible]

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35726

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

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

Fort Paul Jackson

Date: 2-16, 19 88

From: Lisa Mangaraag Address: 2844 Boston Ave, SD

Forty-five Dollars ($ 45.00)

In _____ Payment of Coupon # 5 Credit Lot 8 Pre-need

Lot 167 Grave 5 Row _____ Section 1 Division Block 11

Invoice No _____

Acct. No _____

W.O. E-6126

BALANCE DUE 876.00

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 19 1988

ISSUED BY Linda Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	45.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45.00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6926

Rosie Manazanares for P. Jackson
2844 Boston Avenue
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. $ 45.00

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

Cash $ ____

Amount Received $ 45.00

NAME

ADDRESS

CITY STATE ZIP

#50 Bill

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35869

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

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

Date: 3-14, 1988

From: Rosie Managerous Address: 2844 Boston Ave

Dollars ($ 45.00)

In _____ Payment of Preneed Lot & Trust for Paul Jackson

Lot 167 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6926

BALANCE DUE 831.00

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

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

CITY AUDITOR
MAR 16 1988

ISSUED BY Sandra Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	45.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45.00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6926 Credit Lot & Trust

Rosie Manazanares for P. Jackson
2844 Boston Avenue
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 ▶ $ 45.00

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

Cash 3/14

$ _____

45-00

Amount Received $ _____

NAME George Stott

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

No. 35996

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

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

Date: 4-11, 1988

From: Mr. Manzanares Address: 2844 Boston Ave, SD

Forty Five Dollars ($ 45.00)

In _____ Payment of Charges #7 Pre-need

Lot 167 Grave 5 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6924

BALANCE DUE 786.00

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

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

CITY AUDITOR

APR 14 1988

ISSUED BY: Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	45	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6926

Rosie Manazanares for P. Jackson
2344 Boston Avenue
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 ▶ $ 45.00

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

№ 35379

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

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

Date: 12-7, 1987

From: ROSIE MANAZANARES Address: 2844 BOSTON AVE S.D.,CA 92113

FORTY-FIVE DOLLARS & 00/100 Dollars ($ 45.00)

In PART Payment of COUPON-PRE-NEED TRUST

FOR P. JACKSON

Lot 1167 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-16926

BALANCE DUE 916600

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 Hua Black

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	45	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6926

Rosie Hanazanares for P. Jackson
2844 Boston Avenue
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 $ 45.00

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

№ 36063

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

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

Date: 5-2, 1988

From: Rosie Mangoras Address: 2844 Laston Ave, SD

Forty-five no/100 Dollars ($ 45.00)

In Payment of Coupon #8 Preneed Trust

Lot 167 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6924

BALANCE DUE 741.00

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

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

CITY AUDITOR

MAY 04 1988

ISSUED BY [signature]

CREDIT	67007	45.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45.00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6926 Credit Lot 6 Trust

Rosie-Manzanares for P. Jackson
2844 Boston Avenue
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. ▶ $ 45.00

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 36288

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

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

Date: 6-10, 1988

From: Cheryl R. Jackson Address: 2844 Boston Ave, SD 92113

Forty & five no/100 Dollars ($ 45.00)

In _____ Payment of Coupon 9 Credit Lot

Lot 165 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6926

BALANCE DUE 696.00

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

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

CITY AUDITOR

JUN 15 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	9	00
80% Sales of Lots	100 77184	36	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6926

Rosie Hennessnares for P. Jackson
2944 Boston Avenue
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 ▶ $ 45.00

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

$ ____

4/10/88
45.00 Cash

Amount Received $ ____

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36418

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

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

Date: 7-12, 1988

From: Rosie Mansondas Address: 2844 Boston Ave, SD

forty - five no/100 Dollars ($ 45.00)

In _____ Payment of Cargo - 10 Unit Lot for Paul Jackson

Lot 167 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6926

BALANCE DUE 651.00

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

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

ISSUED BY Sandra Ward

CREDIT	67007	45.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45.00

CITY AUDITOR
JUL 19 1988

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6926 Credit Lot & Trust

Rosie Manazanares for P. Jackson
2844 Boston Avenue
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. $ 45.00

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

Cash 7/12/88
45.00 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 36494

Date: 8-4 19 88

From: Address:

Dollars ($)

In Payment of

Lot 169 Grave 5 Row Section Division 11 Block

Invoice No.

Acct. No.

W.O. E-6926

BALANCE DUE

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR
AUG 09 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45

...each remittance **COUPON** **11**

...ENTIRE BOOK

...OUNT No. E-6926

Rosie Manzanares for P. Jackson
2844 Boston Avenue
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: $ 45.00

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

45 cash
8/4

$ _____

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-6926

Rosie Manazanares for P. Jackson
2844 Boston Avenue
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 ▶ $ 45.00

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

45 cash
8/4

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36671

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

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

Date: 9-12, 1988

From: Mr. Manzanares Address:
Forty-Five No/100 Dollars ($ 45.00)

In _____ Payment of Coupon 12 Pre-need Trust

Lot 167 Grave 5 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6926

BALANCE DUE 561.00

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
SEP 14 1988

ISSUED BY Sandra Ward

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	45.00
Sales Tax	60101 78390	
TOTAL PAID	$	45.00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6926 Credit Lot 6 Trust

Rosie Kanazawa for P. Jackson
2244 Boston Avenue
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: $ 45.00

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

00403236833

Date: 10-12, 1988

From: Mr. Mangonares Address: 2844 Boston Ave, SD

Forty-five no/100 Dollars ($ 45.00)

In Payment of Preneed Trust for Paul Jackson

Lot 167 Grave 5 Row Section 1 Division Block

Invoice No.

Acct. No.

W.O. E-6926

BALANCE DUE 516.00

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

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	45 00
Sales Tax	60101 78390	
TOTAL PAID	$	45 00

CITY AUDITOR
OCT 19 1988

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6926

Rosie Hazanmares for P. Jackson
2844 Boston Avenue
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 ▶ $ 45.00

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

№ 37048

Date: 12-5, 1988

From: [illegible] Address:

[illegible] Dollars ($ 45.00)

In _____ Payment of [illegible] Trust for [illegible]

[illegible]

Lot 147 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-6926

BALANCE DUE 461.00

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

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

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	45.00
Sales Tax	60101 78390	
TOTAL PAID	$	45.00

CITY AUDITOR
DEC 12 1988

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6926 Credit Lot & Trust

Rosie Manazanares for P. Jackson
2844 Boston Avenue
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. $ 45.00

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

№ 37160

Date: 1-4, 1989

From: [illegible] Address: 2844 [illegible]
[illegible] Dollars ($ 45.00)

In _____ Payment of Need Trust for [illegible]

Lot 167 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6926

BALANCE DUE 416.00

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

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

CITY AUDITOR
JAN 09 1989

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	45.00
Sales Tax	60101 78390	
TOTAL PAID	$	45.00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 1-6926

Eagle Maintenance for P. Jackson
2344 Boston Avenue
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 ▶ $ 45.00

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

№ 37320

Date: 2-6, 19 89

From: Mr. Menzancies Address: 2844 Boston Ave SA

Forty-five no/100 Dollars ($ 45.00)

In _____ Payment of Cemetery 16 Pre-need Trust

For Paul Jackson

Lot 167 Grave 5 Row _____ Section _____ Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6926

BALANCE DUE 371.00

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

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

CITY AUDITOR
FEB 10 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	45	00
Sales Tax	60101 76390		
TOTAL PAID	$	45	00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6926 Credit Lot & Trust

Rosie Manzanares for P. Jackson
2644 Boston Avenue
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 ▶ $ 45.00

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

№ 37511

Date: 3/14/89, 19

From: Rosie for P. Jackson Address: 2844 Boston Ave SD. 92113

Forty-five Cad no/100 Dollars ($ 45.00)

In Coupon Payment of #17 - Preneed Trust

Not Posted

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6926

BALANCE DUE 326.00

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

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

CITY AUDITOR
MAR 20 1989

ISSUED BY Loyen Stitt

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	45.00
Sales Tax	60101 78390	
TOTAL PAID	$	45.00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: E-6926

Rosie Hernandez for P. Jackson
2844 Boston Avenue
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 ▶ $ 45.00

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

$ _____

Amount Received $ _____

45.00
Cash

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

№ 37702

Date: 4-25, 1989

From: Rosie Mancanares Address:

Forty - five no/100 — Dollars ($ 45.00)

In Payment of Coupon # 18 Credit lot & Pre-need Burial Services for Paul Jackson

Lot 167 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6926

BALANCE DUE 281.00

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

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	45.00
Sales Tax	60101 78390	
TOTAL PAID	$	45.00

CITY AUDITOR
MAY 01 1989

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6926 Credit Lot & Trust

Rosie Manzanares for P. Jackson
2844 Boston Avenue
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 ▶ $ 45.00

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

№ 38182

Date: 6-23, 1989

From: Paul Jackson Address:

Dollars ($ 45.00)

In Payment of Oregon 19 Pre-need Trust

Lot 167 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6926

BALANCE DUE 236.00

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.

013797

ISSUED BY Andrea [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	45.00
Sales Tax	60101 78390	
TOTAL PAID	$	45.00

CITY AUDITOR
JUN 30 1989

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6926

Rosie Hamazazares for P. Jackson
2844 Boston Avenue
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 ▶ $ 45.00

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

№ 38329

Date: July 31, 1989

From: Rosie Manzanares Address: 2844 Boston Ave

Forty-five 00/44 Dollars ($ 45 00/44)

In part Payment of Credit Lot Coupon 20

Lot 167 Grave 5 Row — Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6926

BALANCE DUE 191

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

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

CITY AUDITOR

AUG 02 1989

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	45	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	—

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-6926 Credit Lot 4 Trust

Rosie Maintenance for F. Jackson
2644 Boston Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				1						10	

Amount due when paid on, or before, due date above. $ 45.00

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

$ _____

Amount Received $ _____

NAME R. Mendoza

ADDRESS 2644 Boston Ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 38456

Date: 8-29, 1989

From: Rosie Manzanares Address: 3094 Easton Ave SD

Forty-five Dollars ($ 45.00)

In Payment of Coupon 21 Crest Lot for Paul Jackson

Lot 167 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6926

BALANCE DUE 146.00

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

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

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	45.00
Sales Tax	60101 78390	
TOTAL PAID	$	45.00

CITY AUDITOR
SEP 05 1989

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: E-6926

Suzie Hanamures for P. Jackson
2944 Boston Avenue
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 ▶ $ 45.00

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

N2 38059

Date: 10-16, 1989

From: [illegible] Address: 2844 [illegible] SD

[illegible] Dollars ($ 45.00)

In _____ Payment of [illegible]

Lot 167 Grave 5 Row _____ Section 1 Division ~~Block~~ 61

Invoice No. _____

Acct. No. _____

W.O. E-6926

BALANCE DUE 101.00

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

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

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	45.00
Sales Tax	60101 78390	
TOTAL PAID	$	45.00

CITY AUDITOR
OCT 24 1989

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 1-6926 Credit Lot 6 Trust

Rosie Vasconcellos for P. Jackson
2344 Boston Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				1						10	

Amount due when paid on, or before, due date above ▶ $ 43.40

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. 38570

Date: 11-14, 1989

From: Paul Jackson Address: 2644 Boston Avenue

Forty-five no/100 Dollars ($ 45.00)

In _____ Payment of Coupon 23 Pioneer Trust

Lot 167 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6926

BALANCE DUE 66.00

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

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

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	45.00
Sales Tax	60101 78390	
TOTAL PAID	$	45.00

CITY AUDITOR
NOV 20 1989

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6926

Rosie Hanakamares for P. Jackson
2844 Roston Avenue
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 ▶ $ 45.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

NAME Jackson, Paul R. C/O Rosie Manzanares ACCT. NO. E-6926

ADDRESS 2844 Boston Avenue, San Diego, Ca 92113 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Spt 23 87	Lot 167, Gr 5, Sec 1, Div 11	1101 00		180 00	921 00
	Opening/Closing, Bell Liner, Recording Fee				
2-16 88	Coupon #5, Receipt # 35726			45 00	876 00
3-14 88	Coupon #6, Receipt # 35869			45 00	831 00
4-11 88	Coupon #7 Receipt #35996			45 00	786 00
5-2 88	Coupon #8 Receipt 36063			45 00	741 00
6-10. 88	Coupon #9, Receipt 36288			45 00	696 00
7-12 88	Coupon #10, Receipt 36418			45 00	651 00
8-3 88	Coupon #11, Receipt 36494			45 00	606 00
9-12 88	Coupon 12, Receipt 36671			45 00	561 00
10-12 88	Coupon 13, Receipt 36833			45 00	516 00
12-5 88	Coupon 14, Receipt 37048			45 00	471 00
1-4 89	Coupon 15, Receipt 37160			45 00	426 00
2-6 89	Coupon 16 Receipt 37350			45 00	381 00
3-16 89	Coupon 17, Receipt 37591			45 00	336 00
4-[illegible] 89	Coupon 18, Receipt 37702			45 00	291 00
6-23 89	Coupon 19, Receipt 38182			45 00	246 00
7-31-89	Coupon 20, Receipt 38329			45 00	201 00
8-29 89	Coupon 21, Receipt 38486			45 00	156 00

AIGNER FORM NO. 25-204 Jackson, Paul R, C/O Rosie Manzanares 167 - 5 - 1 - 11 PRINTED IN USA

NAME ACCT. NO.

ADDRESS RATING LIMIT 1400

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
10-16 89	Coupon 22, Receipt 38059			45 00	1355 00
11-14 89	Coupon 23, Receipt 38570			45 00	1310 00
1-23 90				66 00	—

AIGNER FORM NO. 25-204 PRINTED IN U.S.A.

OFFICIAL RECEIPT

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

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

NO 38799

Date: Jan 23, 19 97

From: Rosie Hurzanares Address: 2844 Boston Ave San Diego CA 92113

Sixty-six and no/100 Dollars ($ 66.00)

In Full Payment of Perpetual Trust for Ethel R Jackson

Lot 167 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. # E 6026

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	66 00
Sales Tax	60101 78390	
TOTAL PAID	$	66 00

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. R-6926 Credit Lot 4 Trust

Rosie Manzanares for F. Jackson
2844 Boston Avenue
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. $ 66.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need PD

Date Sept. 25, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillian Weare and Dorothy Alberts

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 1232 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund ..... Preneed Lot 595.00

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

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

Recording and filing fee ..... _____

Sales taxes ..... _____

PAID
SEP 25 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Ck #173 from Dagmar Derr 9/25/87

Total Due 595.00

Paid receipt number 35073 595.00

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.

Dagmar L Derr
Signature of recorded holder of deed

Dagmar L Derr
Signature
450 Paloma Dr
Address
Redwood City CA 94062
State Zip Code
(415) 366-3432
Telephone

Pre need

Work Order # E 6927

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 35073

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

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

Date: Sept 25, 19 87

From: Dagmar Dorn Address: 950 Salamar Dr. Encinitas Ca

Five Hundred sixty-five dollars and no/100 Dollars ($ 565.00)

In full Payment of Pre-need - A. William Warren and Dorothy Albert

Lot for Double Crypt - Crypt Not paid for.

Lot 123 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E 6927

BALANCE DUE 0

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

AC-212 (Rev. 11-86)

173

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

ISSUED BY Dave Lowry

CREDIT	67007	
20% Sales Care	77184	119 00
80% Sales of Lots	100 77184	476 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	595 00

ok # 173 from Dagmar Dorn 9/25/87

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-25-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bon Vu Tran

in a ~~Vault~~ Liner (Vault/Liner) Funeral, date, time Wed 9/30 9AM

Church, Chapel, Graveside Chapel & Grave; Poway Mortuary.

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

✓ Lot _____ Grave 7 Row 11 Section _____ Division/Block _____

Grave space & Care Fund ... OK by Albert Wong -	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 35080	710.50
Balance due	-0-

Here at noon

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 6928

PY-593 (REV. 8-85)

E-6928 MOUNT HOPE CEMETERY

26 Sept 1987

The undersigned hereby requests and authorizes the interment of the remains of Chinese Section in Lot ____ Gr #7 Row #11 Sec. ____ Block Division ____ in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

FOR MR. BON VU TRAN (Burial to be @ 30 Sept 87 9:00 AM)

(Cyla Poway - Bernardo Mortuary)

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, Inc, owners.

Witness

Witness

國美 咕咀山 中華會館

Chinese Cemetery Financing Committee

E-6928

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Bon Vu Tran	Male	Nov. 30, 1941	Sept. 25, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Doan Tran -Father 2174 Burroughs Street San Diego, California

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Poway-Bernardo Mortuary 13243 Poway Road Poway, CA.	F 1195

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Martin Luther King Way, San Diego CA. — COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A — DATE CREMATED — SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A — Start Scatter 18 ga iss. T.S. Court Heads to East at Night — Robert Finch
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.** — SIGNATURE OF APPLICANT ▶ T V Tran — DATE SIGNED Sept 25 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT — AMOUNT OF FEE PAID: 3.00 — DATE PERMIT ISSUED: SEP 25 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/30/87 (ENTER DATE) W.F. Powell — 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: Chula Vista — VITAL RECORDS, P.O. Box 85222, San Diego, CA 92138

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

№ 35080

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

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

Date: 9-30, 19 87

From: [illegible] Address: 13243 [illegible]

Seven hundred Ten 50/100 Dollars ($ 710.50)

In _____ Payment of [illegible] Service

Lot _____ Grave 7 Row 11 Section Chinese Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6928

BALANCE DUE -0-

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

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

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	320.00
Burial Containers	100 77182	175.00
Handling Fee	100 77183	170.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	10.50
TOTAL PAID	$	710.50

AC-212 (Rev. 11-86)

Priced

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-25-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George B. Crofts

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 37 Grave 9 Row _____ Section 1 Division ~~Block~~ II

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container T.S. Vault	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1205.50
Paid receipt number _____	
Balance due	

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

George B. Crofts
Signature

P.O. Box 1001
Address

Spring Valley, CA 92077
State Zip Code

(619) 698-6544
Telephone

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

_____
Signature of recorded holder of deed

Work Order # E 6929

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

11-10-87 35275

12-3-87 35355

1205.50
- 50.00
1155.50
50.00
1106.50

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot & Trust

George B. Crofts
PO Box 1001
Spring Valley, Ca 92077

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35275

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

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

Date: 11-10, 1987

From: GEORGE B CROFTS Address: P.O. BOX 1001 SPRING VALLEY, CA. 92077

Fifty Dollars Dollars ($ 50.00)

In part Payment of Credit for 1 Trust Coupon #1

Lot 37 Grave 9 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6929

BALANCE DUE 1155.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑
661

AC-212 (Rev. 11-86)

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

ISSUED BY Bruce Morris

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	60033 9022	~~50~~	~~00~~
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

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

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

No 35520

Date: 1-6 19 88

From: Jorge Cratto Address: P.O. Box 1101, Spring Valley, Ca.

Fifty dollars 00/100 Dollars ($ 50.00)

In Payment of Canyon #3 Credit Lot

Lot 37 Grave 9 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6929

BALANCE DUE 1055.50

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

708

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JAN 11 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	50 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	50 —

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot & Trust

George B. Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 35662

Date: 2-5, 1988

From: George Crofts Address: P.O. Box 1001, Irvine Valley

fifty dollars Dollars ($ 50.00)

In _____ Payment of Coupon #4 Credit Lot 8 Pre-need

Lot 37 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6924

BALANCE DUE 1005.50

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

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

CITY AUDITOR
FEB 10 1988

ISSUED BY [signature]

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot & Trust

George S. Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 50.00

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

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35828

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

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

Date: 3-8, 1988

From: George Crafts Address: P.O. Box 1001, Sp. Valley

fifty dollars no/100 Dollars ($ 50.00)

In Payment of Coupon # 5 Credit Lot

Lot 37 Grave 9 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6929

BALANCE DUE 955.50

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

743

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

CITY AUDITOR

MAR 11 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot & Trust

George E. Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35966

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

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

Date: 4-5, 1988

From: George Crafts Address: P.O. Box 1501, Spring Vly

fifty dollars no/100 Dollars ($ 50.00)

In _____ Payment of Coupon #6 Credit Lot & Preneed

Lot 37 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6929

BALANCE DUE 905.50

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

764

AC-212 (Rev. 10-87)

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

CITY AUDITOR

APR 8 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot & Trust

George H. Croffs
PO Box 1001
Spring Valley, Ca 92077

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. $ 50.00

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

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35355

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

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

Date: 12-3, 19 87

From: George Crafts Address: P.O. Box 1001, Spring Valley

fifty dollars Dollars ($ 50.00)

In Payment of Caugon #2 Credit Lot - Trust

Lot 37 Grave 9 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6929

BALANCE DUE 1105.50

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

681

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

ISSUED BY Sandy Ward

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

AC-212 (Rev. 11-86)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot & Trust

George B. Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36078

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

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

Date: 5-3, 19 88

From: George B. Crafts Address: P.O. Box 1001, Spring Valley, CA

Fifty dollars no/100 Dollars ($ 50.00)

In _____ Payment of Coupon 7 Credit Lot

Lot 37 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6929

BALANCE DUE 155.50

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

773

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

CITY AUDITOR

MAY 06 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot & Trust

George B. Crofts
PO Box 1001
Spring Valley, Ca 92077

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: $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 36228

Date: 6-2, 19 88

From: [illegible] B. Crafts Address: P.O. Box 1001, Spring Valley

Fifty dollars no/100 Dollars ($ 50.00)

In _____ Payment of Coupon & Credit Lot

Lot 39 Grave 9 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6929

BALANCE DUE 805.50

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

AC-212 (Rev. 10-87) 790

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

CITY AUDITOR

JUN 7 1988

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	4	00
80% Sales of Lots	100 77184	46	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot & Trust

George H. Crofts
PO Box 1001
Spring Valley, Ca 92077

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. $ 50.00

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

$ _____

Amount Received $ _____

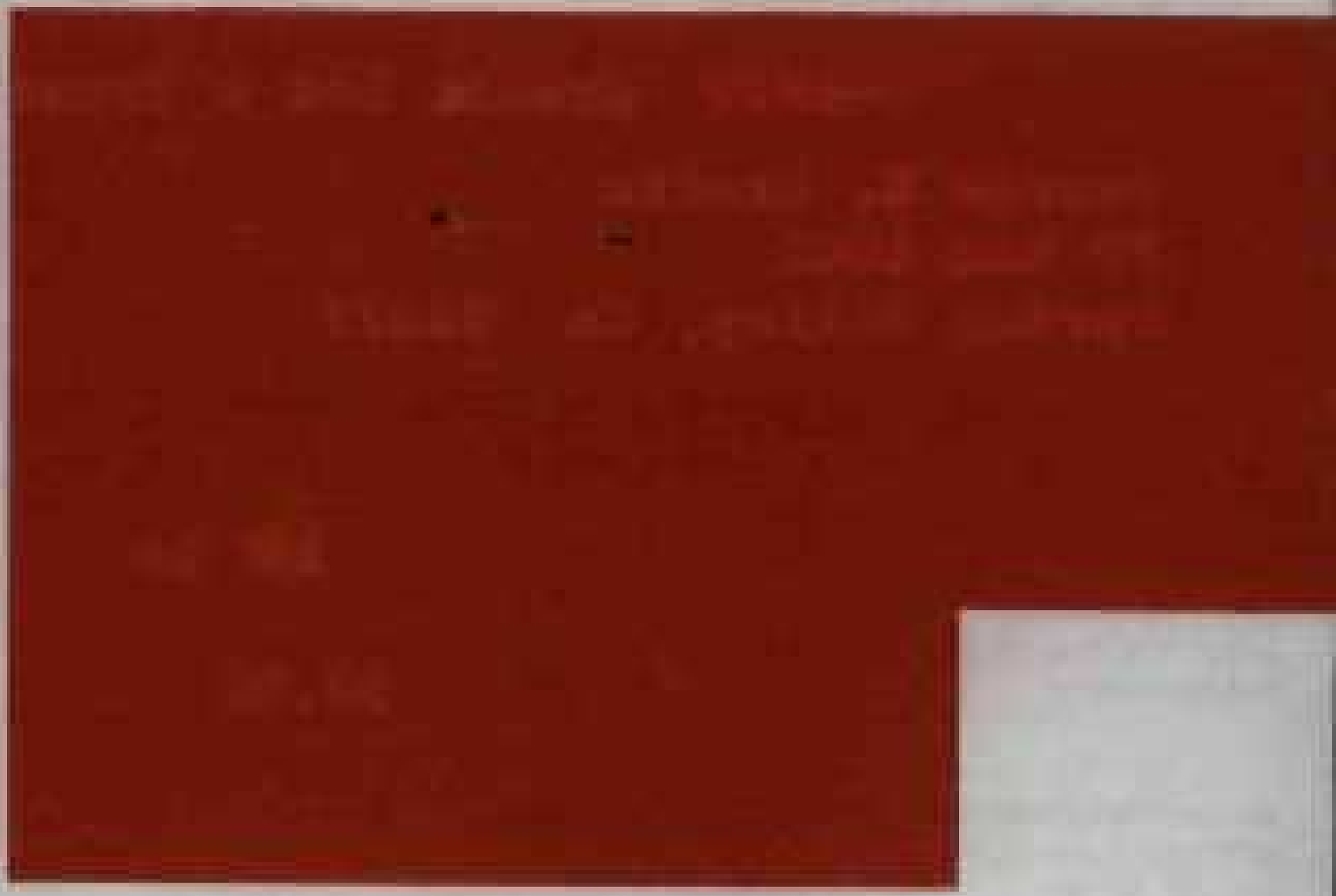
NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

3751 Market St SD 92102



OFFICIAL RECEIPT

№ 36400

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

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

Date: 7-11, 1988

From: George Crafts Address: P.O. Box 1001 Sp. Vlly SD
Lift no 100 Dollars ($ 50.00)

In _____ Payment of Coupon #9 Credit Lot

Lot 37 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6929

BALANCE DUE 755.50

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

AC-212 (Rev. 10-87) 813

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

CITY AUDITOR

JUL 13 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot & Trust

George B. Crofts
PO Box 1001
Spring Valley, Ca 92077

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: $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

No 36479

Date: 8-2-88

From: Judy Coutts Address: Box 1001

Fifty dollars Dollars ($ 50.00)

In Payment of

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E 6929

BALANCE DUE

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR

AUG 09 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	50 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	50 —

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot 6 Trust

George B. Crofts
PO Box 1001
Spring Valley, Ca 92077

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. $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 36644

Date: 9-7, 1988

From: George E. Crafton Address: P.O. Box 1001 Sp Vlly

Fifty 00/100 Dollars ($ 50.00)

In Payment of Pre-need Trust Crafton 11

Lot 37 Grave 9 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6929

BALANCE DUE 655.50

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

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

CITY AUDITOR
SEP 13 1988

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 10-87) 612

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot & Trust

George B. Crofts
PO Box 1001
Spring Valley, Ca 92077

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. $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 36780

Date: 10-5, 1988

From: Jeanne Crafts Address: P.O. Box 1001, Spring Valley

fifty dollars no/100 Dollars ($ 50.00)

In _____ Payment of Coupon 12 Pre-need Trust

Lot 37 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-6929

BALANCE DUE 605.50

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

834

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

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot & Trust

George E. Crofts
PO Box 1001
Spring Valley, Ca 92077

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. $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 36954

Date: 11-10, 1988

From: George Crafts Address: P.O. Box 1001, Spring Valley

fifty dollars no/100 Dollars ($ 50.00)

In _____ Payment of Coupon 13 Pre-need Trust

Lot 37 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-6929

BALANCE DUE $55.50

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

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

CITY AUDITOR
NOV 21 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 10-87)

847

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot & Trust

George L. Crofts
PO Box 1001
Spring Valley, Ca 92077

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 37070

Date: 12-8, 1988

From: George B Crofts Address: P.O. Box 1001, Spring Valley, Ca 92077

Fifty Dollars 00/100 Dollars ($ 50.00)

In Part Payment of Pre-need trust, coupon #14

Lot 37 Grave 9 Row — Section 1 Division Block 11

Invoice No.

Acct. No. E-6929

W.O.

BALANCE DUE 505 50

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

151

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

ISSUED BY Nora Black

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	50 00
Sales Tax	60101 78390	
TOTAL PAID	$	50 00

CITY AUDITOR
DEC 12 1988

AC-212 (Rev. 10-87)

recorded

Send or bring one coupon with each remittance. **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot 6 Trust

George B. Crofts
PO Box 1001
Spring Valley, Ca 92077

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. ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 37193

Date: 1-9, 1989

From: Jenge Crafts Address: PO Box 1031 Spring Valley

fifty dollars no/100 Dollars ($ 50.00)

In _____ Payment of Coupon 15 Pre-need Trust

Lot 37 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-6929

BALANCE DUE 455.50

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

170

AC-212 (Rev. 10-87)

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

ISSUED BY Linda Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	50 00
Sales Tax	60101 78390	
TOTAL PAID	$	50 00

CITY AUDITOR
JAN 11 1989

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot 6 Tract

George L. Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 37349

Date: 2-10, 1989

From: Joan B. Crosts Address: P.O. Box 1001 Sp. Vlly, CA

fifty dollars no/100 Dollars ($ 50.00)

In Payment of Coupon 16 Pre-need Trust

Lot 27 Grave 9 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6929

BALANCE DUE 465.50

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

198

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

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	50 00
Sales Tax	60101 78390	
TOTAL PAID	$	50 00

CITY AUDITOR
FEB 16 1989

AC-212 (Rev. 10-87)

DO NOT MAIL ENTIRE BOOK

10

ACCOUNT No. E-6929 Credit Lot & Trust

George B. Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 37483

Date: 3-7, 1989

From: [illegible] Address: P.O. Box [illegible]

[illegible] dollars [illegible] Dollars ($ 50.00)

In _____ Payment of [illegible] 17 [illegible] Trust

Lot 37 Grave 9 Row _____ Section 1 Division Block 44

Invoice No. _____

Acct. No. _____

W.O. E-6729

BALANCE DUE 355.50

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

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

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AUDITOR
MAR 16 1989

AC-212 (Rev. 10-87)

217

Bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. S-6929 Credit Lot & Grave

George D. Cretta
PO Box 1001
Spring Valley, Ca 92077

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: $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 37597

Date: 4-4, 1989

From: Leon C Crotts Address: P.O. Box 1001, Sp Vlly CA

Fifty dollars 20/100 Dollars ($ 50.00)

In Payment of Coupon 18 Pre-need Trust

Lot 37 Grave 9 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. 8-6929

BALANCE DUE 305.50

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

355

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 5-6929 Credit Lot & Trust

George B. Crofts
PO Box 1001
Spring Valley, Ca 92077

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 $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 37738

Date: 5 5, 1989

From: Cora B. Crofts Address: PO Box 1001 Spring Valley Ca 92077-0100

Fifty dollars & 00/100 Dollars ($ 50.00)

In Print Payment of pre-need coupon #19

Lot 37 Grave 9 Row — Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6929

BALANCE DUE 25550

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑ 863

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

ISSUED BY Nora Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	50 00
Sales Tax	60101 78390	
TOTAL PAID	$	50 00

CITY AUDITOR
MAY 08 1989

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance · COUPON 19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. S-6929 Credit Lot 4 Tract

George B. Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 38150

Date: 6-12, 1989

From: [illegible] Crafts Address: [illegible]

fifty rollers Dollars ($ 50.00)

In _____ Payment of Carpen 20 Pre-need Trust

Lot 37 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. E-6929

W.O. _____

BALANCE DUE 205.50

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

253

AC-212 (Rev. 10-87)

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

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	50 00
Sales Tax	60101 78390	
TOTAL PAID	$	50 00

CITY AUDITOR
JUN 15 1989

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. I-6929 Credit Lot 6 Trust

George B. Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 38243

Date: 7-7, 1989

From: Jesse Crafts Address: P.O. Box 1001, Sp Valley

Fifty 70/100 Dollars ($ 50.00)

In Payment of Coupon 21 Preneed Trust

Lot 37 Grave 9 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6929

BALANCE DUE 155.50

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

AC-212 (Rev. 10-87)

269

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

ISSUED BY Sandy

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	50 00
Sales Tax	60101 78390	
TOTAL PAID	$	50 00

CITY AUDITOR
JUL 14 1989

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot 6 Block

George D. Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 38355

Date: August 3, 1989

From: George Crofts Address: P.O. Box 1001, Spring Valley CA, 92077

Fifty no/100 Dollars ($ 50.00)

In _____ Payment of Coupon 22. Credit Lot + Trust

Lot 37 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6929

BALANCE DUE $105.50

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

AC-212 (Rev. 10-87)

292

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

ISSUED BY Sharon L. Crain

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

CITY AUDITOR
AUG 07 1989

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. S-6929 Credit Lot 6 Trust

George E. Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ ~~55.50~~ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

NAME CROFTS, GEORGE B. ACCT. NO. E-6929

ADDRESS P.O. Box 1001, Spring Valley, Ca 92077 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Sept 25 87	Lot 37, Grave 9, Section 1, Division 11 Opening/Closing, Top Seal Vault, Recording	1205 50		100 00	1105 50
1-6 88	Coupon 3, Receipt # 35520			50 00	1055 50
2-4 88	Coupon 4, Receipt # 35662			5000	1005 50
3-8 88	Coupon #5, Receipt # 35828			5000	955 50
4-5 88	Coupon #6, Receipt 35966			5000	905 50
5-3 88	Coupon #7, Receipt 36078			5000	855 50
6-2 88	Coupon #8, Receipt 36228			5000	805 50
7-11 88	Coupon #9, Receipt 36400			5000	755 50
9-2 88	Coupon 10, Receipt 36479			50 -	705 50
	Lot Once it Full				
9-7 88	Coupon 11, Receipt 36644			5000	655 50
10-5 88	Coupon 12, Receipt 36780			5000	605 50
11-10 88	Coupon 13, Receipt 36954			5000	555 50
12-8 88	Coupon 14, Receipt 37070			5000	505 50
1-[redacted] 89	Coupon 15, Receipt 37193			5000	455 50
2-10 89	Coupon 16, Receipt 37349			5000	405 50
3-9 89	Coupon 17, Receipt 37483			5000	355 50
4-4 89	Coupon 18, Receipt 37547			5000	305 50

AIGNER FORM NO. 25-204 CROFTS, GEORGE B. 37 - 9 - 1 - 11 PRINTED IN USA

NAME ACCT. NO.

ADDRESS RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
5-3 89	Coupon #19, Receipt 37738			50.00	255.50
6-12 89	Coupon 20, Receipt 38150			50.00	205.50
7-7 89	Coupon 21, Receipt 38243			50.00	155.50
8/3 89	Coupon 22, Receipt 38355			50.00	105.50
9/8 89	Coupon 23 8/24, Receipt 37924			105.50	.00

AIGNER FORM NO. 25-204 PRINTED IN USA

OFFICIAL RECEIPT

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

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

№ 37904

Date: 9-8, 1989

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 105.50)

In _____ Payment of [illegible]

Lot 37 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6929

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.

002704

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	105.50
Sales Tax	60101 78390	
TOTAL PAID	$	105.50

CITY AUDITOR
SEP 18 1989

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6929 Credit Lot & Trust

George B. Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 5-6929 Credit Lot 6 Trust

George B. Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 58.50

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

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Grenead

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-25-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lee Crafts (Morton)

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 37 Grave 8 Row _____ Section 1 Division/~~Block~~ 11

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

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

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

_____
Signature of recorded holder of deed

Lee Morton-Crafts
Signature
P.O. Box 1001
Address
Spring Valley, Ca. 92077
State Zip Code
698-6544
Telephone

Work Order # E 6930

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

11-3-87

716.50
29.00
681.50
29.00
652.50

12-2-87 35349

OFFICIAL RECEIPT

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

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

No 35231

Date: 11-3- , 19 87

From: LEE MARTIN-CROFTS Address: P.O. BOX 1001 SPRING VALLEY CA. 92077

Twenty-Nine Dollars ($ 29.00)

In Cash Payment of Prepaid Trust Coupon #1

Lot 37 Grave 8 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6930

BALANCE DUE 681.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
594

AC-212 (Rev. 11-86)

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

ISSUED BY Bruce Morrison

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	~~29 00~~
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	29 00
Sales Tax	60101 78390	
TOTAL PAID	$	29 00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Preneed Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

E-6930

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 ▶ $ 29.00

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

$ _____

Amount Received $ _____

NAME Lee Martin - Crofts

ADDRESS P.O. Box 1001

CITY Spring Valley STATE Ca ZIP 92077

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 35521

Date: 1-6 1988

From: Lee Crafts Address: P.O. Box 1001, Spring Valley, Ca

twenty-nine 001 Dollars ($ 29.00)

In _____ Payment of Coupon #3 Credit Pre-need Trust

Lot 37 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6930

BALANCE DUE 623.50

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

655

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

CITY AUDITOR
JAN 11 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	29.00
Sales Tax	60101 78390	
TOTAL PAID	$	29.00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Penced Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

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 $ 29.00

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

№ 35660

Date: 2/4/88, 19

From: Lee Morton - Crafts P.O. Box 1001, [illegible] CA

Address:

twenty-nine 00/100 Dollars ($ 29.00)

In Payment of Preneed Trust

Lot 57 Grave 8 Row Section 1 Division Block 11

CITY AUDITOR
FEB 10 1988

Invoice No.

Acct. No.

W.O. E-6930

BALANCE DUE 594.50

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

682

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

007593

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	29.00
Sales Tax	60101 78390	
TOTAL PAID	$	29.00

AC-212 (Rev. 10-87)

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Preneed Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

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. $ 29.00

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

$ 29.00

Amount Received $ ____

NAME Lee Martin - Crofts

ADDRESS P.O. Box 1001

CITY Spring Valley STATE Ca. ZIP 92077

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35829

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

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

Date: 3-8, 1988

From: Lee - Martin Craft Address: P.O. Box 1001 Sp Vlg SD

Twenty nine no/100 Dollars ($ 29.00)

In _____ Payment of Coupon #5 Preneed Trust

Lot 37 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6930

BALANCE DUE 565.50

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

721

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAR 11 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	29	00
Sales Tax	60101 78390		
TOTAL PAID	$	29	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Preneed Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

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. $ 29.00

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

$ ____

Amount Received $ ____

NAME Lee Martin-Crofts

ADDRESS P.O. Box 1001

CITY Spring Valley STATE Ca. ZIP 92072

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35967

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

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

E-6930

Date: 4-5, 19 88

From: Lee Crafts Address: P.O. Box 1001, Sp Vlly

Trinity - nine 00/100 Dollars ($ 29.00)

In _____ Payment of Coupon #6 Pre-need Trust

Lot 37 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6930

BALANCE DUE 536.50

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

748

AC-212 (Rev. 10-87)

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

CITY AUDITOR
APR 8 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	29	00
Sales Tax	60101 78390		
TOTAL PAID	$	29	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Preneed Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

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. $ 29.00

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

№ 35349

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

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

Date: 12-2 19 87

From: Lee Marie Craft Address: P.O. Box 501 Spring Valley

Twenty-nine Dollars ($ 29.00)

In _____ Payment of Canyon #2 Burial Lot

Lot 37 Grave 8 Row _____ Section 1 Division _____ Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6930

BALANCE DUE 652.00

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

622

AC-212 (Rev. 11-86)

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

ISSUED BY Sandy Reed

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	29 —
Sales Tax	60101 76390	
TOTAL PAID	$	29 —

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Preneed Trust

Lee Martin-Crafts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 29.00

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

$ _____

Amount Received $ _____

NAME Lee Martin - Crafts

ADDRESS 1231 Maria Ave.

CITY Spring Valley STATE Ca. ZIP 92077

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36079

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

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

Date: 5-3, 1988

From: Lee Crafts Address: P.O. Box 1001, Spring Valley

twenty - nine 00/100 Dollars ($ 29.00)

In Payment of Coupon 7 - Prenced Trust

Lot 37 Grave 8 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-6930

BALANCE DUE 507.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
775

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 Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	29	00
Sales Tax	60101 78390		
TOTAL PAID	$	29	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Preneed Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

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. $ 29.00

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

№ 36229

Date: 6-2, 19 88

From: Lee Martin Graft Address: P.O. Box 1001, Spring Valley

Twenty nine no/100 Dollars ($ 29.00)

In _____ Payment of Pre-need Trust Coupon 8

Lot 37 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6930

BALANCE DUE 478.50

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

806

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

CITY AUDITOR

JUN 7 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	29	00
Sales Tax	60101 78390		
TOTAL PAID	$	29	00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Preneed Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 29.00

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

№ 36401

Date: 7-11 1988

From: Lee Martin Craft Address: P.O. Box 1001, 4 Valley Twenty nine Dollars ($ 29.00)

In _____ Payment of Coupon 9 Pre-need Trust

Lot 37 Grave 8 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6930

BALANCE DUE 449.50

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

841

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JUL 13 1988

ISSUED BY Sandra Vidal

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	29	00
Sales Tax	80101 78390		
TOTAL PAID	$	29	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Preneed Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92977

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. $ ____

$ ____

Amount Received $ ____

NAME Lee Martin-Crofts

ADDRESS P.O. Box 1001

CITY Spring Valley STATE Ca. ZIP 92077

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

Trust

No 36478

Date: 8-2-1988

From: [illegible] Address: Box 1001

Twenty Nine Dollars Dollars ($ 29.00)

In payment Payment of Pre Need Trust

Lot 37 Grave 8 Row Section Division Block

Invoice No.

Acct. No.

W.O. E-6930

BALANCE DUE [illegible]

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

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

CITY AUDITOR

AUG 09 1988

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	29 00
Sales Tax	60101 78390	
TOTAL PAID	$	29 —

AC-212 (Rev. 10-87)

877

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Preneed Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

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. ▶ $ 29.00

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

№ 36646

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

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

Date: 9-7, 1988

From: Lee Crafts Address: P.O. Box 100, Sp Vlly

twenty - nine no/100 Dollars ($ 29.00)

In _____ Payment of Coupon 11 Credit Lot

Lot 37 Grave 8 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6930

BALANCE DUE 39150

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

898

AC-212 (Rev. 10-87)

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

CITY AUDITOR
SEP 18 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	29	00
Sales Tax	60101 78390		
TOTAL PAID	$	29	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: E-6930 Penned Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

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. $ _____

$ _____

Amount Received $ _____

NAME Lee Martin - Crofts

ADDRESS P.O. Box 1001

CITY Spring Valley STATE Ca. ZIP 92077

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 36781

Date: 10-5, 19 88

From: Lee Crafts Address: P.O. Box 1001, Ly Vlly

twenty - nine Dollars ($ 29.00)

In _____ Payment of Coupon 12 Pre-need Trust

Lot 37 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-6930

BALANCE DUE 262.50

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

944

AC-212 (Rev. 10-87)

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

CITY AUDITOR

OCT 7 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	29 00
Sales Tax	60101 78390	
TOTAL PAID	$	29 00 ✓

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-5930 Prescod Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

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. ▶ $ 29.00

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

№ 36955

Date: 11-10, 1988

From: Lee Crafts Address: P.O. Box 1001 Spring Valley

Twenty - nine nellis — Dollars ($ 29.00)

In _____ Payment of Coupon B Pre-need Trust

Lot 37 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-6930

BALANCE DUE 233.50

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

912

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

CITY AUDITOR
NOV 21 1988

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	29.00
Sales Tax	60101 78390	
TOTAL PAID	$	29.00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. S-6930 Pressed Trust

Lee Martin-Crafts
PO Box 1301
Spring Valley, Ca 92077

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 ▶ $ 29.00

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

№ 37071

Date: 12-8, 1988

From: Lee Marton Crofts Address: PO Box 1001 Spring Valley Ca 92077

Twenty-nine dollars & 00/100 Dollars ($ 29.00)

In part Payment of pre-need trust, coupon #14

Lot 37 Grave 8 Row — Section 1 Division Block 11

Invoice No.

Acct. No. E-6930

W.O.

BALANCE DUE 204.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1007

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

ISSUED BY Nora Black

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	29	00
Sales Tax	60101 78390		
TOTAL PAID	$	29	00

CITY AUDITOR
DEC 12 1988

AC-212 (Rev. 10-87)

recorded

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Penrood Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 29.00

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

$ _____

Amount Received $ 29.00

NAME Lee Martin - Crofts

ADDRESS P.O. Box 1001

CITY Spring Valley STATE Ca. ZIP 92077

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 37194

Date: 1-9, 19 89

From: Lee Martin - Crafts Address: P.O. Box 1001 Spring Valley

Twenty - nine no 1/10 Dollars ($ 29.00)

In _____ Payment of Coupon 15 Pre-need Trust

Lot 37 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-6930

BALANCE DUE 175.50

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

1036

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

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	29.00
Sales Tax	60101 78390	
TOTAL PAID	$	29.00

CITY AUDITOR
JAN 11 1989

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Pressed Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

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. $ 29.00

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

$ _____

Amount Received $ _____

NAME Lee Martin

ADDRESS 1231 Mercer Ave

CITY Spring Valley STATE Ca. ZIP 92077

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 37350

Date: 2-10, 1989

From: Lee Martin Address: P.O. Box 1001, Sq. Vlg. CA

twenty-nine no/100 Dollars ($ 29.00)

In _____ Payment of Coupon 16 Pre-need Trust

Lot 37 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6930

BALANCE DUE 146.50

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

1064

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

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	29.00
Sales Tax	60101 78390	
TOTAL PAID	$	29.00

CITY AUDITOR
FEB 16 1989

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Pruneed Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

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. $ 29.00

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

$ _____

Amount Received $ 29.00

NAME Lee Martin-Crofts

ADDRESS P.O-Box 1001

CITY Spring Valley STATE Ca. ZIP 92077

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 37484

Date: 3-9, 1989

From: Lee Crafts Address: P.O. Box 1301, Sp Vlly

Twenty-nine 20/100 Dollars ($ 29.00)

In _____ Payment of Cemetery 17 Pre-need Trust

Lot 37 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-6930

BALANCE DUE 117.50

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

901

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

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	29.00
Sales Tax	60101 78390	
TOTAL PAID	$	29.00

CITY AUDITOR
MAR 16 1989

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Fenced Trust

Lee Martin-Crofts
PO Box 1301
Spring Valley, Ca 92077

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. $ 29.00

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

$ _____

Amount Received $ _____

NAME Lee E. Martin - Crofts

ADDRESS 1231 Mesa Dr.

CITY Spring Valley STATE Ca. ZIP 92077

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

CITY AUDITOR

APR 07 1989

№ 37598

Date: 4-4, 1989

From: Lee Crafts Address: P.O. Box 1001, Lg Vlly CA

Twenty-nine 20/100 Dollars ($ 29.00)

In _____ Payment of Pre-need Trust Carefan 18

Lot 37 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6930

BALANCE DUE 88.50

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

1083

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	29.00
Sales Tax	60101 78390	
TOTAL PAID	$	29.00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Pressed Trust

Lee Bartis-Crofts
PO Box 1001
Spring Valley, Ca 92077

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. $ 29.00

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

$ _____

Amount Received $ _____

NAME Lee - Martin - Crofts

ADDRESS 1231 Maria Ave.

CITY Spring Valley STATE Ca. ZIP 92077

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 37739

Date: 5-3, 1989

From: Lee Martin Address: PO Box 1001, Springdale, Ca 92077

Twenty nine dollars & 00/100 Dollars ($ 29.00)

In part Payment of pre-need trust, coupon #19

Lot 37 Grave 8 Row — Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6930

BALANCE DUE 5950

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

1104

AC-212 (Rev. 10-87)

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

ISSUED BY Nora Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	29.00
Sales Tax	60101 78390	
TOTAL PAID	$	29.00

CITY AUDITOR
MAY 08 1989

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-6930 Pressed Trust

Lee Martin-Crafts
PO Box 1001
Spring Valley, Ca 92077

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. $ 29.00

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

$ _____

Amount Received $ _____

NAME LEE MARTIN - CRAFTS

ADDRESS P.O. Box 1001

CITY Spring Valley STATE Ca ZIP 92077

☐ check (✓) if this 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 38180

Date: 6-22, 1989

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 29.00)

In _____ Payment of [illegible] 20 [illegible]

Lot 27 Grave [illegible] Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6930

BALANCE DUE 20.50

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

AC-212 (Rev. 10-87) 1137

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

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	29.00
Sales Tax	60101 78390	
TOTAL PAID	$	29.00

CITY AUDITOR
JUN 24 1989

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Fenced Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

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. $ 29.00

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

$ ____

Amount Received $ 29.00

NAME Lee Martin - Crofts

ADDRESS P.O. Box 1001

CITY Spring Valley STATE Ca. ZIP 92077

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 38244

Date: 7-7, 1989

From: Lee Crafts Address: P.O. Box 1001, Sp Vlly
Twenty-nine no/100 Dollars ($ 29.00)

In Payment of Coupon 21 Preneed Trust

Lot 37 Grave 8 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6930

BALANCE DUE 101.50

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

1162

AC-212 (Rev. 10-87)

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

ISSUED BY Sandy

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	29 00
Sales Tax	60101 78390	
TOTAL PAID	$	29 00

CITY AUDITOR
JUL 14 1989

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Pressed Trust

Lee Martin-Crafts
PO Box 1001
Spring Valley, Ca 92077

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 29.00

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 38354

Date: August 3, 1989

From: Lee Martin Address: P.O. Box 1101 Spring Valley, CA 92077

Twenty nine and 60/100 Dollars ($ 29.60)

In Payment of Open 22. Preneed Trust

Lot 37 Grave 8 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-62130

BALANCE DUE $72.50

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

AC-212 (Rev. 10-87) 1186

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

ISSUED BY Sharon L. Crain

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	CITY AUDITOR	
Opening/ Closing	100 77181		
Burial Containers	100 77182	AUG 07 1989	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	29	60
Sales Tax	60101 78390		
TOTAL PAID	$	29	60

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Primed Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 29.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

NAME CROFTS, LEE (MARTIN) ACCT. NO. E-6930

ADDRESS P.O. Box 1001, Spring Valley, Ca 92077 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Sept 25 87	Opening/Closing, Top Seal Vault, Recording	710 50		58 00	652 50
1-[illegible] 88	Coupon #3, Receipt # 35521			29 00	623 50
2-5 88	Coupon #4, Receipt # 35760			29 00	594 50
3-8 88	Coupon #5, Receipt # 35829			29 00	565 50
4-5 88	Coupon #6, Receipt 35967			29 00	536 50
5-3 88	Coupon #7, Receipt 36078			29 00	507 50
6-2 88	Coupon #8, Receipt 36229			29 00	478 50
7-11 88	Coupon #9 Receipt 36401			29 00	449 50
8-2 88	Coupon 10 Receipt 36478			29	420 50
9-7 88	Coupon 11, Receipt 36646			29 00	391 50
10-5 88	Coupon 12, Receipt 36781			29 00	362 50
11-10 88	Coupon 13, Receipt 36955			29 00	333 50
12-8 88	Coupon 14, Receipt 37071			29 00	304 50
1-9 89	Coupon 15, Receipt 37194			29 00	275 50
2-10 89	Coupon 16, Receipt 37350			29 00	246 50
3-[illegible] 89	Coupon 17, Receipt 37484			29 00	217 50
4-[illegible] 89	Coupon 18, Receipt 37598			29 00	188 50
5-3 89	Coupon 19, Receipt 37729			29 00	159 50
6-22 89	Coupon 20, Receipt 38180			29 00	130 50

NAME ACCT. NO.

ADDRESS RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
7-7	89	Coupon 21 Receipt 38244			2900	10150
8/3	89	Coupon 22, Receipt 38354			2900	7250
9-8	89	Coupon 23&24, Receipt 37905			7250	-00

AIGNER FORM NO. 25-204 PRINTED IN USA

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Prepaid Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 29.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6930 Pressed Trust

Lee Martin-Crofts
PO Box 1001
Spring Valley, Ca 92077

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 ▶ $ 43.50

Amount due if paid more than ____ day's after due date above ▶ $ _____

Special Ast. $ _____

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 37905

Date: 9-8, 1989

From: Lee Martin Craft Address: P.O. Box 1001, Sp Vlly CA

Seventy-two 50/100 Dollars ($ 72.50)

In _____ Payment of Preneed Trust for Burial Service

Lot 37 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6930

BALANCE DUE —

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

1206

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 of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	72 50
Sales Tax	60101 78390	
TOTAL PAID	$	72 50

CITY AUDITOR
SEP 18 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/28/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Flossie Leona L. Handy #5781

in a Liner (Vault/Liner) Funeral date, time 9/28 1:30 / Mon

Church, Chapel, Graveside Chapel x G.S.; 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 48 Grave 1 Row ____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund D-795	—
Additional spaces and care fund	NONE
Opening/Closing & Setup	320.00
Burial Container Concrete Bell Liner	100.00
Handling Fees Labor	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	3.00
Sales tax	6.00
Total Due	606.00
Paid receipt number 35075	606.00
Balance due	0

PAID
SEP 28 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Charles E. Handy 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

Charles E. Handy
Signature
3534 Polk Ave.
Address
San Diego Ca. 92104
State Zip Code
282-5813
Telephone

Work Order # E 6931

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E_6931

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FLOSSIE LEONA HANDY	FEMALE	JULY 29, 1914	SEPT. 24, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
EL CAJON	SAN DIEGO	CHARLES E. HANDY SON 3534 POLK AVENUE SAN DIEGO, CALIFORNIA 92104

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
GOODBODY MORT., 5027 EL CAJON BLVD., SAN DIEGO, CA	F 790

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Charles E. Handy DATE SIGNED 9/25/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED SEP 28 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Remus, M.D. mbw
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/28/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Wallace	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

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

OFFICIAL RECEIPT

№ 35075

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

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

Charles E Handy — San Diego

Date: 9/28/87 19

From: Donald F. Handy Address: Chula Vista

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

In full Payment of Interment fees for Flossie Lemont Handy - dec

Lot 48 Grave 1 Row 2 Section 17 Division Block 7

Invoice No. —

Acct. No. —

W.O. E-6931

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.

003031

CITY AUDITOR

SEP 30 1987

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	—	—
80% Sales of Lots	100 77184	—	—
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	6	00
TOTAL PAID	$	606	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need and Trust

Date 9/29/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosa Leah Sharp

in a T.L. Concrete Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 100 Grave 4 Row — Section 2 Division/Block 11

Grave space & Care Fund for Single Burial	300.00
Additional spaces and care fund — none —	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees Labor	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1010.50
Paid receipt number 35076	500.00
Balance due	510.50

Then items are Trust till needed

Trust - 710.50
Landic # 300.00
1010.50

37335 510.50

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

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

_____
Signature of recorded holder of deed

Payments of on Bal - of 510.50

Mary Lou Sharp
Signature
3428 CURLEW St.
Address
SAN Diego, CA - 92103
State Zip Code
619-295-7054
Telephone

Invoice # _____

Work Order # E 6932

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 35076

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

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

Date: 9/29, 1987

From: Mary Lou Swick Address: 3428 Curlew St SD 92103

Five Hundred and no/100 Dollars ($ 500.00)

In Deposit Payment of Pre need arrangements for Rosa L Sharp -
Ins Grave + Care / Service Charges for Vault + opening + closing -

Lot 100 Grave -4- Row — Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E 6932

BALANCE DUE 510.50

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

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

ISSUED BY Leoyen Stetler

CREDIT 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	—	
Burial Containers	100 77182	—	
Handling Fee	100 77183	—	
Recording & Misc. Fees	100 77183	—	
Pre-Need Trust	63033 9022	200	00
Sales Tax	60101 78390	—	
TOTAL PAID	$	500	00

AC-212 (Rev. 11-86)

PAID
SEP 29 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

OFFICIAL RECEIPT

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

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

№ 37355

Linda Oswald, Conservator

Date: 2-10, 1989

From: of Rosa Sharp Address: 121 Broadway, Ste 638 SD

five hundred ten 50/100 — Dollars ($ 510.50)

In _____ Payment of Pre-need lot and burial service for Rosa Sharp

Lot 100 Grave 4 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6932

BALANCE DUE 0

(Paid in full)

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

178

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

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	510 50
Sales Tax	60101 78390	
TOTAL PAID	$	510 50

CITY AUDITOR
FEB 16 1989

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-30-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Don A. Laird — PA

in a _____ Vault/Liner Funeral, date, time 1PM - 9/30/ Wed

Church, Chapel, Graveside _____ Merkley-Mitchell (Harry) Mortuary.

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

Lot 109 Grave 11 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

PA 1037994 Dan Billing

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 061345

Acct. # 000952

Work Order # E 6933

PY-693 (REV. 9-86)

E6933

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DONALD ARCHIBALD LAIRD	MALE	JUL 11, 1917	SEP 27, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
LA MESA	SAN DIEGO	PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED 9/30/1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: SEP 30 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. Cal
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/30/87 (ENTER DATE) 109/11/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE N/A
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

Partial Board Plate Hardware on bottom

No Liner

open grave for 2 Wks

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

Preneed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-30-87

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 103 Grave 8 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00

Preneed Trust

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

Pandalia Robinson
Signature

2914 39th St.
Address

S.D. 92105
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6934

Acct. # _____

PY-593 (REV. 8-85)

		856.00
		35.00
N-4-87	35245	821.00
12-4-87	35365	35.00
		786.00
1-12-88	35558	35.00
		751.00

OFFICIAL RECEIPT

№ 35245

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

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

Date: 11-4, 1987

From: PENDALIN ROBINSON Address: 2914 39th ST. S.D. 92105

Thirty five Dollars Dollars ($ 35.00)

In part Payment of Credit for Trust

Lot 103 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No

W.O. E-6934

BALANCE DUE 821.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑
14557265

AC-212 (Rev. 11-86)

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

ISSUED BY Bruce Morrison

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	35 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6934 Credit Lot & Trust

Florence Nutter
C/O Pendalin Robinson
2914 39th Street
San Diego, Ca 92105

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. $ 35.00

Amount due if paid more than ____ days after due date above. $ 35.00

$

Amount Received $ 35.00

NAME Pendalin Robinson

ADDRESS 2914 39th St.

CITY S.D. STATE Ca. ZIP 92105

☐ check (✓) if this is new address

№ 35365

OFFICIAL RECEIPT

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

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

Date: 12-4, 1987

From: Florence Nutter Address: 2914 • 37th Street, 92105

Thirty five Dollars ($ 35.00)

In _____ Payment of Crypt #2 Credit Lot

Lot 103 Grave 8 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6934

BALANCE DUE 786.00

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

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

ISSUED BY Sandy Ward

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

AC-212 (Rev. 11-86)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6934 Credit Lot & Trust

Florence Nutter
C/O Pendalin Robinson
2914 39th Street
San Diego, Ca 92105

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 ▶ $ 35.00

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

$ _____

Amount Received $ 35.00

NAME Pendalin Robinson

ADDRESS 2914 39th St.

CITY S.D. STATE Ca. ZIP 9205

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

CITY OF S[illegible] DIEGO, CALIFORNIA
PROPE[illegible]Y DEPARTMENT
MOUNT H[illegible]PE CEMETERY
[illegible]4-3151

№ 35558

Date: 1-12 19 88

From: [illegible] Walter Address: 2914 29th St SD 92105

Thirty five no/100 Dollars ($ 35.00)

In _____ Payment of Credit Lot

Lot 103 Grave 8 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-6934

BALANCE DUE 751.00

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

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

CITY AUDITOR
JAN 22 1988

ISSUED BY [illegible]

CREDIT	67001	
20% Sales Care	77184	
80% Sales of Lots	100 77184	35.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35.00

AC-212 (Rev. 10-87)

...d or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6934 Credit Lot & Trust

Florence Hutter
C/O Pendalin Robinson
2914 39th Street
San Diego, Ca 92105

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 ▶ $ 35.00

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

$ ____

Amount Received $ 35.00

NAME Pendalin Robinson

ADDRESS 2914 39th St.

CITY S.D. STATE Ca. ZIP 92105

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 35638

Date: 2-3, 1988

From: Florence Nettler Address: 2714 [illegible] Street, SD 92105

Thirty-five dollars 00/100 Dollars ($ 35.00)

In _____ Payment of Coupon #4 Credit Lot

Lot 103 Grave 8 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6934

BALANCE DUE 716.00

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

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

CITY AUDITOR
FEB 05 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	35.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35.00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6934 Credit Lot & Trust

Florence Nu[redacted]er
C/O Pendalin Robinson
2914 39th Street
San Diego, Ca 92105

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: $ 35.00

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

$ _____

Amount Received $ 35.00

NAME Pendalin Robinson

ADDRESS 2914 39th St.

CITY S.D. STATE Ca. ZIP 92105

☐ check (✓) if this is new address

OFFICIAL RECEIPT

No. 35974

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

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

Date: 4-5, 1988

From: Florence Nutter Address: 2914 39th St, SD

seventy dollars Dollars ($ 70.00)

In _____ Payment of Coupon 5 & 6 Credit Lot & Preneed

Lot 103 Grave 8 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6734

BALANCE DUE 646.00

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 Sandra Ward

CREDIT 20% Sales Care	87007 77184	10	00
80% Sales of Lots	100 77184	60	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	70	00

AC-212 (Rev. 10-87)

097-8581-5
226-2051-73

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6934 Credit Lot 6 Trust

Florence Hutter
C/O Pendalin Robinson
2914 39th Street
San Diego, Ca 92105

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. $ 35.00

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

$ ____

Amount Received $ 35.00

NAME Pendalin Robinson

ADDRESS 2914 39th St

CITY S.D. STATE Ca. ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6934 Credit Lot & Trust

Florence Nutter
C/O Pendalin Robinson
2914 39th Street
San Diego, Ca 92105

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: $ 35.00

Amount due if paid more than ____ days after due date above: $ [redacted]

$ ____

Amount Received $ 35.00

NAME Pendalia Robinson

ADDRESS 2914 39th St.

CITY S.D. STATE Ca. ZIP 92105

☐ check (✓) if this 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 36331

Date: 6-24, 19 88

From Florence Hutter Address 2914 34th Street SD

Thirty-five no/100 Dollars ($ 35.00)

In Payment of

Lot 103 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6734

BALANCE DUE 611.00

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

226 5061 845

AC-212 (Rev. 10-67)

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

CITY AUDITOR

JUN 30 1988

ISSUED BY Linda Ward

CREDIT 20% Sales Care	67007 77184	35	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	50101 78390		
TOTAL PAID	$	35	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6934 Credit Lot & Trust

Florence Hutter
C/O Pendalin Robinson
2914 39th Street
San Diego, Ca 92105

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 ▶ $ 35.00

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

№ 37291

Date: 2-2, 1989

From: Ms. Robinson Address:

Thirty-five Ns/100 Dollars ($ 35.00)

In _____ Payment of Pre-need Trust F. Nutter

Lot 103 Grave 8 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6934

BALANCE DUE 576.00

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 06 1989

ISSUED BY [signature]

CREDIT	67007	5	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	30	0
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	35	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38027

Date: 10-9, 1989

From: Mrs [illegible] Address:

Ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Florence Walker's Pioneer Burial Service

Lot 103 Grave 8 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6934

BALANCE DUE $66.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10.00
Sales Tax	60101 78390	
TOTAL PAID	$	10.00

CITY AUDITOR
OCT 16 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

N2 38098

Date: 11-2, 1989

From: Florence Nutter Address: 510 Glen Crest Dr.

Forty dollars no/100 Dollars ($ 40.00)

In _____ Payment of Pre-need Trust

Lot 103 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6934

BALANCE DUE 526.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Dorch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	40	00
Sales Tax	60101 78390		
TOTAL PAID	$	40	00

CITY AUDITOR
NOV 06 1989

AC-212 (Rev. 10-87)

580 Glen Crest Dr

NAME Nutter, Florence ACCT. NO. E-6934

ADDRESS ~~2914 39th Street~~, San Diego, Ca ~~92105~~ 92139 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Se 30 87	Lot 103, Grave 8, Section 2, Division 11	856 00		105 00	751 00
	Opening/Closing, Bell Liner, Recording Fee				
2-3 88	Coupon #4, Receipt # 35638			35 00	716 00
4-5 88	Coupon 576, Receipt 35974			70 00	646 00
6-24 88	Coupon 7, Receipt 36321			35 00	611 00
2-2 89	Receipt 37291			35 00	576 00
	Cost Paid in Full			10 00	566 00
10 4 89	Receipt 38027				
11-2 89	Receipt 38098			40 00	526 00

No folder
5-20-98

Nutter, Florence 103 - 8 - 2 - 11

Received

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-20-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florence Nutter

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 103 Grave 8 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	300.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	836.00
Paid receipt number _____	
Balance due	

Received

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

Povdelia Robinson
Signature
2914 39th St.
Address
S.D. 92105
State Zip Code

Telephone

Invoice # _____

Work Order # E 6934

Acct. # _____

PY-593 (REV. 8-85)

		856.00
N-4-87	35245	35.00
		821.00
12-4-87	35365	35.00
		786.00
1-12-88	35558	35.00
		751.00

E_6934

E 6934

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 30 day of September, 1987, between Pendalin Robinson 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 103, Grave 8, Row _____, Section 2, ~~Block~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $856.00, payable as follows: $ — cash herewith, the receipt of which is hereby acknowledged; $ 35.00 on the 10 day of November, 1987; and the balance in installments of $35 or more 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:

Pandalia Robertson
Name

2914 39th Street
Address

S.D., CA 92105

23 @ $25.00
1 @ $55.00

PURCHASER

Pandalia Robertson

2914 39th St.
Street Address (Mail)

S.D. Ca. 92105
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sondra L. Ward

E 6934

GWS:baa(2)62
2-14-86

E-6934

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Florence Nutter

Address 580 Glen Crest Dr. S.D. CA 92139

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 103, Grave 8, Row —, Section 2, ~~Block~~/Division 11 (& TRUST) in Mt. Hope Cemetery, entered into on September 30, 1987, by and between Mt. Hope Cemetery and Florence Nutter that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michele L. Clark

GWS:baa(2)62
2-14-86

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/30/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERT T. MANNING

in a LINER (Vault/Liner) Funeral, date, time 10/2/87 2 P.M.

Church, Chapel, Graveside CHAPEL [redacted] ANDERSON/RACSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____. ($100.00 LATE CHARGE IF ARRIVED AFTER 3:00 P.M.)

Lot 35 Grave 8 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund	595.00
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1201.00
Paid receipt number 35076	400.00
Balance du	801.00

Account written off 11/19/90 $49.50

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.

Signature: Mrs. Annie Baker

Address: 2878 Burdick Wy.

City, State: D.C. Ca. 95648

Telephone: [redacted] (408) 274-2769

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 06170

Work Order # E 6935

Acct. # 02378

PY-593 (REV. 8-85)

W.O. NO. E-16935

NOTE—STRAIGHT

$80.00 San Diego, California, 9-30 19 87

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 one Dollar 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 Mrs. Annie Baker

2878 Burdick Wy.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE SD Ca. Mailing Address 92158

Calif. Driver Lic. # N2143380

E-6935

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROBERT "T" MANNING	Male	May 9, 1935	Sept. 28, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Virgil Manning - Brother 235 North 27th Street San Diego, California 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Jr. Way; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
(BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: OCT 2 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/3/87 (ENTER DATE) 17-7	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

№ 35079

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

Date: 9-30, 19 17

From: [illegible] Address: 2278 [illegible]

[illegible] Dollars ($ 400)

In _____ Payment of _____

Lot 35 Grave 8 Row _____ Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-6935

BALANCE DUE 201.00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	400 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	400 —

AC-212 (Rev. 11-86)

DFS2002 12:30:31 TERMINAL CONNECTED TO IMS IMSPROD

DFS2002 04:20:56 TERMINAL CONNECTED TO IMS IMSPROD

DFS2002 04:08:35 TERMINAL CONNECTED TO IMS IMSPROD

DFS2002 04:07:47 TERMINAL CONNECTED TO IMS IMSPROD

DFS2002 05:24:07 TERMINAL CONNECTED TO IMS IMSPROD

ACR071 INVOICE INQUIRY PG 2

INVOICE: 061701 INV TOTAL: 801.00

ACCOUNT: 023781 NAME: ANNIE BAKER

INVOICE STATUS

DISPOSITION	DATE	AMOUNT
WRITTEN OFF	11/09/90	49.50

COLLECTION ACTIONS

LATE NOTICE - 1ST: 11/25/87 REFERRED TO - TREAS COLLECTION: 12/16/87

- 2ND: 12/09/87 - CITY ATTORNEY :

- 3RD: - COLLECTION AGENCY:

LATE CHGS BILLED

DATE	INVOICE	AMOUNT
LATE CHG-1:		
-2:		

DEPRESS PA1 KEY FOR NEXT SCREEN

E_6935

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/30/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERT T. MANNING

in a LINER (Vault/Liner) Funeral, date, time 10/2/87 2 P.M.

Church, Chapel, Graveside CHAPEL [redacted] ANDERSON/RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____. ($100.00 LATE CHARGE IF ARRIVING AFTER 3:00 P.M.)

Lot 35 Grave 8 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund	595.00
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1201.00
Paid receipt number 35076	400.00
Balance due	801.00

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.

Mrs. Annie Baker
Name
2878 Burdick Wy.
Address
D.C. Ca. 95948
State Zip Code
[redacted] (408) 274-2769
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 86170

Work Order # E 6935

Acct. # 02378

PY-693 (REV. 8-85)

801.00

12/14/87 60.00

741.00

2/2/88 216.50

524.50

2/2/88 200.00

324 50

2/2/88 100.00

224.50

3/7/88 95.00

9139.50

3/28/89 80.00

59.50

E_6935

November 6, 1987

To: Virgil & Queenie Manning
Wilma Manchester
Bettye Mc Adoo

From: Willie & Annie Baker

Subject: Remaining Payments On Burial Of Robert T. Manning

Insurance Company: United Agent: Willie Daniel
Agents Supervisor: Everett Daniel Mgr: Ed Hernandez
Phone#: (619) 284-4003 Debit#: 7294

United Insurance Premiums To Be Paid On Three Policies	$ 2500.00
Anderson Ragsdale Mortuary	$ 2083.50
Total Of Insurance Premiums To Be Returned To Me	$ 416.50
Cash Monies In Robert's Bank Account	$ 568.99
Cash Monies Recieved From Uncle Buck	$ 100.00
Total Of Cash Monies	$ 668.99
Deposit Paid To Mt. Hope Cemetary 9-30-87	$ 400.00
Flowers From Family	$ 147.00
Ministers Fee	$ 25.00
Monies Used On Robert's Tie/Shirt/Household Items	$ 96.99
Mt. Hope Cemetary	$ 1201.00
Deposit Paid 9-30-87	$ 400.00
Balance Owed On Burial Plot Account (90 Days To Pay)	$ 801.00
Insurance Monies To Be Applied When Sent To Me	$ 416.50
Actual Balance For Us To Pay After Insurance Premiums	$ 384.50

****Any monies will be accepted and appreciated! I realize we all have families/obligations to maintain. But the fact remains, this bill still has to be paid. Uncle Buck, Bettye, Wilma and myself (Annie) we're the last of our immediate family. It's our responsibility to handle this matter in a timely manner!

Sincerely

Mr. & Mrs. W.L Baker

E_6935

December 14, 1982

Attn: Ms. Sandra [illegible]

Re: Account # [illegible]

Enclosed is a payment of $ 60.00! We realize this account is past due. But due to previous financial obligations and recent mis-fortunes of a car accident I see no way possible to avoid the delinquent status.

[illegible] an extension can be applied to allow us more time to come up with the funds we would greatly appreciate it. As you can see, based on the following documentation, I am still waiting for the insurance company to pay their portion on expenses accrued for the burial of Robert T. Manning.

I will be sending payments as regular as possible. If this is not acceptable, I hope we can figure out an alternate payment plan to eliminate this matter from going to collection of any kind.

Please accept my apologies for not being financially able to pay the full balance on my uncle's account.

Sincerely,

Mrs. Annie Baker

MRS. ANNIE BAKER
2878 BURDICK WY.
SAN JOSE, CA. 95148

SAN JOSE, CA 951
PM
15 DEC
1987



E-6925

CITY AUDITOR AND CONTROLLER
CITY ADMINISTRATION BLDG.
202 "C" ST. 7th FLOOR
SAN DIEGO, CA. 92101-3867

CITY OF SAN DIEGO, CALIFORNIA

STATEMENT OF ACCOUNT
AS OF 06/06/88

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER.
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

ANNIE BAKER
2878 BURDICK WAY
SAN JOSE CA 95148

ACCT NO
023781

INVOICE NUMBER	INVOICE DATE	DUE DATE	BILLING DEPT	AMOUNT
061701	10/20/87	11/19/87	072	129.50

14847

E_6935

TOTAL DUE 129.50

AC-22 (REV - 2/82)

CUSTOMER COPY

CITY OF SAN DIEGO, CALIFORNIA

STATEMENT OF ACCOUNT
AS OF 06/06/88

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER.
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

ANNIE BAKER
2878 BURDICK WAY
SAN JOSE CA 95148

ACCT NO
023781

INVOICE NUMBER	INVOICE DATE	DUE DATE	BILLING DEPT	AMOUNT
061701	10/20/87	11/19/87	072	129.50

14847

E-6935

TOTAL DUE 129.50

AC-22 (REV. - 2-82)

RETURN WITH PAYMENT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Oct 1

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lessie Mae Brown

in a Liner (Vault, Liner) Funeral, date, time Oct 5 '87, 11 AM

Church, (Chapel), Graveside Chapel Grave; 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 102 Grave 7 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number #35083	856.00
Balance due	0

PAID
OCT 1 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Victor Knight
Signature of recorded holder of deed

Victor Knight
Signature
STOCKTON CA.
Address
1826 S. GRANT
State CA Zip Code 95206
Telephone 465 1118

Invoice # ____

Work Order # E 6936

Acct. # ____

PY-593 (REV. 8-86)

E_6936

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LESSIE MAE BROWN	Female	Dec. 10, 1914	Sept. 29, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Tyrone Brown - Son 5020 Federal Blvd. San Diego, California 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT — NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Way; San Diego, Calif. — COUNTY: San Diego

CREMATION — NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A — DATE CREMATED — SIGNATURE OF PERSON IN CHARGE OF CREMATORY

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS — ADDRESS, NEAREST PORT OR SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A

SCIENTIFIC USE — NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A

ACKNOWLEDGMENT OF APPLICANT — **This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**

SIGNATURE OF APPLICANT: Mary McKee

DATE SIGNED: 10/5/87

LOCAL REGISTRAR — THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT

AMOUNT OF FEE PAID: 3.00

DATE PERMIT ISSUED: OCT 5 1987

SIGNATURE OF COUNTY REGISTRAR ISSUING PERMIT: Ronald E. Roberts, M.D. MTM

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION — I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/5/87 (ENTER DATE)

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Lazerus Sutton

LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE:

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY — INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: 10/5/87

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 35083

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Oct 1, 19 87

From: Victor Knight Address: 1806 S. Grant Stockton Ca. 95206

Eight hundred fifty six dollars and NO/100 Dollars ($ 856.00)

In full Payment of Lessie Mae Braun - service and lot

Lot 102 Grave 7 Row ____ Section 2 Division Block 11

Invoice No. ____

Acct. No. ____

W.O. E6936

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 Dave Lowney

CREDIT	67007	50	—
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	—
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	100	—
Handling Fee	100 77183	145	—
Recording & Misc. Fees	100 77183	35	
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	—
TOTAL PAID	$	856	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-2-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth M. Wolfe

in a liner (Vault/Liner) Funeral, date, time 10-5 Mon 2pm

Church, Chapel, Graveside Graveside; Sager Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

OK J Lot 134 Grave 2 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	____
Burial Container	____
Handling Fees	____
Flower vases - Marker setting fee	____
Recording and filing fee	35.00
Sales taxes	____
Total Due	35.00
Paid receipt number 35763	35.00
Balance due	0

Authorization on File

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

S/ Louis N. Wolfe
Signature

4294 Landis
Address

San Diego Ca
State Zip Code

Telephone

Invoice # ____

Work Order # E 6937 ✓

Acct. # ____

PY-593 (REV. 8-86)

E-6937

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RUTH CARLIN WOLFE	Female	Aug. 5, 1896	Oct. 1, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Louis N. Wolfe - Son 4294 Landis San Diego, CA.

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary-4094 University Ave.-San Diego CA	69

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED		COUNTY
	Mt. Hope Cemetery- 3751 Martin Luther King- San Diego, CA		San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	N/A		▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
	N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
	N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED October 2, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $ 3.00	DATE PERMIT ISSUED OCT 2 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/5/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

№ 35163

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-6937

Date: 10 15, 1987

From: Louis Wolfe Address: 4294 Lendus St SD 92105

thirty-five 001 Dollars ($ 35.00)

In _____ Payment of Recording Fee for Ruth Wolfe Louise

Lot 124 Grave 2 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6937

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

340

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	35	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/2/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Morris Hayes, Jr.

in a Liner (Vault/Liner) Funeral, date, time Fri 10/9 - 2 P.M.

Church, Chapel, Graveside Chapel & Lawn; 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 114 Grave 1 Row ~ Section 3 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container Concrete liner	100.00
Handling Fees Labor	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1101.00
Paid receipt number	
Balance due	

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.

mrs. S.J. Flournoy

Signature

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

called in by Mr. R

8018 Gribble St
Address
S.D. 92114
State Zip Code
470-8275
Telephone

Invoice # 061707

Acct. # 023786

Work Order # E 6938

PY-593 (REV. 8-85)

W.O. NO. E-6938

NOTE—STRAIGHT

$ 1101.00 San Diego, California. 10-5 19 87

days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Eleven Hundred - One Hundred and One 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 Shirley Flemming

8012 Gribble ST

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Calif. Driver Lic. # C0248082

E-6938

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MORRIS NMN HAYES, JR.	Male	Feb. 17, 1949	Oct. 1, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Shirley Kennedy - Mother 8018 Gribble Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT — NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Jr. Way; San Diego, California — COUNTY: San Diego

CREMATION — NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A — DATE CREMATED: — SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS — ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A

Non-Sailor Last Supper (Blues)

SCIENTIFIC USE — NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A

ACKNOWLEDGMENT OF APPLICANT

This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.

SIGNATURE OF APPLICANT: ▶ [signature]

DATE SIGNED: Oct. 6, 1987

LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.

AMOUNT OF FEE PAID: 3.00

DATE PERMIT ISSUED: OCT 6 1987

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald L. Ramos, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10-9-87 (ENTER DATE)

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Wendy Jo League

LICENSE 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

№ 35327

Date: Nov 24, 19 87

From: Shirley Flournoy Address: 8018 Gribble St. S.D. 92114

Forty Dollars and No/100 Dollars ($ 40.00)

In part Payment of Morris Hayes

Lot 114 Grave 1 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E 6938

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.

Not logged

ISSUED BY Dave Lowney

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	40 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

11 W

№ 35562

Date: 1-12, 19 88

From: [illegible] Address: 8018 [illegible] St, SD 92119

[illegible] Dollars ($ 40.00)

In _____ Payment of Morris Hayes Jr Service

Lot 114 Grave 1 Row _____ Section 3 Division Block 12

Invoice No. 061707

Acct. No. 023786

W.O. E-6936

BALANCE DUE 1021.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	40.00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

also Trust for 2nd opening.

Date 10/2/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David Tucker, Sr.

in a Double Cuppt Vault/Liner Funeral, date, time Fri 11Am 10/9

Church, Chapel, Graveside Church of L.S.; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 2060 Grave — Row — Section — Division/Block 10

Grave space & Care Fund Double Cuppt O.K —	595 00
Additional spaces and care fund Lp. 2061 - OK 595 00	
Opening/Closing & Setup	320 00
Burial Container Double Cuppt - (one)	320 00
Handling Fees labor	330 00
Flower vases - Marker setting fee Trust for Top	—
Recording and filing fee	35 00
Sales taxes	19.80
Total Due	1619.80
Paid receipt number 35089	1619.80
Balance due	595.00
	Pd 2569.80

PAID CITY of SAN DIEGO, CALIF.

1st Burial 1619.80 | 2nd Burial cuppt 355.00 | Extra Lp 595.00 = #2569.80

I hereby certify I am the widow of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Rec Lp 2059 for 30 days @ 595

x Yvonne R. Tucker
Signature

815 Thrush St
Address

S.D. 92114
City State Zip Code

262-6827
Telephone

Work Order # E 6939

PY-583 (REV. 8-85)

Invoice #

Acct. #

Send deed

E_6939

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DAVID NMN TUCKER	Male	July 9, 1908	Sept. 29, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	David Tucker, Jr. - Son 315 Thrush Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT — NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 MARTIN LUTHER KING JR. WY., San Diego, CALIFORNIA | COUNTY: SAN DIEGO

CREMATION — NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A | DATE CREMATED | SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS — ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A

Metal sealer praying hands gray

SCIENTIFIC USE — NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A

ACKNOWLEDGMENT OF APPLICANT — **This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**

SIGNATURE OF APPLICANT ▶ [signature] | DATE SIGNED: Oct 6, 1987

LOCAL REGISTRAR — THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT | AMOUNT OF FEE PAID: 3.00 | DATE PERMIT ISSUED: OCT 6 1987 | SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramras, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION — I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10-9-87 (ENTER DATE) | SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Wendy Jo League | LICENSE 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

№ 35089

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Oct. 2, 19 87

From: Yvonne Rae Tucker Address: 315 Thrush St. SD. 92114

Two thousand five hundred sixty nine dollars and 80/100 Dollars ($ 2569.80)

In full Payment of David Tucker Sr.; Pre need also for future use; 2nd Burial $355.00 part of Total.

Lot 2060; ~~2059~~ 2861 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. —

Acct. No. —

W.O. E 6939

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86) Cash

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Dave Lowney

CREDIT 20% Sales Care	67007 77184	238	00
80% Sales of Lots	100 77184	952	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	320	00
Handling Fee	100 77183	330	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	355	00
Sales Tax	60101 78390	19	80
TOTAL PAID	$	2569	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/5/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Broodine K Brown

in a Top Seal County Vault (Vault/Liner) Funeral, date, time Tues/10-6/ 11 Am

Church, Chapel, Graveside Chapel & GS ; Pacific 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 WW2 - Navy

OK Lot 119 Grave 10 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund ..... Purchased Deed 11410	—
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container ..... T.S. 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	710.50
Paid receipt number 35095	550.60
" " " 35108	
Balance due	160.00
	160.00
	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.

Callie M. Brown
Signature

3265-Steele St
Address

S.D. 92113
State Zip Code

239-8852
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # _____

Work Order # E 6940

Acct. # _____

PY-593 (REV. 8-85)

E-6940

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BROOKSIE NMN BROWN	Male	July 25, 1915	Oct. 1, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Callie Brown - Wife 3265 Steel Street San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: 3752 Martin Luther King Jr. Way; Mt. Hope Cemetery: San Diego, California — COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A — DATE CREMATED — SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.** — SIGNATURE OF APPLICANT; DATE SIGNED: Oct. 6, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT — AMOUNT OF FEE PAID: 3.00 — DATE PERMIT ISSUED: OCT 6 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Ronald L. Ramos, M.D., M.P.H.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/6/87 (ENTER DATE) — SIGNATURE OF PERSON IN CHARGE OF DISPOSITION — LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

Steel Shipping Handling Dealer Contributor
Georgia

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 35095

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10/5/87, 19__

From: Callie Brown Address: 3265 Thebolt S.D. 92113

Five Hundred fifty and 50/100 Dollars ($ 550.50)

In Part Payment of Interment fees for Brookie Brown - Dec Vet WW2

Lot 119 Grave 10 Row ~ Section 1 Division Block 12

Invoice No. ~

Acct. No. ~

W.O. E6940

BALANCE DUE 160.00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	~	
80% Sales of Lots	100 77184	~	
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77183	10	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	~	
Sales Tax	60101 78390	10	50
TOTAL PAID	$	550	50

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 35108

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-5, 19 57

From: ANDREW HENDERSON Address: 3265 STEELE ST. SD. CA. 92113

One Hundred Sixty and 00/100 Dollars ($ 160.00)

In _____ Payment of Brokie Brown

Lot 119 Grave 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6940

BALANCE DUE Ø

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Bruce Morrison

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100	160	—
Handling Fee	77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	160	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35775

Date: 2-26, 19 88

From: Willie Brown Address: 3265 Little Street SD 92113

One hundred thirty-five Dollars ($ 135.00)

In Payment of Marker Installation fee for Brooke Brown

Lot 119 Grave 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-6940

BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAR 03 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	135.00
Pre-Need Trust	63033 9022	
Sales Tax	00101 78390	
TOTAL PAID	$	135.00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-5-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bernard Bigley Thurs.

in a Bell liner (Vault/Liner) Funeral, date, time 10/8 ~~Wed~~ 10 AM

Church, Chapel, Graveside drop off ; El Cajon Corrall Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 22 Grave 11 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	100.00
Burial Container	↓
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	286.00
Paid receipt number 35136	286.00
Balance due	Ø

PAID
OCT 05 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6941

PY-593 (REV. 8-85)

E-6941

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Bernard Biglin	Male	Dec. 21, 1894	Oct. 3, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Josephine Bono - Executrix 1655 Poincsiana Drive El Cajon, CA 92021

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
El Cajon Carroll Mortuary 664 So. Mollison Ave. - El Cajon, CA 92020	F-1022

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market Street - San Diego, CA 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Blue Lane		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT Stephen Bono DATE SIGNED 10-7-87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 7 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Powers, M.D. EJ
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10-8-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Wendy Jo League	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

№ 35136

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-8, 1987

From: JOSEPHINE BOND Address: 1655 POINCIANA DR. EL CAJON CA. 92021

Two Hundred Eighty Six and ⁴⁄₁₀₀ Dollars ($ 286.00)

In FULL Payment of Interment of Bernard Biglin

Lot 22 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-6941

BALANCE DUE Ø

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
135

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 13 1987 003425

ISSUED BY Bruce Mollica

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	100	00
Burial Containers	100 77182	⌀	
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	50101 76390	6	00
TOTAL PAID	$	286	00

OFFICIAL RECEIPT

№ 35877

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-14, 19 88

From: Josephine Lino Address: 1655 Poinciana Dr. E.C.

One thirty-five no/100 Dollars ($ 135.00)

In Payment of Marker installation fee for Bernard Beglin

Lot 22 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-6941

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

781

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 21 1988

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	135 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	135 00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-5-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSE F. HERNANDEZ

in a LINER (Vault/Liner) Funeral, date, time 10-7/WED. 10:30

Church, Chapel, Graveside GRAVESIDE ; BERGE-ROBERTS Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

OK Lot 154 Grave 4 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	395.00
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1001.00
Paid receipt number 35099	500.00
Balance due	501.00
	501.00

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.

Signature

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Address 477 West 16th St.

State National City CA Zip Code 91950

Telephone 477 55 29

Work Order # E 6942

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E-6942

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOSE FLORES HERNANDEZ	Male	SEPT. 18,1930	FOUND OCT. 4, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Luis Hernandez - Son 421 West 16th Street National City, CA 92050

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
BERGE-ROBERTS MORTUARY 607 National City Blvd. National City, CA	F-284

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market St., San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Blue Arlington		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: OCT 06 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powell, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10-7-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Wendy Jo League	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 35122

Date: 10-7, 19 87

From: Joe Hernandez Address: 421 West 16th St. N.C. Ca. 92050

Five Hundred and One Dollars ($ 501.00)

In FULL Payment of Service for Joe F. Hernandez

Lot 154 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-6942

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 Bruce Mazon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	215	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	501	00

OFFICIAL RECEIPT

№ 35099

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-6942

Date: 10-5 , 19 87

From: Iris Hernandez Address: 421 West 16th St. National City, Ca 92050

Five Hundred and no/100 Dollars ($ 500.00)

In Part Payment of Funeral Costs for Joe L Hernandez

Lot 154 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-6942

BALANCE DUE $501.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	79	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	316	00
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

ISSUED BY Bruce Marion

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/6/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Geraldine F Russell

in a LINER (Vault/Liner) Funeral, date, time Fri 1:30 10/9

Church, Chapel, Graveside Church & HS ; Erickson-Anderson Mortuary.

Be here 3 PM

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 3304 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund ... Pre need D-4153	~
Additional spaces and care fund ... none	~
Opening/Closing & Setup	320.00
Burial Container Vault	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 35121	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.

Harold D Russell
Signature

761 D. Ave. Unit A
Address

Coronado CA 92118
State Zip Code

583-7021
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 6943

Acct. # ____

PY-593 (REV. 8-86)

E_6943

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Geraldine Frances Russell	Female	Feb. 10, 1917	Oct. 5, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Mr. Harold Russell (son) 761 D Ave., Coronado, CA 92118

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Erickson-Anderson Mortuary 8390 Allison Ave., La Mesa, CA 92041	F296

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Pink Arlington		
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 ▶ John A. Lawson Erickson-Anderson Mortuary DATE SIGNED Oct. 7, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $ 3.00	DATE PERMIT ISSUED OCT 7 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10-9-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Wendy Jo Teague	LICENSE 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

№ 35121

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-7, 1987

From: [illegible] Address: 2675 [illegible] 92020

[illegible] Dollars ($ 606.00)

In _____ Payment of [illegible]

Lot 3304 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-6943

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3928

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	380	—
Burial Containers	100 77182	100	—
Handling Fee	100 77183	145	—
Recording & Misc. Fees	100 77183	3	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	—
TOTAL PAID	$	606	—

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-6-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anderson, Eugene

in a _____ Vault/Liner Funeral, date, time Friday 10/9 11 AM.

Church, Chapel, Graveside _____ Clairemont Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____. ~~Top~~ bottom

Lot 122 Grave 5 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	55
Additional spaces and care fund	
Opening/Closing & Setup	90
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145
Paid Receipt number	
Balance due	

PP # 103826 Susan Hedley

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 061708

Work Order # E 6944

Acct. # 000952

PY-593 (REV. 8-85)

E_6944

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Eugene B. Anderson	Male	Jan. 5, 1930	Sept. 30, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	S.D. County Public Administrator 5201-A Ruffin Road San Diego, California 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Clairemont Mort, 4266 Mt. Abernathy Ave., San Diego, CA	F-1126

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount HOpe Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NAA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA covered particle board		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Carmen Lerestes DATE SIGNED 10-7-87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 07 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramras, M.D. CH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10-9-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Wendy Jo Teague	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH NA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/6/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willard Vernon Moore

in a Conuta Ball Liner (Vault/Liner) Funeral, date, time Thurs - 11 Am - 10/8

Church, Chapel, Graveside Church & GS ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 - army

Lot 4583 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 Conuta Cap Liner	100.00
Handling Fees Labor	145.00
Flower vases - Marker setting fee G.I. Flat	135.00
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1336.00
Paid receipt number	
Balance due	

Paid 7/19/88

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.

Ballard

Signature

P.O. 14693

Address

S.D. 92114

State Zip Code

No Phone

Telephone

Res: 5356 Hilltop Dr. 92

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 061706

Work Order # E 6945

Acct. # 023787

PY-593 (REV. 8-85)

W.O. NO. E-6945

NOTE—STRAIGHT

$ 1336 00 San Diego, California, October 6, 1987

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Thirteen Hundred Thirty Six DOLLARS,

with interest from November 7, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

x Raymond [illegible]

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # S0948675

W.O. NO. E-6945

NOTE—STRAIGHT

$ 1336.00 San Diego, California, October 6, 1987 19

-30- days after, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasur

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Thirteen Hundred Thirty Six DOLLARS

with interest from November 7, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

D.L# CL3-12804 VC

E-6945

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WILLARD VERNON MOORE	Male	August 12, 1916	October 3, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Gwen Thaxton - Daughter 231 Sweetwood Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; San Diego California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Metal Sealer Wood grave		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED 10/7/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: OCT 7 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Camras, M.D. M.P.H.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10-8-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Wendy Jo League	LICENSE 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

Pruneed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Stewart

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 101 Grave 11 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.
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
Paid receipt number	
Balance due	

Purchase Cancelled 2/27/03

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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

5451 Bayview Hgt Pl #4
Address

San Diego, CA 92105
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6946

PY-593 (REV. 8-85)

250.00

11-10-87 35271 10.00

240.00

12-4-87 35368 20.00

220.00

1-8-88 35535 10.00 Coupon #4

210.00

NAME Stewart, William ACCT. NO. E-6946

ADDRESS 5451 Bayview Height Place #4, San Diego, Ca 92105 NG LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Oct 7	87	Lot 101, Grave 11, Section 2, Division 11	250 00		40 00	210 00
2-5	88	Coupon #4, Receipt 35665			10 00	200 00
3-8	88	Coupon #5, Receipt 35834			10 00	190 00
4-18	88	Receipt 36026			10 00	180 00
5-5	88	Coupon 8, Receipt 36108			10 00	170 00
6-9	88	Coupon 9, Receipt 36279			10 00	160 00
7-6	88	Coupon 10, Receipt 36378			10 00	150 00
8-5	88	Coupon 11 Receipt # 36504			10 00	140 00
9-7	88	Coupon 12, Receipt 36654			10 00	130 00
10-6	88	No coupon #13, Receipt # 36796			10 00	120 00
11-4	88	Coupon 14, Receipt 36975			10 00	110 00
12-6	88	Coupon 15, Receipt 37160			10 00	100 00
1-6	89	Coupon 16, Receipt 37189			10 00	90 00
2-6	89	Coupon 17, Receipt 37317			10 00	80 00
3-7	89	Coupon 18, Receipt 37460			10 00	70 00
4-3	89	Coupon 19, Receipt 37585			10 00	60 00
5-5	89	Coupon 20, Receipt 37720			10 00	50 00
6-5	89	Coupon 21, Receipt 38105			10 00	40 00
		2-27-03 Monies absorbed to city				

E6946

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To William Stewart

Address 5451 Bayview Heights #4 San Diego, CA 92105

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 101, Grave 11, Row ____, Section 2, Block/Division 11 in Mt. Hope Cemetery, entered into on October 7, 19 89, by and between Mt. Hope Cemetery and William Stewart that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 29 day of August, 19 96.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Catina Turgeon
Catina Turgeon
Clerical Assistant II

2-14-86

E 6946

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

March 15, 1995

Mr. Stewart William
5451 Bayview Height Pl. #4
S.D. , CA 92105

Dear Mr. William Stewart:

In reviewing our accounts, we noticed that your last payment was in June of 1989. Our records indicate that you have a balance of $40.00. If your records indicate a different amount, please contact us immediately.

If your records indicate a balance also, please continue to make your monthly payments until your lot has been paid in full. You may pay the entire balance at one time or by monthly payments.

If you have any questions, please contact us at 527-3400.

Sincerely,

Michele L. Clark

Michele L. Clark
Clerical Asst. II

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

№ 35271

A

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-10 , 19 87

From: WILLIAM STEWART Address: 5451 BAYVIEW HEIGHT PL. APT #4 S.D. 92105

Ten Dollars Dollars ($ 10.00)

In part Payment of Credit for - Crypt #1

Lot 101 Grave 11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6946

BALANCE DUE 240

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

225 4730 010

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	10 —
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	50101 75390	
TOTAL PAID	$	10 00

Send or bring this coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. E-6946 Credit Lot

William Stewart
5451 Bayview Height Pl. Apt 4
San Diego, Ca 92105

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 _____

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

№ 35535

Date: 1-886 19

From: William Stuart Address: 5451 Bay View, St 92105

ten dollar Dollars ($ 10.00)

In Payment of Crypt Lot Payment Coupon #4

Lot 101 Grave 11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6716

BALANCE DUE 210.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

225-8043-3

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JAN 13 1988

ISSUED BY Sonia Wade

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	10 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	50101 78390	
TOTAL PAID	$	10 —

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6946 Credit Lot

William Stewart
5451 Bayview Heights, Place #4
San Diego, Ca 92105

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 10 days after due date above. ▶ $ 1.00

$

Amount Received $

NAME Wm. Stewart.

ADDRESS 5451 Bayview Heights Pl.

CITY San Diego STATE Cal. ZIP 92105

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35665

Date: 2-5, 1988

From: William Stewart Address 5451 Bayview Heights St 4

Ten dollars and no ¢ Dollars ($ 10.00)

In _____ Payment of Coupon #4 Cedar Lot

Lot 101 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6949

BALANCE DUE 200.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

226 1300 408

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 10 1988

ISSUED BY Andrea Ford

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	10 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

AC-212 (Rev. 10-87)

PRINTED IN U.S.A. BY RAND MCNALLY REV. 3-84

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6946 Credit Lot

William Stewart
5451 Bayview Height Pl. Apt 4
San Diego, Ca 92105

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 $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 addre

OFFICIAL RECEIPT

№ 35834

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-8, 1988

From: William Stewart Address: 5451 Gayview Hgt #4

Ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Coupon #5 Credit Lot

Lot 101 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6946

BALANCE DUE 190.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

226 1910 493

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAR 11 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	—

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6946 Credit Lot

William Stewart
5451 Bayview Height Pl. Apt 4
San Diego, Ca 92105

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 William Stewart.

ADDRESS 5451 Bayview Heigh. Pl. #4

CITY S. D. STATE Ca ZIP 92105.

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36026

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-18, 1988

From: William Stewart Address: 5451 Bayview Hgt Pl #4

Ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Credit Lot

Lot 101 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6946

BALANCE DUE 180.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

226-3459-764

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 21 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	10	—

OFFICIAL RECEIPT

№ 35368

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 12-4, 19 87

From: William Stewart Address: 5451 Bayview Height 4

Twenty 001 Dollars ($ 20.00)

In _____ Payment of Coupon #2 Credit Lot

Lot 101 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-1946

BALANCE DUE 220.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

225-6350-30

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 —

AC-212 (Rev. 11-86)

1-800-323-6432
P.O. BOX 7600
CHICAGO, IL 60680
PRINTED IN U.S.A. BY RAND McNALLY REV. 3-84

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6946 Credit Lot

William Stewart
5451 Bayview Height Pl. Apt 4
San Diego, Ca 92105

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
										10	

$20.00

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

№ 36108

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-5, 19 88

From: William Stewart Address: 3451 Bayview Cmt #4

Ten dollars 10/100 Dollars ($ 10.00)

In _____ Payment of Coupon #8 Credit Cut

Lot 101 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6946

BALANCE DUE 170.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

226-6650-896

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 11 1988

ISSUED BY Sandra Ford

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	—

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6946 Credit Lot

William Stewart
5451 Bayview Height Pl. #4
San Diego, Ca 92105

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 William Stewart

ADDRESS 5451 Bayview Hght. Pl. #4

CITY S. D. STATE Ca ZIP 92105

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36279

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-9, 1988

From: William Stewart Address: 5451 Bayview Place #4

Ten Dollars no/100 Dollars ($ 10.00)

In _____ Payment of Coupon 9 Credit Lot

Lot 101 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6946

BALANCE DUE 160.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

226-9924-534

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUN 13 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6946 Credit Lot

William Stewart
5451 Bayview Height Pl. #4
San Diego, Ca 92105

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** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6946 Credit Lot

William Stewart
5451 Bayview Height Pl. #4
San Diego, Ca 92105

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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36378

Date: 7-6, 1988

From: William Stewart Address: 5451 Bayview Hgts #4

Ten dollars no/100 — Dollars ($ 10.00)

In _____ Payment of Coupon 10 Credit Lot

Lot 101 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6946

BALANCE DUE 150.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUL 11 1988

ISSUED BY Sandra Reed

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

AC-212 (Rev. 10-87) 227-1697-156

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36504

Date: 8-5, 19

From: [illegible] Address: 5451 [illegible] Height Pl #4

Ten dollars Dollars ($ 10.00)

In payment Payment of Credit Lot

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-6946

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 09 1988

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	10 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	10 —

AC-212 (Rev. 10-87)

227-3249-025

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6946 Credit Lot

William Stewart
5451 Bayview Height Pl. #4
San Diego, Ca 92105

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¢ el

$ _____

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 36654

Date: 9-7, 1988

From: William Stewart Address: 5451 Baguio Ct Pt SD

Ten no/100 Dollars ($ 10.00)

In _____ Payment of Coupon 12, Credit Lot

Lot 101 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6946

BALANCE DUE 10.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

2217 5525 3[illegible]

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
SEP 13 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

CHICAGO, ILLINOIS

REV. 5-84

Send or bring one coupon with each remittance. **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6946 Credit Lot

William Stewart
5451 Bayview Height Pl. #4
San Diego, Ca 92105

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

$ L.D. [illegible]

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

S.D. 10-4-'88. LOT 101 GR 11 2-11

E_6946

Dear, Please xcuse me
for not sending the reciept
in the book. I miss place it
Cant find it any place.
Could you send another?
I'll hang it on the wall
for safe keeping.

wm. Stewart.

Thanks.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 36796

Date: 10-6 19 88

From: Wm. Stuart Address: 5451 Bayview Heights Place #4 Imperial Beach, CA 92154

Ten dollars & 00/100 Dollars ($ 10.00)

In part Payment of Crypt #13, Credit Lot

Lot 101 Grave 11 Row ~ Section 2 Division 11 Block

Invoice No

Acct. No E-6946

W.O.

BALANCE DUE 120.-

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

OCT 14 1988

CREDIT 20% Sales Care	67007 77184		10 00
80% Sales of Lots	100 77184		10 00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$		10 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

M.O. # 227-761

ISSUED BY Lora Black

AC-212 (Rev. 10-87)

007

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36925

Date: 11-4, 1988

From: William Stewart Address: 3451 Bayview Heights Pl #4

ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Bayview 14 Credit Lot

Lot 101 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6946

BALANCE DUE 110.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 227-012-411

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	90.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	10.00

NOV 15 1988

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6946 Credit Lot

William Stewart
5451 Bayview Heights Place, #4
San Diego, Ca 92105

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 10 days after due date above. ▶ $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37060

Date: 12-6, 1988

From: William Stewart Address: 5451 Bayview Heights #4

Ten 00/100 Dollars ($ 10.00)

In _____ Payment of Coupon 15 Credit Lot

Lot 101 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6946

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.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	10.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	10.00

CITY AUDITOR
DEC 12 1988

AC-212 (Rev. 10-87) 3286 328-9[illegible]

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6946 Credit Lot

William Stewart
5451 Bayview Heights, Place #4
San Diego, Ca 92105

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 10 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

№ 37189

Date: 1-6, 1989

From: William Stewart Address: 5451 Cayview Height # 4 SD

ten dollars Dollars ($ 10.00)

In _____ Payment of Coupon to Credit Lot

Lot 101 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. C-6946

BALANCE DUE 90.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

226-1773-1741

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY: Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	10.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	90.00

CITY AUDITOR
JAN 11 1989

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6946 Credit Lot

William Stewart
5451 Bayview Heights Place, #4
San Diego, Ca 92105

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 10 days after due date above. $ 1.00

$

Sorry.

Amount Received $ 10.00

NAME Wm Stewart

ADDRESS 5451 Bayview Hghts Pl #4

CITY S. D. Cal STATE 92105 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

№ 37317

Date: 2-6, 1989

From: William Stewart Address: 5451 Lagunas Hgt #4 SD

Ten no/100 Dollars ($ 10.00)

In _____ Payment of Coupon 17 Credit Lot

Lot 101 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6946

BALANCE DUE 10.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

228-3643-691

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 10 1989

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
Opening/Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

Send or bring one coupon with each remittance **COUPON** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6946 Credit Lot

William Stewart
5451 Bayview Heights, Place #4
San Diego, Ca 92105

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 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 10.50

NAME Wm. Stewart

ADDRESS 5451 Bayview Heights Pl #4

CITY S. Diego, STATE Cal ZIP 92105

☐ check (√) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37460

Date: 3-7, 1989

From: William Stewart Address: 5451 Bayview Hts #9 SD

Ten dollars 20/100 — 0 Dollars ($ 10.00)

In _____ Payment of Vaughn 11 Crest Lot

Lot 101 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6946

BALANCE DUE 70.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 10 1989

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

AC-212 (Rev. 10-87) 228 527 [illegible]

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6946 Credit Lot

William Stewart
5451 Bayview Heights Place, #4
San Diego, Ca 92105

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 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 10.00

NAME William & Stewart

ADDRESS 5451 Bayview Heights Pl #4

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37585

Date: 4-3 19 81

From: William Stewart Address: 5451 Lanyers Rd 77184

Ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Carefree 19 Credit Lot

Lot 101 Grave 4 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6946

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
APR 05 1989

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

AC-212 (Rev. 10-87) 0 00 118546

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6946 Credit Lot

William Stewart
5451 Bayview Heights, Place #4
San Diego, Ca 92105

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 10 days after due date above. ▶ $ 1.00

$

Amount Received $ 10.00

NAME Wm. Stewart Lt.

ADDRESS 5451 Bayview Heights Pl. #4

CITY San Diego STATE Cal. ZIP 92105

☐ check if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37770

Date: 5-5 19 89

From: William Stewart Address: 5451 Cairview Light #4 SD

~~[illegible]~~ 11 Ten 00/100 Dollars ($ 10-00)

In _____ Payment of Coupon 20 credit Lot

Lot 101 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6946

BALANCE DUE 50.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

A-0001205 14

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

CITY AUDITOR
MAY 12 1989

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6946 Credit Lot

William Stewart
5451 Bayview Heights Place, #4
San Diego, Ca 92105

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 10 days after due date above ▶ $ 1.00

$

Amount Received $ 10.00

NAME William Stewart

ADDRESS 5451 Bayview Heights Pl #4

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 38105

Date: 6-5, 1989

From: William Stewart Address: 5451 Bayview Hill #4, SD

Ten dollars Xelnes Dollars ($ 10.00)

In _____ Payment of Oregon 21 Credit Lot

Lot 101 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6946

BALANCE DUE 40.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

000121 MBT 7

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	10	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

Renewed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mrs. Hallie Stanley

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 107 Grave 2 & 3 Row _____ Section 2 Division ~~Block~~ 11

Grave space & Care Fund	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 of recorded holder of deed

T. J.
Signature
3032 Valle
Address
San Diego, CA 92113
State Zip Code

Telephone

Invoice # _____

Work Order # E 6947

Acct. # _____

PY-593 (REV. 8-85)

1-8-88 35538

300.00
46.00
460.00

OFFICIAL RECEIPT

Via Tyrone

№ 35538

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-8-88, 19

From: Hattie Stanley Address: 3032 Valle - SD 92113

Fortune Dry Co

Dollars ($ 40.00)

In Cust Cale Payment of Coupon # 1 & 2

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E6947

BALANCE DUE 460.00

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JAN 13 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	40	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	40	00

AC-212 (Rev. 10-87)

not hogged

OFFICIAL RECEIPT

№ 35718

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-6947

Date: 2/16/88, 19

From: Hattie Stanley Address: 3032 Valle - SD 92113

Forty One Dollars 00 Dollars ($ 41.00)

In C.S. Payment of Credit Sale Coupon #3 - #4 - 20.00 each - (Via Tryon Drive)

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
FEB 19 1988

ISSUED BY Joyce Stotts

CREDIT	67007		
20% Sales Care	77184	41	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	41	00

AC-212 (Rev. 10-87)

Not Logged

OFFICIAL RECEIPT

№ 35872

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-14, 1988

From: Hallie Stanley Address: 2032 Valle Ave, SD

Twenty Dollars no/100 Dollars ($ 20.00)

In _____ Payment of Coupon #5 Credit Lot

Lot 107 Grave 2 & 3 Row E-6947 Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6947

BALANCE DUE 79.00

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.

009028

ISSUED BY: Sandra Ward

CITY AUDITOR
MAR 21 1988

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 26209

Date: 5 31, 1986

From: Hattie Stanley Address: 3032 Valle, SD

Twenty Dollars no/100 Dollars ($ 20.00)

In _____ Payment of Coupon 6 Credit Lot

Lot 107 Grave 2 & 3 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6947

BALANCE DUE 379.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 2 1988

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36438

Date: 7-20, 1988

From: Patric Stanley Address: 3032 Valle Ave, SD

Twenty no/100 Dollars ($ 20.00)

In _____ Payment of Credit Lot

Lot 107 Grave 2 & 3 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6947

BALANCE DUE 359.00

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

JUL 25 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	57007 77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36950

Date: 11-9, 19 88

From: Hattie Stanley Address: 3032 Valle Ave San Diego

Forty one no/100 Dollars ($ 41.00)

In _____ Payment of coupon 10 + $20 additional payment

Lot 107 Grave 2 & 3 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6947

BALANCE DUE 318.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 21 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	41	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 37096

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E_6947

Date: 12-12, 1988

From: [illegible] Address: 3032 [illegible] Avenue SD

[illegible] Dollars ($ 40.00)

In _____ Payment of [illegible] $20.00

Lot 107 Grave 2&3 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6947

BALANCE DUE 20.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	40.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	40.00

CITY AUDITOR
DEC 14 1988

AC-212 (Rev 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
APR 07 1989

№ 37594

Date: 4-4, 1989

From: Nellie Stanley Address: 3032 Noble Ave, SD 92113

Forty-one & no/100 Dollars ($ 41.00)

In _____ Payment of Coupon 17 & 19 Credit Int

Lot 107 Grave 2 & 3 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6947

BALANCE DUE 237.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	41	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6947 Credit Lot

Hattie Stanley
3032 Valle
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~~

Cash - 20.00 9-8-88 Gwe

$ ~~21.00~~

~~[illegible]~~

Amount Received $

NAME Hattie G. Stanley

ADDRESS 3032 Valle Ave

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-6947 Credit Lot

Hattie Stanley
3032 Valle
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~~

20.00 Cash
1-8-88

$ ~~21.00~~

Amount Received $ 20.00

NAME Hattie B. Stanley

ADDRESS 3032 Valle Ave

CITY San Diego STATE Calif 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-6947 Credit Lot

Battie Stanley
3032 Valle
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 21.00

$ _____

Amount Received $ 21.00

NAME Hattie Stanley

ADDRESS 3032 Valle ave

CITY San Diego STATE Ca. ZIP 92113

Mrs. ☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6947 Credit Lot

Lettie Stanley
3032 Valle
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 $ _____

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. LE-6942-3

Credit Lot E_6947

Hattie Stanley
3032 Valle
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 ENCLOSED $ _____

NAME Hattie B Stanley

ADDRESS 3032 Valle Ave

CITY San Diego STATE Calif. ZIP 92113

☐ check (✓) if this is new address

bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6947 Credit Lot

Hattie Stanley
3032 Valle
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

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6947 Credit Lot

Battie Stanley
3032 Valle
San Diego, Ca. 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
										1/10	

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 Battie B. Stanley

ADDRESS 3032 Valle Ave

CITY San Diego STATE Calif. 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-6947 Credit Lot

Hattie Stanley
3032 Valle
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 $ _____

NAME Hattie Stanley

ADDRESS 3032 Valle

CITY San Diego STATE Calif ZIP 92113

☐ check (✓) if this is new address

Use one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6947 Credit Lot

Hattie Stanley
3032 Valle
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

$ _____

Amount Received $ _____

NAME Hattie Stanley

ADDRESS 3032 Valle ave.

CITY San Diego STATE Calif. 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-6947 Credit Lot

Hattie Stanley
3032 Valle
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 $ _____

NAME Hattie Stanley

ADDRESS 3032 Valle Ave

CITY San Diego STATE Calif. ZIP 92113

☐ check (✓) if this is new address

To Joann E-6947

Date 1-6-98 Time 1:05 ☐AM ☒PM

WHILE YOU WERE OUT

M. Connie Pruitt

of

Phone Numbers

Office 234-9718 (Area Code / Number / Ext.)

Voicemail

FAX

Pager

Mobile

e-mail

☒ Telephoned
☒ Please call
☐ Returned your call
☐ Called to see you
☐ Wants to see you
☐ Will call again
☐ URGENT

Message

regarding a plot that her mom Hattie Stanley made payments on.

Operator Carina

GreenCycle® RECYCLED PAPER

Reorder #23-700

NAME Stanley, Hattie ACCT. NO. E-6947

ADDRESS 3032 Valle Avenue, San Diego, Ca 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Oct 7	87	Lot 107, Grave 2 & 3, Section 2, Division 11	500 00		40 00	460 00
2-16	88	Coupon 3 & 4, Receipt # 35718			40 00	420 00
3-14	88	Coupon #5, Receipt # 35872			20 00	400 00
5-31	88	Coupon #6, Receipt 36209			20 00	380 00
7-20	88	Receipt 36438			20 00	360 00
11-9	88	Coupon 10 & Receipt 36950			40 00	320 00
12-12	88	Coupon 9 + 20 Receipt 37096			40 00	280 00
7-4	89	Coupon 17 & 19 Receipt 37594			40 00	240 00

E_6947

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Hattie Stanley

Address 3032 Valle Ave. S.D. CA 92113

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 107, Grave 2&3, Row —, Section 2, ~~Block~~/Division 11 in Mt. Hope Cemetery, entered into on October 7, 1987, by and between Mt. Hope Cemetery and Hattie Stanley 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.

Connie (Daughter)
482-9813

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michele L. Clark
Clerical Asst. II

GWS:baa(2)62
2-14-86

Preneed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mrs. Hallie Stanley

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 107 Grave 2 & 3 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	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 of recorded holder of deed

T. L

Signature

3032 Valle

Address

San Diego, CA 92113

State Zip Code

_____
Telephone

Work Order # E 6947 ✓

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

1-8-88 35538

300 00
46 00
460.00

E-6947

.41C

C

40.00 +
41.00 +
20.00 +
20.00 +
20.00 +
41.00 +
40.00 +
41.00 +
263.00 =

Paid

E 6947 C

E-6947

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 7 day of October, 1987, between Mrs. Hattie Stanley 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 107, Grave 2&3, Row _____, Section 2, ~~Block~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $500., payable as follows: $ — cash herewith, the receipt of which is hereby acknowledged; $20.00 on the 10 day of November, 1987; and the balance in installments of $20.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

E-6947

WITNESS our hands this day and year above written.

Deed to be issued to:

Mrs. Hattie Stanley
Name

3032 Valle
Address

San Diego, CA 92113

23 @ 20.00
1 @ 40.00

PURCHASER

T. H

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra L. Ward

GWS:baa(2)62
2-14-86

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Burned

Date 10-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura E. Whitney

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 101 Grave 8, 9, 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	750.
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
Paid receipt number 35120	60.
Balance due	690

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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. T.
Signature

554 Pyramid
Address

San Diego, CA 92114
State Zip Code

Telephone

Invoice # _____

Work Order # E 6948

Acct. # _____

PY-503 (REV. 8-85)

OFFICIAL RECEIPT

№ 35120

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-7, 19 87

From: [illegible] Address: 154 [illegible]

[illegible] Dollars ($ 60.00)

In _____ Payment of Credit Net Sale

Lot 101 Grave [illegible] Row _____ Section 8 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6948

BALANCE DUE 690.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	60	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	60	—

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 35719

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/16/88, 19

From: Laura Whitney Address: SD

Two Hundred and 00/100 Dollars ($ 200.00)

In Credit Balance Payment of (no Coupon)

Lot 101 Grave 8-9-10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6948

BALANCE DUE 490.00

Pre-Need Lot ☑ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 19 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37519

Date: 3-15, 1989

From: Laura E. Whitner Address: 954 Pyramid, SD 92114

One hundred seventy 00/100 Dollars ($ 170.00)

In _____ Payment of Credit Lot

Lot 101 Grave 8-10 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6948

BALANCE DUE 320.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 20 1989

ISSUED BY Lindy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	170	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	170	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37816

Date: 5-12, 19 89

From Laura E. Whitney Address: [illegible]

Dollars ($ 150.00)

In Payment of [illegible]

Lot 101 Grave 2-10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 2-6948

BALANCE DUE 170.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	150 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	150 00

CITY AUDITOR
MAY 19 1989

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

ISSUED BY [illegible]

AC-212 (Rev. 10-87)

NAME Whitney, Laura E. ACCT. NO. E-6948

ADDRESS 954 Pyramid, San Diego, Ca 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Oc[illegible]7	87	Lot 101, Graves 8,9,10, Section 2, Division 11	750 00		60 00	690 00
2-16	88	Receipt # 35719			200 00	490 00
3-15	89	Receipt # 37[illegible]-19			170 00	320 00
5-12	89	Receipt # 37816			150 00	170 00
10-4	91	Receipt # 41338			170 -	0
		PAID IN FULL				

Pd in full
10-4-91
Deed #11805

AIGNER FORM NO. 25-204 Whitney, Laura E. 101 - 8,9,10 - 2 - 11 PRINTED IN USA

E_6948

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pruned

Date 10-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura E. Whitney

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 101 Grave 8, 9, 10 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	750.
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
Paid receipt number 35120	60.
Balance due	690

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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

954 Pyramid
Address

San Diego, CA 92114
State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 6948

PY-593 (REV. 8-85)

E-6948

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 7 day of October, 1987, between _____, 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 101, Grave 8, 9, 10 Row _____, Section 2, ~~Block~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $750., payable as follows: $60. cash herewith, the receipt of which is hereby acknowledged; $28 on the 10 day of November, 1987; and the balance in installments of $28.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

E-6948

WITNESS our hands this day and year above written.

Deed to be issued to:

23 @ 28.00
1 @ 46.00

Whitman
Name

954 Tyrian
Address

San Diego, CA 92114

PURCHASER

T. L

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra L Ward

GWS:baa(2)62
2-14-86

E-6948

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

Laura E. Whitney
954 Pyramid
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

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11805

E-6948

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Laura E. Whitney for the sum of $ 750.00 (DOLLARS)

LEGAL DESCRIPTION Lot 101, Graves 8, 9, & 10; Section 2; Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-6948

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24", Flat Marker Only

Wendy Jo Teague
Cemetery Manager

Property Director

PV-666

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 41338

E-6948

Date: 10-4-, 19 91

From: [illegible] E. WHITNEY Address: 954 [illegible], SAN DIEGO, CA 92114

ONE HUNDRED SEVENTY DOLLARS AND xx/100 Dollars ($ 170.00)

In FULL Payment of CF LOT 101 GRAVES 8, 9, 10 IN 2-11

Lot 101 Grave 8-9-10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E6948

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 W.J. Teague

CREDIT 20% Sales Care	67007 77184	150	—
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	170	—

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jerilene Nichols

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 66 Grave 445 Row _____ Section 2 Division ~~Block~~ 11

Grave space & Care Fund ..... 500.

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Paid 10/1/87 12

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

T. L
Signature

9557 Logan #D
Address

San Diego, CA 92113
State Zip Code

Telephone

Invoice # _____

Work Order # E 6949

Acct. # _____

PY-593 (REV. 6-85)

		500 00
10-21-87	38790	60 00
		440 00
10-26-87	35215	60 00
		380 00
11-2-87	35223	60 00
		320 00
11-3-87	35235	60 00
		260 00
11-16-87	35303	60.00
		200.00
11-30-87	35338	60.00
		140.00
12-1-87	35344	60.00
		80.00
12-1-87	35345	80.00
		0

№ 35190

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-6,949

Date: 10-21, 19 77

From: Cerelene Nichols Address: 4557 Logan #D SD CA

Sixty dollars Dollars ($ 60.00)

In _____ Payment of Coupons 1, 2 & 3 Credit Lot

Lot 66 Grave 4 & 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6949

BALANCE DUE 440.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Reed

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	60	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	60	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6949 · Credit Lot E 6949

Jerelene Nichols
4557 Logan, 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

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

PRINTED IN U.S.A. BY PAID MONEY

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6949 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 AVE # D

CITY SAN DIEGO STATE CA ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6948 Credit Lot

Jerelene Nichols
4557 Logan, 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

$ ____

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.

№ 35212

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-6949

Date: 10-26, 19 87

From: Cerelene Nichols Address: 4557 Logan Apt D SD

Dixie Wallace Dollars ($ 60.00)

In _____ Payment of Coupon 4,5 & 6 Credit Lot

Lot 66 Grave 4 & 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE $ 380.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

0927

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Wheel

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	60	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	60	00

AC-212 (Rev. 11-86)

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6949 Credit Lot

PPPO-3

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

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6949 Credit Lot

Jerelene Nichols
4557 Logan, 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

$ _____

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 this coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6949 Credit Lot

Jerelene 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35223

Date: 11-2, 19 87

From: JERELENE NICHOLS Address: 4557 LOGAN APT. D

Sixty Dollars Dollars ($ 60.00)

In Payment of Coupons 7, 8, 9 Credit Lot

Lot 66 Grave 405 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6949

BALANCE DUE 320.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
0942

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Bruce Morrison

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	60 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	60 00

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6949 Credit Lot

Jerelene Nichols
4557 Logan, 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 # D

CITY SAN DIEGO STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6949 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

$ ____

Amount Received $ 20.00

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** 9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6949 Credit Lot

Jerelene Nichols
4557 Logan, 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

$ _____

Amount Received $ 20.00

NAME JERELENE NICHOLS

ADDRESS 4557 LOGAN # D

CITY SAN DIEGO STATE CA ZIP 9213

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 35235

Date: 11-3 , 19 87

From: JERELENE NICHOLS Address: 4557 LOGAN AVE S.D. 92113

Sixty Dollars Dollars ($ 60.00)

In Part Payment of Artist Sales Coupon # 10, 11, 12

Lot 66 Grave 4 & 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. F-6949

BALANCE DUE 260.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
0951

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Bruce Morrison

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	60 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	60 00

...ring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6949 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 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** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-6949 Credit Loc

Jerelene Nichols
4557 Logan, 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

$ _____

Amount Received $ 20.00

NAME Jerelene Nichols

ADDRESS 4552 Logan #t 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-6949 Credit Lot

Jeralene 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

$ _____

Amount Received $ 20.00

NAME Jeralene Nichols

ADDRESS 4557 Logan Ave D

CITY SAN DIEGO STATE Ca. ZIP 92113

☐ check (✓) if this is now address

№ 35338

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-30, 1987

From: Verlene Nichols Address: 4557 Logan D SD 92113

Sixty dollars 00/ Dollars ($ 60.00)

In _____ Payment of Coupon 16, 17 & 18 Credit Lot

Lot 66 Grave 4 & 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6949

BALANCE DUE 140.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0973

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	60	—
Opening/ 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	$	60	—

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6949 Credit Lot

Jerelene 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-6949 Credit Lot

Jeralene Nichols
4557 Logan, 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

$ _____

Amount Received $ 20.00

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** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6949 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
										30	

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

№ 35303

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-16, 1987

From: Jerdene Nichols Address: 4557 Logan Dr, SD 92113

Sixty Dollars ($ 60.00)

In _____ Payment of Coupons 13, 14 & 15 Credit Sale

Lot 66 Grave 4 & 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6949

BALANCE DUE 200.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

0963

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lindy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	60 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	60 —

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6949 Credit Lot

Jeralene Nichols
4557 Logan, 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

$ _____

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** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6949 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

$ _____

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 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6949 Credit Lot

Jerelene Nichols
4557 Logan, 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

$ ____

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

№ 35344

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-1, 1987

From: Jerelene Nichols Address: 4557 Logan Ave, Apt D 92113

Sixty 00/ Dollars ($ 60.00)

In _____ Payment of Coupon 19, 20 & 21 Credit Lot

Lot 66 Grave 4 & 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6949

BALANCE DUE 80.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0983

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lindy Ward

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	40	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	60	—

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. S-6949 Credit Lot

Jerelene Nichols
4557 Logan, 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 # 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-6949 Credit Let

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

$ _____

Amount Received $ 20.00

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** **21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. S-4949 Credit Lot

Jerelene Nichols
4557 Logan, 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

$ _____

Amount Received $ 20.00

NAME JERELENE NICHOLS

ADDRESS 4557 LOGAN APT D

CITY SAN DIEGO STATE CA. ZIP 92113

☐ check (✓) if this is new address

№ 35345

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-1, 1987

From: Jerelene Nichols Address: 4557 Logan Ave Lot 5 Lighter 601

Dollars ($ 80.00)

In _____ Payment of Coupon 22, 23 & 24 Credit Lot

Lot 66 Grave 4 & 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6949

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

0987

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007	80 —
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	80 —

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-6949 Credit Lot

Jereleene 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 # 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. S-6949 Credit Lot

Jerelene Nichols
4557 Logan, 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

$

Amount Received $ 20.00

NAME JERELENE NICHOLS

ADDRESS 4557 LOGAN ST 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. L-6949 Credit Lot

Jezelene Eichols
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 $ 41.00

Amount due if paid more than ____ days after due date above $ 1.00

$ _____

Amount Received $ 40.00

NAME JERELENE NICHOLS

ADDRESS 4557 LOGAN # D

CITY SAN DIEGO STATE Ca. ZIP 92113

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BEARD, TENNYSON, S. MON 10/12 1:PM

in a _____ (Vault/Liner) Funeral, date, time [redacted]

Church, Chapel, Graveside _____ SO. CA. CREMATION & 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 _____ . Top [redacted]

Lot 122 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

P.A. # 103801 Mark Howell

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 061709

Work Order # E 6950

Acct. # 000952

PY-593 (REV. 8-85)

E_ 6950

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Tennyson Star Beard	Male	Nov.16,1946	Sept.25,1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Public Administrator 5201-A Ruffin Road San Diego, Ca. 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, Ca.	F1357

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market Street San Diego — COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A — DATE CREMATED — SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A (cardboard box)
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.** — SIGNATURE OF APPLICANT: X Per Authorization by: Judie Gray — DATE SIGNED: October 09, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT — AMOUNT OF FEE PAID: $3.00 — DATE PERMIT ISSUED: OCT 9 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10-12-87 (ENTER DATE) — SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Wendy Jo Teague — LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: N/A

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E_6950

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Manager

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CALIFORNIA
CREMATION & BURIAL CHAPEL

7801 MISSION CENTER COURT
SAN DIEGO, CALIFORNIA 92108

JACK L. MENZEL
(619) 234-3272

5602 EL CAJON BLVD.
CORNER 56TH & EL CAJON BLVD.
SAN DIEGO, CA 92115

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pruned Trust

Date 10-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lonnie & Mineola 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 1020 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

PAID
DEC 11 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Grave space & Care Fund		595.00
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 320.00	640.00
Burial Container		330.00
Handling Fees		320.00
Flower vases - Marker setting fee		
Recording and filing fee	2 @ 35.00	70.00
Sales taxes		19.80
Total Due		1974.80
Paid receipt number	35133	658.26
Balance due		1316.54
	35422	1316.54

3 months @ $658.27

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

604 S. 40th St.
Address

San Diego, CA 92113
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6951

PY-593 (REV. 8-85)

№ 35133

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-7, 19 87

From: Ernie & Mineha Mitchell Address: 604 S. 60th SD, 92113

Six hundred fifty eight 26 Dollars ($ 658.26)

In _____ Payment of Pre-need Lot and Trust for double Crypt

Lot 1020 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-6951

BALANCE DUE 1316.54

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

5005

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	63	26
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	658	26

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35422

Date: 12-11, 19 87

From: Minnie Mitchell Address: 604 S. 40th Street

Thirteen hundred sixteen 54 Dollars ($ 1316.54)

In _____ Payment of Pre-need Trust

Lot 1020 Grave _____ Row _____ Section 1 Division Block 6

Invoice No. _____

Acct. No. _____

W.O. E-6951

BALANCE DUE —

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

0004366925

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda J. Dock

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	1316	54
Sales Tax	60101 76390		
TOTAL PAID	$	1316	54

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KATHLEEN WRIGHT

in a LINER (Vault/Liner) Funeral, date, time MON. 10/12 11am

Church, Chapel, Graveside [redacted] PROP OFF ; CLAIREMONT Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 15 Grave 4 Row _____ Section 2 Division/[redacted] 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1101.00
Paid receipt number 35708	1118-98
Balance due	6

Sent 10/14 $17.98 interest

See Jenne P.A. creditor claim

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6952

PY-583 (REV. 8-85)

E-6952

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Kathleen Wright	Female	Dec. 4, 1916	Found Oct. 5, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Jolla	San Diego	S.D. County Public Administrator

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER	
Glairemont Mort, 4266 Mt. Abernathy Ave., San Diego, CA	F-1126	5201-A Ruffin road San Diego, California 92123

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hoppe Cemetery, 3751 Market Street, San Diego, CA	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA (Baby Jane)	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ / DATE SIGNED: 10-12-87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT / AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: OCT 12 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10-12-87 (ENTER DATE) / SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Wendy Jo League	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: NA	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

№ 35708

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-6952

Date: 2-11, 19 88

From: [illegible] Address: 5201-A [illegible]

[illegible] Thousand One hundred [illegible] Dollars ($ 1118.98)

In _____ Payment of Kathleen Knights Service

Lot 15 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6952

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 19 1988

ISSUED BY [illegible]

CREDIT	67007	99	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	17	98
Sales Tax	60101 76390	6	00
TOTAL PAID	$	1118	98

AC-212 (Rev. 10-87) 015859

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-7-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Martha A. Sigerek

in a T.S. Vault (Vault/Liner) Funeral date, time Sat. 10/10 11

Church, Chapel, Graveside Chapel & Grave, Erickson-Anderson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 2156 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 Sat. O.T.	380.00
Recording and filing fee	35.00
Sales taxes	
Total Due	415.00
Paid receipt number 35143	415.00
Balance due	0

Funeral D-8256

Daughter - Ruth Galloway

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

Ruth N. Galloway
Signature

1414 Gregory Way
Address

Bremerton, Wa 98310
State Zip Code

(206) 373-8530
Telephone

Invoice # _____

Work Order # E 6953

Acct. # _____

PY-593 (REV. 8-85)

E-6953

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Martha Amelia Siperek	Female	July 5, 1898	Oct. 6, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Bremerton	Kitsap County, Washington	Ruth Galloway (Daughter) 1414 Gregory Way Bremerton, WA

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Erickson-Anderson Mortuary 8390 Allison Ave., La Mesa, CA 92041	F296

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Martin Luther King Way, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Pacific Ocean (Bark)		
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 John Siperek DATE SIGNED 10/9/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $ 3.00 DATE PERMIT ISSUED OCT 09 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Powers, M.D. MS
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10-10-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Wendy Jo League	LICENSE 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

№ 35143

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-9, 1987

From: Ruth M Galloway Address: 1414 Stagecoach Way

Four-Hundred Fifteen and ✗✗/100 Dollars ($ 415.00)

In FULL Payment of Interment of Martha A. Lopuch

Lot 2156 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. C-6953

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 Bruce Mellison

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183	7	15 00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	415	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-8-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Nelson

in a Liner (Vault/Liner) Funeral, date, time This 4/13 11

Church, Chapel, Graveside Church & Grave; Mayfield Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 67 Grave 8 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number 35149	856.00
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

M Blakley
Signature

8740 Villa La Jolla Dr. 24
Address

La Jolla, CA 92037
State Zip Code

(619) 453-1379
Telephone

Work Order # E 6954

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

E_6954

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA Louis Clark Louis Nelson	Male	Aug. 10, 1954	Oct. 6, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego City	San Diego	Felicia Blakely - Sister 6891 Brooklyn Avenue San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED 3751 Martin Luther King Jr. Wy. Mt. Hope Cemetery: San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION metal - non sealed - gray - N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ A G Thomas DATE SIGNED Oct. 12 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED OCT 12 1987 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Carnes, M.D. mtm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10-13-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Wendy Jo Teague	LICENSE 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

№ 35149

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-12, 1987

From: ADAM JACKSON
FELICIA F. BLAKELY

Address: 8740 VILLA LA JOLLA DR. LA JOLLA CA. 92037

Dollars ($ 856.00)

In full Payment of Interment of Louis Nelson
Eight Hundred Fifty Six and xx/100

Lot 67 Grave 8 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-6954

BALANCE DUE ∅

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
319

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Bruce Morrison

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	856	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/8/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mrs. Gage for DeLorme

in a _____ Vault/Liner Funeral, date, time Marker

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 248 Grave _____ Row _____ Section 5 Division/~~Block~~ 2

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	125.00
Recording and filing fee	
Sales taxes	
Total Due	720.00
Paid receipt number 35139	720.00
Balance due	0

purchased by Mail

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 6955

PY-583 (REV. 8-85)

№ 35139

B

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-8, 19 87

From: James W. DeLorimier Address: 1064 Laurel Ave

Seven hundred twenty Dollars ($ 720.00)

In _____ Payment of lot and marker installation fee

Lot 248 Grave _____ Row _____ Section 5 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-6955

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

101

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Judy Ward

CREDIT 20% Sales Care	67007 77184	119.00
80% Sales of Lots	100 77184	476.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	125.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	720.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-9-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walter P. Gist Jr.

in a T.S. Vault (Vault/Liner) Funeral, date, time FRI. 10/16 2 P.M.

Church, Chapel, Graveside Chapel & Graveside Lakeside Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 30 Grave 7 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	15.90
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1321.40
Paid receipt number 35150	500.00
Balance due	821.40

Paid in full 10/12/87

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.

Ella G. Gist
Signature

3132- 38th St.
Address

San Diego Ca.
State

619- 283-2538
Zip Code / Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 061705

Work Order # E 6956

Acct. # 023785

PY-593 (REV. 8-85)

E_6956

W.O. NO. E-6956

NOTE—STRAIGHT

$ 821.40 San Diego, California, Oct 13, 1987

days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of eight hundred twenty-one 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 Lolla Lee

3132 - 38th St. S.D. Ca. 92105

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # A0255152

E- 6956

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WALTER GARFIELD GIST, JR.	MALE	AUGUST 24, 1954	OCTOBER 04, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
LOS ANGELES	LOS ANGELES	ELLA D GIST - MOTHER 3132 NORTH 38TH STREET SAN DIEGO, CALIFORNIA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
ANDERSON RAGSDALE MORTUARY-5050 FEDERAL BL-SAN DIEGO, CA	F 1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED		COUNTY
	MT HOPE CEMETERY-3751 M L KING JR WAY - SAN DIEGO, CALIFORNIA		SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	N/A	N/A	▶ N/A
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
	N/A Steel O.S.		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
	N/A Sealer		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Pat Simpson DATE SIGNED OCTOBER 13, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID 3.00 / DATE PERMIT ISSUED OCT 14 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Robert S. Hale
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/16/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Statler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	VITAL RECORDS 313 NORTH FIGUEROA STREET LOS ANGELES, CALIFORNIA 90012	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

№ 35150

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-13, 1987

From: Ella Gist Address: 3132 38th Street

Five hundred Dollars ($ 500.00)

In _____ Payment of Walter Gist Jr. - Invoice

Lot 30 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6956

BALANCE DUE 821.40

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3287

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Landy Ward

CREDIT	67007	24	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	500	—

AC-212 (Rev. 11-86)

11/27

№ 35300

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-16-87, 19

From: Ella C. Gist Address: 3132-38th - S.D.

One Hundred and no 100/100 Dollars ($ 100.00)

In Part Payment of On account of Walter G. Gist, Jr.
Invoice Payment

Lot 30 Grave 7 Row Section 1 Division Block 12

Invoice No. 061705

Acct. No. 023783

W.O. E-6956

BALANCE DUE 621.40

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 11-86) 3347

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY George Stitt

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100.00

12/31

OFFICIAL RECEIPT

No. 35457

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-29, 19 87

From: Ma Gist Address: 3132-38th Street

One hundred no/100 Dollars ($ 100.00)

In _____ Payment of Walter Gist pre Interment Service

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 061705

Acct. No. _____

W.O. E-6956

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3388

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY: Sandra L Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100

AC-212 (Rev. 10-87)

CITY TREASURER
SAN DIEGO, CA[illegible]A

E_6956

6934 11/24/87 [illegible] INVE
11/24/87 6934 3 [illegible] CH
11/24/87 6934 3 .01 BA

E-6956

E-6956

061705 10/20/87 023785	ELLA G. GIST			11/16/87 CK 3341				PAID IN FULL
	100	072	77181	000072		100.00	821.40	621.40
	100	072	77182	000072		38.96		PARTIAL PAYMENT
	100	072	77183	000072		21.91		
	100	072	77185	000072		4.26		
	60101		78390			21.99		
	67007		77184			1.31		
						11.57		

E-6956

E-6956

061705 10/20/87 023785 ELLA G. GIST 10/26/87 CK 3318

100	072	77181	000072	100.00	
100	072	77182	000072	38.96	
100	072	77183	000072	21.91	
100	072	77185	000072	4.26	
60101		78390		21.99	
67007		77184		1.31	
				11.57	

821.40 721.40
PARTIAL PAYMENT

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 300.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/2-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yolanda Carpenter

in a Casket (Vault/Liner) Funeral, date, time 11:00 AM 10/12

Church/Chapel/Graveside Chapel & Grave Lozedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 102 Grave 11 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	3.50
Sales taxes	6.00
Total Due	856.00
Paid receipt number 35147	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

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6957

Acct. # _____

PY-593 (REV. 8-85)

E-6957

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
YOLANDA JoAn CARPENTER	Female	June 18, 1946	Oct. 3, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Enoch & Evelyn Allen - Parents 636 Goetschl Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT

NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Jr. Way; San Diego, California

COUNTY: San Diego

CREMATION

NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A

DATE CREMATED:

SIGNATURE OF PERSON IN CHARGE OF CREMATORY:

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS

ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: metal-non sealer

N/A

SCIENTIFIC USE

NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A

ACKNOWLEDGMENT OF APPLICANT

This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.

SIGNATURE OF APPLICANT: [signature]

DATE SIGNED: Oct. 12, 1987

LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.

AMOUNT OF FEE PAID: 3.00

DATE PERMIT ISSUED: OCT 12 1987

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: [signature] M.D. MPH

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10-12-87 (ENTER DATE)

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: [signature]

LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE:

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY

INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

№ 35147

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-12 , 19 87

From: ANDERSON - RAGSDALE Address: 5050 FEDERAL BLVD, S.D. CA. 92102

Eight Hundred Fifty Six and ^X/100 Dollars ($ 856.00)

In FULL Payment of Interment of Yolanda Carpenter

Lot 102 Grave 11 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-5767 E-6957

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
8557

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	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	856	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36815

Date: 10-10-, 19 88

From: Jack Allen Address: 636 Taetschl Street SD 92114

one hundred twenty-five Dollars ($ 125.00)

In _____ Payment of Marked installation fee for Yolanda J. Carpenter

Lot 102 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6957

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
OCT 14 1988

ISSUED BY Lindia Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	125 00
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	125 00

AC-212 (Rev. 10-87) 478

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-12-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PERRY, MAUDE, A

in a LINER (Vault/Liner) Funeral, date, time DROPOFF, 10/13 1PM.

~~Church, Chapel, Graveside~~ DROP-OFF ; HUMPHREY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 111 Grave 4 Row — Section 1 Division/~~Block~~ 11

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 35757	606.00
Balance due	-0-

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6958

Acct. # ____

PY-593 (REV. 8-85)

E-6958

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MAUDE ARELDA PERRY	Female	07-07-1893	10-09-1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Rae M. Whitacre (Daughter) 1501 Grove Street San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary—855 Broadway Chula Vista, CA	F-964

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market St. San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Humphrey Chula Vista Mortuary DATE SIGNED: October 12, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 — DATE PERMIT ISSUED: OCT 12 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Conrad, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10-13-87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Wendy Jo Teague	LICENSE 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.

№ 35151

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 10-13, 1987

From: MRS. MAXINE WHITACRE Address: 1501 GROVE ST. SAN DIEGO, CA. 92102

Six Hundred Six and ^{xx}/_{100} Dollars ($ 606.00)

In Full Payment of Interment of Maudel Perry

Lot 111 Grave 4 Row — Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6958

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐
1677

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Bruce Moreira

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	606	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-12-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lae M. Whitacre

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 111 Grave 4&5 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee Deed Transfer	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 35145	35.00
Balance due	0

Burying Rerd Maude in #4

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 6959

PY-593 (REV. 8-85)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-6959

DEED

8076
7/31/1975

OWNERSHIP AND INTERMENT PRIVILEGES

TO Mark & Roberta Blunt for the sum of $ 330.00 (DOLLARS)

LEGAL DESCRIPTION Lot 111 Graves 4 & 5 Section 1 Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER D-6102

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 type markers only.

R. W. Deline/DS
Cemetery Manager

W. L. MacFarlane
Property Director

PY-544

JAMES A. MARCH
Licensed Cemetery Broker

644 Floyd Avenue
Chula Vsita, California 92010
(619) 421-1028

MARCH ASSOCIATES

PHONE: 239-6735

Security Agreement

DATE: 10-9-87

PURCHASER(S): RAE M. WHITACRE

ADDRESS: 1501 GROUE ST. SAN DIEGO 92102
Street City State Zip

PROPERTY DESCRIPTION: GR (4) 45 LOT 111 SEC 1 DIV 11

CEMETERY: MT HOPE CEMETERY

REMARKS: FOR: MAUDE A. PERRY
DOD: 10-9-87

E-6959

PROPERTY:		
SELLING PRICE	$	850 00
ENDOWMENT CARE	$	INCL
	$	
	$	
TOTAL	$	850 00

COUNSELOR GAIL M. HOMBEL

DEED TO RAE M. WHITACRE DAU

ADDRESS SAME AS ABOVE RELATION M-S

TERMS AND CONDITIONS: It is understood and agreed by Purchaser that the total amount due hereunder is payable within thirty days from the date of this Agreement. If payment is not made at that time, then it is agreed that this account shall bear interest at the rate of 12% per annum from the date of this Agreement until fully paid and said interest shall apply whether an estate claim is filed or monthly payments are made. Each payment shall be credited first on interest then due and the remainder on principal. Should default be made in any payment of any installment when due, the whole sum of principal and interest shall become immediately due at the option of the Seller. If action be instituted on this Agreement, Purchaser promises to pay all collection costs including such sum as the Court may fix as attorney's fees. When said purchase price together with accrued interest, if any, is fully paid, March Associates, known as the Seller, and/or agent for the Purchaser agrees to execute or cause to be executed in favor of the Purchaser a deed or certificate of ownership or other evidence of title of said property, and this Agreement shall terminate. The acceptance of over-due payments or the waiving of any term or condition of this Agreement by the Seller shall not constitute a waiver of any subsequent payment or subsequent breach of any term, condition or provision hereof. Until all the sums due hereunder shall be fully paid, no title shall vest in the Purchaser and Seller reserves the exclusive right to remove any marker or memorial tablet from said property. Any statement inconsistent herewith by Seller or by his agent shall not bind Seller unless in writing signed by Seller and attached to this Agreement. It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of both Seller and Purchaser. It is further agreed that when this Agreement is signed by more than one Purchaser each of such Purchasers shall be jointly and severally bound and liable hereunder. When this Agreement is signed by a decedent's spouse, kin or beneficiary of any insurance or death benefits it is hereby agreed that a first lien is hereby created thereon and vested in Seller as to any unpaid amount of the total balance and subsequent interest thereon; and said security shall consist of any interest owned or to be acquired by or for in decedent's estate or family allowance or homestead or other death benefit or survivorship interest or otherwise. Purchaser agrees that the office of Seller shall be deemed the place where this contract is entered into.

U, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT .Y TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICES OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO:

PURCHASED BY

X Rae M. Whitacre DAU
RELATION

RELATION

POWER OF ATTORNEY

E_6959 **SPECIAL**

KNOW ALL MEN BY THESE PRESENTS: That I, Mark D. Blunt and Roberta Blunt, the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. March Associates

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

(a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

Graves 4 and 5
Lot 111
Section 1
Division 11
Veteran Section
Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 10th day of March, 1986.

✓ Mark D. Blunt

✓ Roberta Blunt

STATE OF CALIFORNIA }
COUNTY OF SAN DIEGO } ss.

On this 10th day of March, 1986, in the year 1986, before me, the undersigned, a Notary Public in and for said State, personally appeared MARK D. BLUNT AND ROBERTA BLUNT

personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed it.

WITNESS my hand and official seal.

Margo Mizeur

Notary Public in and for said State.

OFFICIAL SEAL
MARGO MIZEUR
NOTRAY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
My Commission Expires Jan. 16, 1988

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-12-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edith H. Taylor

in a Bell Vault/Liner Funeral, date, time 10-15 11am 2pm

Church, Chapel, Graveside Graveside Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 64 Grave 1 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... 185 ..... ____

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 # ____

Work Order # E 6960

Acct. # ____

PY-593 (REV. 8-85)

E_6960

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDITH H. TAYLOR	Female	Unk.	Oct. 12, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Springfield	Missouri	Ayre-Goodwin Funeral Home 623 W. Walnut Springfield, MO 65806

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary-4094 University Ave.-San Diego	69

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Martin Luther King - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Steel Batesville R-58 - Sealer 20 ga - Lenier		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Doris Brown DATE SIGNED Oct. 13, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $ 3.00	DATE PERMIT ISSUED OCT 15 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramros, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/15/87 (ENTER DATE) 64/1/1/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W. Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-12-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HARTFIELD, HOWARD —

in a LINER (Vault/Liner) Funeral, date, time WED. 10/14 2. P.M

~~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 102 Grave 1 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number	
Balance due	

$15.6 written off per 5/13/89

COVERED BY INSURANCE

I hereby certify I am the Doris Brownlow mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 6961

PY-593 (REV. 8-85)

Invoice # 7023784

Acct. # 061704

W.O. NO. E-6961

NOTE—STRAIGHT

$ 856.00 San Diego, California, Oct. 12, 1987

Thirty 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 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 Doris Brownlow

220 S. pardee St - S.D. 92113

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Calif. Driver Lic. # N3817636

E_6961

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HOWARD NMN HARTFIELD	Male	Jan. 21, 1965	Oct. 9, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Elvis & Doris Brownlow - Parents 220 South Pardee Street San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mortuary: San Diego, Calif.	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A octagon - grey - Wooden & Plastic Hardware		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: [signature] DATE SIGNED: Oct. 14, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: OCT 14 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Lumas, M.D. mtm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/14/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: George W Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35378

Date: 12-7, 1987

From: DORIS BROWNLOW Address: 220 S PARDEE ST. S.D. 92113

SEVEN HUNDRED DOLLARS & 00/100 Dollars ($ 700.00)

In PART Payment of HOWARD HARTFEILD

Lot 102 Grave 1 Row Section 2 Division Block 11

Invoice No. 016704

Acct. No. 023784

W.O. E-16961

BALANCE DUE 1516.00

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 Hora Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	700 00

Partial in file Dr
PAID 700.00 CASH

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-12-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BUSCH, DAVID, L.

in a LINER (Vault/Liner) Funeral, date, time WED. 10/14 11 AM.

~~Church, Chapel~~; Graveside GRAVESIDE ; CARROLLS Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 67 Grave 5 Row — Section 2 Division/~~Block~~ 7

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 35148	606.00
Balance due	0

Please set up 10 chairs

I hereby certify I am the mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6962

Acct. # ____

PY-593 (REV. 8-85)

E_6962

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
David Leon Busch	Male	June 20, 1060	FOUND Oct. 9, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Santee	San Diego	Eileen Busch - Mother 8701 Pavia Drive Las Vegas, NV 89117

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
El Cajon Carroll Mortuary - 684 So. Mollison El Cajon, CA	F-1022

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market Street - San Diego, CA 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A K820 Blue 20 ga Batesville		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Sealer		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED 10-13-87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 13 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramras, M.D. [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/14/87 (ENTER DATE) 6/5/27	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV 1-86) FORM VS-9

OFFICIAL RECEIPT

№ 35148

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-6962

Date: 10-12 , 19 87

From: HENRY L. BUSCH Address: 8701 PAVIA DR. LAS VEGAS, NEV. 89117

Six Hundred and Six and ⁰⁰/₁₀₀ Dollars ($ 606.00)

In FULL Payment of Interment of David L. Busch

Lot 67 Grave 5 Row — Section 2 Division Block 7

Invoice No.

Acct. No.

W.O. E-6962

BALANCE DUE ∅

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑
3609

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Bruce Morrison

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
	100	145	00
Handling Fee	77183		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	606	00

When arrives

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-13-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clara Minnis ⊗

in a ASH VAULT (Vault/Liner) Funeral, date, time 10/16 Friday 4PP

~~Church~~, ~~Chapel~~, ~~Graveside~~ DROPOFF ; NEPTUNE Sod, Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 57 Grave 10 Row — Section 3 Division/~~Block~~ 5

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 35170	242.40
Balance due	Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6963

Acct. # _____

PY-593 (REV. 8-85)

E-696 3

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Hilda Clara Minnis	Female	Dec 18,1906	Oct 6, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Ernest Minnis-husband 9500 Harritt Rd Sp 205 Lakeside, Ca 92040

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
NEPTUNE SOCIETY 14065 Hwy 8 Bus.El Cajon,Ca	F-1352

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt Hope Cemetery 3751 Martin Luther King,Jr Way San Diego,Ca		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Inc 14065 Hwy 8 Bus.El Cajon,Ca	DATE CREMATED 10/16/87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
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 FOR:NEPTUNE SOCIETY DATE SIGNED 10-8-87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED OCT 8 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Conrad, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/16/87 (ENTER DATE) 39/10/3/5	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Leoyen Stelton	LICENSE 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.

COPY 3

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

№ 35170

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-16, 1987

From: NEPTUNE Address: 14065 OLD HWY. 80 EL CAJON, CA. 92021

Two Hundred Forty Two and 40/100 Dollars ($ 242.42)

In Full Payment of Interment of Hilda Clara Minnis

Lot 57 Grave 10 Row — Section 3 Division Block 5

Invoice No.

Acct. No.

W.O. E-6963

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

OCT 21 1987

ISSUED BY Bruce Morrison

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77183	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-13-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harry McGill

in a Vault (Vault/Liner) Funeral, date, time 10-15 Thur 11am

Church, Chapel, Graveside Chapel & Grave Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran yes. Detail will attend

Lot 79 Grave 8 Row ____ Section 1 Division ~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1205.50
Paid receipt number 35159	1205.50
Balance due	0

at Monument

Cr Pat Tyson B. Vin

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 6964

Acct. # _____

PY-593 (REV. 8-85)

E-6964

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HARRY THOMAS McGILL	Male	Sept. 14, 1934	Oct. 8, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Rachel McGill - Wife 4933 Dafter Drive San Diego, California 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 5050 Federal Blvd. San Diego, Calif.	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT

NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; California

COUNTY: San Diego

CREMATION

NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A

DATE CREMATED:

SIGNATURE OF PERSON IN CHARGE OF CREMATORY:

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS

ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION

N/A Steel Sealed Box Batesville - T.S. Vault

SCIENTIFIC USE

NAME AND ADDRESS OF FACILITY RECEIVING REMAINS

N/A Military Funeral Honors - Marines -

ACKNOWLEDGMENT OF APPLICANT

This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.

SIGNATURE OF APPLICANT: [signature]

DATE SIGNED: Oct. 14, 1987

LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED ON THIS PERMIT

AMOUNT OF FEE PAID: 3.00

DATE PERMIT ISSUED: OCT 14 1987

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D. MPH

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED INFORMATION WAS MADE ON 10/15/87 (ENTER DATE)

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: [signature]

LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY

INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

№ 35159

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10/14, 1987

From: Rachel McGill Address: 4933 Dafter Dr. SD 92102

Twelve Hundred five and 50/100 Dollars ($ 1205.50)

In full Payment of Interment of and for Harry T. McGill Dec

On 10/15/87 —

Lot 79 Grave -8- Row — Section -1- Division Block -11-

Invoice No. —

Acct. No. —

W.O. E-6964

BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

#3369

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77183	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	10	50
TOTAL PAID	$	1205	50

OFFICIAL RECEIPT

№ 35462

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-29, 19 87

From: Mrs McGill Address: 4933 Copter Drive

One hundred twenty-five Dollars ($ 125.00)

In _____ Payment of Marker Inspection fee

Lot 79 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6964

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 [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

AC-212 (Rev. 10-87) 3456

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/13/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nancy Walker

in a Liner (Vault/Liner) Funeral, date, time Wed 10/14 10am

Church, Chapel, Graveside Church of Good Shepherd Lagsdale Mortuary.

St Jude

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 112 Grave 5 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number	
Balance due	

3/22/88

Paid

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.

Signature

5127 LA PAZ DR
Address

SAN DIEGO CA 92124
State Zip Code

619/263-2426
Telephone

263-4459 SDAD

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 86/702

Acct. # 023783

Work Order # E 6965

PY-593 (REV. 8-85)

W.O. NO. E-6965

NOTE—STRAIGHT

$ 856.00 San Diego, California, October 13, 1987

days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of eight hundred fifty-six 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 [redacted]

5127 LA PAZ DR SD 92114

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Calif. Driver Lic. # A0593801

E.6965

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
NANCY NMN WALKER	Female	June 7, 1904	Oct. 7, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	M. Ali A. Hassas - Son 5127 La Paz Drive San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: San Diego, Calif.	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; San Diego California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Pink Steel none Seeler 20 yrs		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED Oct. 14, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED OCT 14 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/14/87 (ENTER DATE) 112-5-2-11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. MFM

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV 1-86) FORM VS-9

E-6965

059273	08/10/87	022879	WESTERN COMMUNITIES ASSOCIATES			03/21/88	CK	01236	16.63	
			63020		9022				16.63	
									193.92	177.29
										PARTIAL PAYMENT
061703	10/20/87	023783	ALL A HASSAS			03/22/88	CK	661872	856.00	
			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	
									856.00	0.00
										PAID IN FULL

E-6965

Mt. Hope

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-14-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SHIKIKO STRONG

in a _____ (Vault/Liner) Funeral, date, time FRI. 10/16 10 A.M.

~~Church, Chapel, Graveside~~ DROP-OFF ; HUMPHREY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

DIP-BOTTOM

Lot 122 Grave 1 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

P.A. #103906 MARK HOSTETTER

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 061710

Acct. # 000952

Work Order # E 6966

PY-593 (REV 8-85)

E_6966

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SHIKIKO STRONG	Female	5-24-1931	10-08-1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Public Administrator Indigent Burial Officer 5201-A Ruffin Road San Diego, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary- 855 Broadway Chula Vista, CA	F-964

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Pastical Board Square China 4-plastic Hardware		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A/		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Humphrey Chula Vista Mortuary DATE SIGNED October 14, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 15 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/16/87 (ENTER DATE) 122-1/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyen Stelta	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

(OPEN IMPERIAL AVE GATE.)

Date 10/14/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jeffrey Lynn Hatcher AKA - Jeffrey Heil

in a Comite Vault (Vault/Liner) Funeral, date, time Fri 10AM 10/16

Church, Chapel, Graveside Chapel & G.S. ; [redacted] CONRAD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

✓ Lot 20 Grave 1 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	Care & Single Sp	250.00
Additional spaces and care fund	none	
Opening/Closing & Setup		320.00
Burial Container	Comite T.S. 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	960.50
	Paid receipt number	
	Balance due	

30 day note

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

Lani D. Hatcher
Signature

1250 Harold Ave
Address

Simi Valley Ca
State Zip Code

805-526-5351
Telephone W-805-526-5497

Invoice # 061702

Acct. # 023782

Work Order # E 6967

PY-593 (REV. 8-85)

E_6967

W.O. NO. E-6967

NOTE—STRAIGHT

$ 960.50 San Diego, California, Oct 14, 1987

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Nine Hundred Sixty and 50/100 DOLLARS.

with interest from Nov. 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 Rene D. Hutchins

1250 Harold Ave Sim Valley Ca

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Calif. Driver Lic. # N7694203

E-6967

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JEFFREY LYNN HATCHER AKA JEFFREY LYNN HATCHER-HEIL	Male	July 1, 1965	Oct. 12, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Spring Valley	San Diego	Janet L. Heil - Mother 332 Dolo Street San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary 7387 Broadway-Lemon Grove, CA 92045	F 941

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Steel		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ ✓ Tammie Hand DATE SIGNED October 13, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 15 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Pamras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 20/1/2/11 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Gwyn Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

E-6968
not included
in this spindle

E-6901 – E 7000

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-14-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DOROTHY LIEHR

in a _____ (Vault/Liner) Funeral, date, time 10/19 Thurs 2pm

~~Church, Chapel, Graveside~~ DROPOFF ; FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . DIP-TOP

Lot 122 Grave 1 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

Paid 10/14/87

P.A. #103866 DAV BILLINGS

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 063596

Acct. # 600952

Work Order # E 6969

PY-583 (REV. 8-85)

E_6969

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Dorothy Lorraine Eckert LIEHR	Fe.	10/11/1916	Fd. 10/10/1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Public Administrator 5201 A Ruffin Rd. San Diego, Ca 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Feltheringill Mortuary	1083

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cem. 3751 Market St. San Diego, Ca	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a On Top - (3)	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a Partical Board Sq Casket Top of 3	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a 4 Plastic Hardware	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ W. Eckard, Feltheringill Mortuary DATE SIGNED Oct. 14, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: OCT 19 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramros, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/19/87 (ENTER DATE) 122/1/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stettin LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-15-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert H & Rosalie Brown

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 18 Grave 6 Row _____ Section IOOF ~~Division/~~Block 22

Grave space & Care Fund	595
Additional spaces and care fund	
Opening/Closing & Setup	210.00
Burial Container	80.00
Handling Fees	120.00
Flower vases - Marker setting fee	
Recording and filing fee	70.00
Sales taxes	4.80
Total Due	1079.80
Paid receipt number 35762	1079.80
Balance due	0

2 ash freneeds

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 2621 Prescott Rd #2
Modesto, CA 95350
State Zip Code
(209) 527-1286
Telephone

Invoice # _____

Work Order # E 6970

Acct. # _____

PY-593 (REV. 8-85)

№ 35162

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-15, 1987

From: Robert H. Brown Address: 2621 Pressant Rd #2, Modesto

One thousand seventy nine & 80 Dollars ($ 1079.80)

In _____ Payment of Lot and to ash fixed services

Lot 18 Grave 6 Row _____ Section IOOF Division Block 22

Invoice No. _____

Acct. No. _____

W.O. E-6970

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

119

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Landy Ward

CREDIT 20% Sales Care	67007 77184	119.00
80% Sales of Lots	100 77184	476.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	484.80
Sales Tax	60101 78390	
TOTAL PAID	$	1079.80

AC-212 (Rev. 11-86)

E-6970 Oct 12-87

Dear Sirs:

Enclose is check for $1079.80 for lot 18, Sp. 6, Block 22 IOOF as per your statement $595.00 for space plus $484.80 for 2 cremation burials

Thank you

Robert H & Roselie Brown

2621 Prescott Rd. Sp 2

Modesto, CA. 95350

(209) 527-1286

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/15/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSEPH B. BUBENIK

in a ASH VAULT (Vault/Liner) Funeral, date, time MON. 10/19 A.Y.P

~~Church, Chapel, Graveside~~ DROPOFF ; 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 50 Grave 9 Row — Section 2 Division/Block 12

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 35166	242.40
check # 640 Balance due	0

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

J. T. Bubenik
Signature

3652 TRENTON AVE
Address

SAN DIEGO, CA. 92117
State Zip Code

619-273-0120
Telephone

Invoice # ____

Work Order # E 6971

Acct. # ____

PY-593 (REV. 8-86)

E_6971

PERMIT FOR DISPOSITION OF HUMAN REMAINS #56002

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

Lewis Colonial/Benbough

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOSEPH BERT BUBENIK	male	Jan 12, 1901	Oct 12, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Robert J. Bubenik - son 764 International Blvd. #55A Houston, TX 77024

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT

NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery - San Diego, CA (3751 Market St.)

COUNTY: San Diego

CREMATION

NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: 3953 Imperial Ave. Cypress View Crematory - San Diego, CA

DATE CREMATED: 10/16/87

SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶ Debbi Mullen

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS

ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a

SCIENTIFIC USE

NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a

ACKNOWLEDGMENT OF APPLICANT

This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.

SIGNATURE OF APPLICANT: ▶ Melinda M. Stewart for LCB

DATE SIGNED: 10/15/87

LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.

AMOUNT OF FEE PAID: $3.00

DATE PERMIT ISSUED: OCT 15 1987

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald A. Ramos, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/19/87 (ENTER DATE)

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Leojew Slater

LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY

INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: n/a

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

№ 35166

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-15, 1987

From: MARY ANN SCHULTZ Address: 3652 TRENTON AVE S.D. CA. 92117

Two Hundred Forty Two and 40/100 Dollars ($ 242.40)

In full Payment of Interment of Joseph B. Bubonik

Lot 50 Grave 9 Row — Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-6971

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
640

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Bruce Morrison

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77183	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-15-87

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains of Joanne L. Drake

in a Double Crypt (Vault/Liner) Funeral, date, time Mon 10-19 1 p.m.

Church, Chapel, Graveside Graveside Lakeside Mortuary.

at Monument

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 113 Grave 10 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	~~9.80~~ 1519.80
Paid receipt number 35168	1519.80
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

W. H. Drake
Signature

6402 LAKE ATHABASKA PL.
Address

SAN DIEGO CA 92119
State Zip Code

469-1754
Telephone

Invoice # ____

Work Order # E 6972

Acct. # ____

PY-683 (REV. 8-85)

E-6972

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Janice R. Drake	Female	12/4/1929	10/15/1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Glendon Drake - Husband 6402 Lake Athabaska Pl. San Diego, Ca 92119

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lakeside-Santee Funeral Chapel, 9840 Maine Ave. Lakeside, Ca.	F-997

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, 3751 Market St., San Diego, CA.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A Belmont - Blue	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A 20ga Steel Sealer		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ G W Drake DATE SIGNED: October 16, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: OCT 19 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powell M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/19/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Leayen Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

№ 35168

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-15 , 19 87

From: Jessie Duke Address: 1529 Woodside Ave Santee

One Thousand Five Hundred Nineteen 80 Dollars ($ 1519.80)

In Payment of Jessie R. Duke

Lot 113 Grave 10 Row 1 Section Division 11 Block

Invoice No.

Acct. No.

W.O.

BALANCE DUE 6-6972

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	330	00
Burial Containers	100 77182	330	00
Handling Fee	100 77183	330	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	19	80
TOTAL PAID	$	1519	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/15/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Luis Vernon Wagoner

in a Liner (Vault/Liner) Funeral, date, time Tues - 10/20 - 2 P.M

Church, Chapel, Graveside Chapel / Gr. : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 43 Grave 3 Row ~ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... Single Burial	250 00
Additional spaces and care fund ..... none	—
Opening/Closing & Setup	320 00
Burial Container ..... Concrete Bell Liner	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 35780	500 00
Balance due	356

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.

Signature Alice M Lundy

Address 939 MARINO ST

State S.D.C. Zip Code 92114

Telephone 619 463-0189

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 062595

Acct. # 029035

Work Order # E 6973

PY-593 (REV. 8-85)

E-6973

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Luis Vernon Wagoner	Male	Aug. 25, 1940	Oct. 11, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Alice M. Lundy - Sister 939 Dimarino Street San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuar y San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cem.: 3751 Martin Luther King Way: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Pansy Lamb grey - Cloth Covered flatop		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED 10/19/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 19 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. MHM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/20/87 (ENTER DATE) 43/3/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

Per phone conversation
Mrs Alice Sanders
promised to pay
$40 per month
until paid in full
E-6973

10/21/87
Sondra Ward

OFFICIAL RECEIPT

12/28

№ 35440

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-18, 1987

From: Alice M Lundy Address: 939 Kimarino St. S.D. 92114

Eighty dollars & 00/100 Dollars ($ 80.00)

In part Payment of interment of Luis V. Wagner

paid for 2 mos

Lot 43 Grave 3 Row — Section 2 Division Block 11

Invoice No. 062595

Acct. No. 024035

W.O. E-6973

BALANCE DUE 276.00

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 Hora A Black

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	80	00

AC-212 (Rev. 10-87)

209

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/15/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Samantha [redacted] Shiner (BABY)

in a Concrete Liner (Vault/Liner) Funeral, date, time Mon 10/19 2:45PM

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 649 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	64.00
Handling fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	299.00
Paid receipt number 35169	299.00
Balance due	0

PAID
OCT 16 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Grandmother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Beverly Leavitt
Signature
714 Jamacha Road
Address
San Diego Ca 92114
State Zip Code
264-0129
Telephone

Invoice # —

Work Order # E 6974

Acct. # —

PY-503 (REV. 8-85)

E-6974

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Samantha Lynn Schreiner aka Leavitt	Female	August 7,1987	Found October 15,1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Sherry Leavitt - Mother 7140 Jamacha RopdM San Diego, CA. 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Mayer Mortuary 2859 Adams Ave. San Diego, CA	1424

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Makket St. San Diego, CA.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Starboam Conte Bell Lenei		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A OOA-		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ John Mayer Mortuary; DATE SIGNED: October 16, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: OCT 16 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/19/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

№ 35169

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10/15/87, 19

From: Beverly Leavitt Address: 7140 - Jamacha Rd SD 92114

Two Hundred Ninety Nine & no/100 Dollars ($ 299.00)

In full Payment of Burial fees for Infant Samanth

Lot 649 Grave — Row — Section -/- Division Block 9

Invoice No.

Acct. No.

W.O. E-6974

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

#2229

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	100	00
Burial Containers	100 77182	50	00
Handling Fee	100 77183	11	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	3	00
TOTAL PAID	$	299	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-16-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clifton O. Hicks

in T.S. Vault (Vault/Liner) Funeral, date, time 10-21 Wed 11AM

Church, Chapel, Graveside Chapel & Graveside Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran VA. Military Detail

Lot _____ Grave _____ Row _____ Section 1 Division ~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1205.50
Paid receipt number	
Balance due	

Void

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6975

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

MEALING Date 10-16-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Matthew E. Mealing

in a T.S. Vault Vault/Liner Funeral, date, time Wed 10/21 1 P.M.

Church, Chapel, Graveside Chapel of the Chimes Cloverdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 58 Grave 7 Row ____ Section 1 Division ~~Block~~ 11

Grave space & Care Fund	495
Additional spaces and care fund	
Opening/Closing & Setup	320
Burial Container	175
Handling Fees	110
Flower vases - Marker setting fee	
Recording and filing fee	35
Sales taxes	10.50
Total Due	1205.50
Paid receipt number 35781	1205.50
Balance due	0

PAID
OCT 19 1987
MT. HOPE CEMETERY
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

Pearl B Mealing
Signature
3061 Webster ave
Address
San Diego Ca, 92113.
State Zip Code
619-239-4026
Telephone

Invoice # ____

Work Order # E 6976

Acct. # ____

PY-593 (REV. 8-85)

E_6976

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Matthew Eular Mealing	Male	Feb. 23, 1915	Oct. 15, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Pearl E. Mealing - Wife 3061 Webster Ave. San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson- Ragsdale Mortuary: San Diego,CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Way: San Diego, CA — COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A — DATE CREMATED — SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A — 4 Gulls, Metal Sealed T.S. Vault
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.** — SIGNATURE OF APPLICANT ▶ M D McKee — DATE SIGNED 10/19/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT — AMOUNT OF FEE PAID: $3.00 — DATE PERMIT ISSUED: OCT 19 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/21/87 (ENTER DATE) — SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ — LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

№ 35181

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-19 , 1987

From: PEARL E. MEALING Address: 3061 WEBSTER AVE SAN DIEGO, CA. 92113

Twelve Hundred five and 50/100 Dollars ($ 1205.50)

In FULL Payment of Interment of Matthew E. Mealing

Lot 58 Grave 2 Row — Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-6976

BALANCE DUE ϕ

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
2875

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Bruce Morrison

CREDIT	67007	99	—
20% Sales Care	77184		
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77183	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	1205	50

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

NO 37830

Date: 5-16, 1989

From: [illegible] Address: P.O. BOX 6H, [illegible]

One hundred thirty-five [illegible] Dollars ($ 135.00)

In _____ Payment of [illegible]

[illegible]

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6976

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 [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	135 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	135 00

CITY AUDITOR
MAY 19 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/16/87

Military Detail at Graveside

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clifton O. Hicks

in a Double Crypt (Vault/Liner) Funeral, date, time 10/21 - Wed - 11 Am

Church, Chapel, Graveside Chapel & G.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Wet Nam - army

Lot 31 Grave 7 Row ____ Section 1 Division/[redacted] 11

Grave space & Care Fund	for Double Crypt	495.00
Additional spaces and care fund	- no -	
Opening/Closing & Setup		320.00
Burial Container	Double Con. Crypt -	320.00
Handling Fees	Labor	330.00
Flower vases - Marker setting fee		—
Recording and filing fee		35.00
Sales taxes		19.80
355.00	Total Due	1519.80
	Paid receipt number 35172	1205.50
	35291 → Balance due	314.30

at Monument

I hereby certify I am the Widow & for 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.

PAID
NOV 12 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Bertha J. Hicks
Signature

x 5831 Roswell St.
Address

x CA. 92114
State Zip Code

x 264-2982
Telephone

Invoice # [redacted]

Work Order # E 6977

Acct. # [redacted]

PY-593 (REV. 8-85)

E_6977

W.O. NO. E-6977

NOTE—STRAIGHT

$ 314.30 San Diego, California, October 16, 1987

30-60-90- 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 Three Hundred fourteen and 30/100 DOLLARS

with interest from Dec 16, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Bertha L. Hicks

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Calif. Driver Lic. #

PAID NOV 12 1987 MT. HOPE CEMETERY SAN DIEGO, CALIF.

100.00 on Nov 16, 1987
100.00 on Dec 16, 1987
114.30 on Jan 16, 1988

E 6977

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CLIFTON OSTELL HICKS	Male	Mar. 31, 1932	Oct. 16, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Bertha Hicks - Wife 5831 Roswell Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mortuary: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Metal Sealed Double Crypt Bottom		
SCIENTIFIC USE	NAME AND ADDRESS OF PERSON RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ M Hicks DATE SIGNED 10/21/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED ON THIS PERMIT	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: OCT 21 1987 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D. M.P.H.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/21/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

№ 35291

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/12/87, 19

From: Bertha L Hicks Address: 5831 Roswell St LD 92114

Three Hundred fourteen & 30/100 Dollars ($ 314.30)

In full Payment of Balance due on Clifton Hicks Interment

Lot 31 Grave 7 Row Section 1 Division Block 11

Invoice No. —

Acct. No. —

W.O. E 6977

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

621

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY George Stetter

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183	314	30
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	314	30

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35928

Date: 3-28- , 1988

From: Cortha Hicks Address: 5831 Roswell St.

One hundred twenty-five dollars and 00/100 Dollars ($ 125.00)

In Full Payment of marker installation of Clifton O. Hicks - V.A. Marker

Lot 31 Grave 7 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-6977

BALANCE DUE —

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4225

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 4 1988

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	—

E6978

not included

in this Spindle:

E7000 - E6901

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-16-87

Prepaid

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Theresa Bocook

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 58 Grave 7 Row _____ Section 3 Division/Block 5

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 35173	606.00
Balance due	0

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Theresa S. Bocook.
Signature
2181 Avenida de Mesa #13
Address
San Diego, CA 92154
State Zip Code
Telephone

Invoice # _____

Work Order # E 6979

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 35173

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-16 , 1987

From: Verna Brock Address: 2181 Avenida Del Monte #13 S.D. 9254

Six Hundred Six and 00/100 Dollars ($ 606.00)

In Full Payment of interment of Verna Brock

Lot 58 Grave 7 Row — Section 3 Division Block 5

Invoice No.

Acct. No.

W.O. E-6979

BALANCE DUE Ø

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Bruce Morrison

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	606	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-16-87

(X)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary L. Marston (X)

in a Ash Vault (Vault/Liner) Funeral, date, time 10/27/87 - 10AM

Church, Chapel, Graveside A.Y.P. : Humphreys Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ . No Semis

Lot 1 Grave 5 Row ____ Section 1 Division/~~Block~~ 4

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 35211	242.40
Balance due	0

PAID
OCT 26 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

OK for Interment
per Chris

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mrs Headley
Signature

Address

State 295-1446 Zip Code
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 6980

Acct. # ____

PY-553 (REV. 8-85)

E_6980

3525 Seventh Avenue
San Diego, Ca. 92103
October 23, 1987

Mt. Hope Cemetery
3751 Martin Luther King Way
San Diego, Ca. 92102

Dear Sirs:

I enclose a check for $242.40 to cover the cost of putting the ashes of Mary G. Marston in the family plot. At a later date we will make arrangements for the head stone.

Sincerely,
(Miss) Margaret Headley

E-6980

RECEIVED
OCT 26 1987
MT. HOPE CEMETERY

E-6980

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARY Gilman Marston	Female	08-07-1879	July 23, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Margaret Headley (Niece) 3525 Seventh Avenue San Diego, CA 92103

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary- 855 Broadway Chula Vista, CA	F-964

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda, Inc. 14065 Olde Highway 80 - El Cajon, CA	DATE CREMATED 7/27/87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JUL 27 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Bowers, M.D. Co
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/27/87 (ENTER DATE) F-5-1-4	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH Riverside		

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

№ 35211

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10/26/87, 19

From: Margaret Headley Address: 3525 7th - S.D. 92103

Two Hundred Forty two and 40/100 Dollars ($ 242 40/100)

In full Payment of Inurnment of Cremains of Mary G. Marston - dec (R)

Lot 1 Grave 5 Row — Section 1 Division Block 4

Invoice No. —

Acct. No. —

W.O. E6980

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	—	—
80% Sales of Lots	100 77184	—	—
Opening/ Closing	100 77181	100	00
Burial Containers	100 77182	40	00
Handling Fee	100 77183	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

AC-212 (Rev. 11-86) 196

Pre-need Trust Deposit

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/19/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alvina Folk

in a Comite Ash Vault (Vault/Liner) Funeral, date, time 11/17 Tues AYP

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 263 Grave 3 Row _____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund	Pre need - Pd.	—
Additional spaces and care fund		—
Opening/Closing & Setup		105.00
Burial Container	Comite Ash Vault	40.00
Handling Fees	Labor etc	60.00
Flower vases - Marker setting fee		—
Recording and filing fee		35.00
Sales taxes	Deposit	2.40
	Total Due	$242.40
	Trust Deposit Paid receipt number 35175	242.40
	Balance due	0

Mortuary will send

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Via note from Clo Grandfield - S.S.

I hereby authorize the interment in lot I hold under deed

PAID

Signature of recorded holder of deed

OCT 19 1987

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Spectrum Care
Signature

3232 E. ~~Spec~~ Artesia
Address

Long Beach 90805
State Zip Code

423.6401
Telephone

Invoice # _____

Work Order # E 6981

Acct. # _____

PY-593 (REV. 8-85)

E_6981

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John J. Dudzic	Male	Mar. 21, 1899	Oct. 4, 19867

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	S.D. County Public Administrator 5201-A Ruffin Road San Diego, California 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort, I-805 & Imperial Ave. San DDiego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

Center Burial

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount HoppeCemetery, 3751 MarketStreet, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA Covered Sq. China -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA -6- Steel Bale Handle.		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED 10-19-87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 19 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald S. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/19/87 (ENTER DATE) 122/1/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH NA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

№ 35175

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Long Beach, Ca

Date: 10/19/87, 19

From: Spectrum Care Address: 3232 E Artesia Blvd LB - 90805

Two Hundred forty two & 40/100 Dollars ($ 242.40)

In Deposit Payment of Future use of Alvina Folk -

Deposit to trust to pay for future environment [illegible]

Lot 263 Grave 3 Row — Section -11- Division Block 7

Invoice No. —

Acct. No. —

W.O. E-6981

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 11-86) Ck#3109

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	242	40
Sales Tax	60101 78390		
TOTAL PAID	$	242	40

E-6981

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALVINA FLOK	Female	Nov. 15, 1889	Nov. 7, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Pablo	Contra Costa	Jim Miller - Public Administrator 4100 Alhambra Avenue Martinez, California 94553

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
WILSON & KRATZER MORTUARIES, 13644 San Pablo Ave, San Pablo, CA	881

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XXX 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Rolling Hills Memorial Park, Richmond, CA	DATE CREMATED 11-12-87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Greg Knowles
BURIAL AT SEA OR DISPOSITION OTHER 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 11-10-87
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/17/87 (ENTER DATE) 263/3/11/17	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stetler Supt	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH Contra Costa County Health Dept., P.O. Box 871, Martinez, CA 94553-0087		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature] Brunner M.D.

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR

COPY 1

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-19-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Dudyc

in a ____ Vault/Liner Funeral, date, time MON 10-19 2:00PM

Church, Chapel, Graveside Drop-off Glenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____. middle

Lot 122 Grave 1 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

PA # 1038419 Not Processed

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 6982

Invoice # 062597

Acct. # 00952

PY-593 (REV. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

be here @ 1:30

Date 10-19-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CLARA GLASGOW

in a LINER (Vault/Liner) Funeral, date, time WED. 10-21 2 P.M.

~~Church, Chapel~~, Graveside GRAVESIDE ; CONRAD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 74 Grave 3 Row ____ Section 1 Division/~~Block~~ 11

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 35191	606.00
Balance due	0

PAID
OCT 23 1987
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

BRING CHECK ON WED.

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Via phone from Conrad

I hereby authorize the interment in lot I hold under deed.

____
Signature of recorded holder of deed

____
Signature

____
Address

____
State Zip Code

____
Telephone

Invoice # ____

Work Order # E 6983

Acct. # ____

PY-593 (REV. 8-86)

E_6983

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CLARA LEE GLASGOW	Female	Nov. 19, 1904	Oct. 17, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Lemon Grove	San Diego	Arthur C. Glasgow Sr.-Husband 814 Glencoe Drive San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary 7387 Broadway-Lemon Grove, CA 92045	F 941

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Metal No Seals		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A cheapest		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED October 19, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 20 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Pamros, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/21/87 (ENTER DATE) 74/3/1/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT

№ 35191

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-21, 1987

From: Arthur C. Glenn Address: 814 Glencoe Dr, SD 92114

Six hundred six 00/— Dollars ($ 606.00)

In _____ Payment of Clara L. Glasgow Service

Lot 74 Grave 3 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6983

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

640

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra K. Wood

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300	6	00
TOTAL PAID	$	606	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/19/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wilbert C. Ward -

in a Liner (Vault/Liner) Funeral date, time Fri 1 PM · 10/23

Church, Chapel, Graveside Chapel + PS, ; 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. Navy - WW2

Lot 18 Grave 2 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	Single —	250.00
Additional spaces and care fund	none	—
Opening/Closing & Setup		320.00
Burial Container	Liner	100.00
Handling Fees	Labor	145.00
Flower vases - Marker setting fee	U.A. Marker Not Pd -	—
Recording and filing fee		35.00
Sales taxes		6.00
Total Due		856.00
Paid receipt number	35176	400.00
Balance due		$456.00
	35274	456.00

$400.00 - down
456.00 - 30 days, Note

I hereby certify I am the Widow of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Bessie Ward
Signature

4326 Newton ST
Address

SAN Diego Ca 92113
State Zip Code

262-0530
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 6984

PY-593 (REV. 8-85)

W.O. NO. E-6984

NOTE—STRAIGHT

$ 456.00 San Diego, California, October 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 Four Hundred Fifty-six and 00/100 DOLLARS,

with interest from Nov 20, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand.

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Bessie Ward

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E_6984

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WILBERT CLAIBORNE WARD	Male	Jan. 6, 1923	Oct. 18, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Bessie Ward - Wife 4326 Newton Avenue San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd, San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT

NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; San Diego, California

COUNTY: San Diego

CREMATION

NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A

DATE CREMATED:

SIGNATURE OF PERSON IN CHARGE OF CREMATORY:

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS

ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A

SCIENTIFIC USE

NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A

ACKNOWLEDGMENT OF APPLICANT

This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.

SIGNATURE OF APPLICANT:

DATE SIGNED: Oct. 22 1987

LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT

AMOUNT OF FEE PAID: 3.00

DATE PERMIT ISSUED: OCT 22 1987

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/23/87 (ENTER DATE)

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION:

LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY

INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: 18-2-2-11

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

№ 35274

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-10, 19 87

From: Lessie Ward Address: 4326 Kent St.

Four Hundred Fifty-Six Dollars ($ 456.00)

In Payment of Interment Fee Lessee

Lot 16 Grave 2 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-6984

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 0379

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lessie L. Ward

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	170	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	115	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	456	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-19-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOE W. FENDERSON

in a T.S. VAULT (Vault/Liner) Funeral, date, time 10-23 FRI. 11 A.M.

Church, Chapel, Graveside 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 X.

Lot 147 Grave 5 Row ____ Section 1 & 7 Division/~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee V.A. MARKER NOT PAID	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1205.50
Paid receipt number 35198	400.00
Balance due	805.50

Paid 12/29/87

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Shirley Silvels
Signature

3419 Washington St. #46
Address

Lemon Grove Ca. 92045
State Zip Code

698-7713
Telephone

Invoice # 062594

Acct. # 024034

Work Order # E 6985

PY-583 (REV. 8-85)

W.O. NO. E-6985

E-6985

NOTE—STRAIGHT

$ _____ San Diego, California, Oct. 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 Twelve Hundred Five and 50/100 DOLLARS,

with interest from Nov 20, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

_____

_____

X Shirley Silvels

3419 Washington St. #16

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Calif. Driver Lic. # S0945291

E-6985

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Joe William Fenderson	Male	Jan. 7, 1919	Oct. 18, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Martha L. Fenderson - Wife 4931 Westover Place San Diego, California 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; San Diego, California — COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A — DATE CREMATED — SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A — Layton Cloth Blue-Wood Chapel
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.** — SIGNATURE OF APPLICANT — DATE SIGNED: 10/21/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT — AMOUNT OF FEE PAID: 3.00 — DATE PERMIT ISSUED: OCT 21 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald A. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/23/87 (ENTER DATE) — SIGNATURE OF PERSON IN CHARGE OF DISPOSITION — LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

№ 35198

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Oct 22, 1987

From: Shirley Selvels Address: 3419 Washington St.

Four hundred dollars and NO/100 Dollars ($ 400.00)

In part Payment of Joe W. Fenderson

Lot 147 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E6985

BALANCE DUE $805.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Dave Lowney

CREDIT 20% Sales Care	67007 77184	4.00
80% Sales of Lots	100 77184	396.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	400.00

AC-212 (Rev. 11-86)

ck # 430 in amt $200.00 - Joe W. Fenderson
ck # 101 in amt 200.00 - Franklin Fenderson

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35578

Date: 1-9, 1988

From: Shirley Silvels Address: 3419 Washington St Att #6

One hundred twenty-five Dollars ($ 125.00)

In _____ Payment of Marker Installation Fee for Joe Henderson

Lot 145 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 6985

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JAN 22 1988

ISSUED BY Sandra Cook

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35469

Date: December 30, 1987

From: Martha Henderson Address: 3419 Washington #46

eight hundred five 50/100 Dollars ($ 805.50)

In _____ Payment of Joe W. Henderson's Interment Services

Lot 147 Grave 5 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. 062594

Acct. No. 024034

W.O. E-6985

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.

DEC 30, 1987

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	805.50

AC-212 (Rev. 10-87)

E_6985

E-6985

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/06/88

DATE: 01/06/88
TIME: 212950
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
062594	11/16/87	024034	SHIRLEY SILVELS					12/29/87	CK	93	805.50	805.50	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				175.00		
			100	072		77183	000072				35.00		
			100	072		77185	000072				170.00		
			60101			78390					10.50		
			67007			77184					95.00		

E-6985

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-19

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jo Anne Mireles

in a Bell Lane Vault/Liner Funeral, date, time Wed 10/21 10am

Church, Chapel, Graveside Graveside ; Arnold Mortuary.

All Funeral cars must arrive 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 6 Row ____ Section 2 Division/Block 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number 35182	856.00
Balance due	0

Will be here @ 8:45

I hereby certify I am the EX-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.

Signature

667 SAN VICENTE WY
Address

SAN DIEGO CA 92114
State Zip Code

465-4656
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 6986

Acct. # ____

PY-593 (REV. 9-85)

E_6986

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WILLIAM ALTON BLACKWELL	Male	Dec. 19, 1909	October 10, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Lemon Grove	San Diego	San Diego Co. Public Administrator 5201-A Ruffin Road San Diego, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary 7387 Broadway-Lemon Grove, CA 92045	F 941

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY LOCATION N/A Bottom of 109/9 - Portrel Board Box	PLACE AND COUNTY OF DISPOSITION Welfare
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT Conrad DATE SIGNED October 16, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: OCT 16 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/20/87 (ENTER DATE) 109/9/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

E_6986

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOANNE - MIRELES	Female	Jan. 23, 1934	FOUND Oct. 18, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Mitchell Mireles - Son 3104 King Arthur Court Spring Valley, CA 92077

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary 7387 Broadway-Lemon Grove, CA 92045	F 941

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Metal Sealer - 20ga		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A White - Union		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT DATE SIGNED October 19, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 20 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/21/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT

№ 35182

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-11, 19 67

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 156 00)

In [illegible] Payment of [illegible]

Lot 69 Grave 6 Row [illegible] Section 2 Division [illegible] Block 11

Invoice No. [illegible]

Acct. No. [illegible]

W.O. E-6986

BALANCE DUE 0

Pre-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.

ISSUED BY [illegible]

CREDIT	67007	50 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	200 00
Opening/ Closing	100 77181	320 00
Burial Containers	100 77182	100 00
Handling Fee	100 77183	145 00
Recording & Misc. Fees	100 77183	25 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	6 00
TOTAL PAID		$ 156 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-19-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WILLIAM ALTON BLACKWELL

in a _____ (Vault/Liner) Funeral, date, time TUES. 10/20 12 P.M.

~~Church, Chapel, Graveside~~ DROPOFF ; CONRAD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 109 Grave 9 Row — Section 2 Division/~~Block~~ II

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup B. Flow	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

P.A. # 1038990 RON BILLINGS

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 062598

Acct. # 000952

Work Order # E 6987

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-20-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WILLIAM PERRY THORNTON, Jr.

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 10/23 9:30

Church, Chapel, Graveside Chapel & Grove Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 111 Grave 4 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1205.50
Paid receipt number 35786	1205.50
Balance due	0

PAID
OCT 20 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Carrie L. Dumpf
Signature

2310 MELROSE ST.
Address

NATIONAL City, Ca. 92050
State Zip Code

619-267-9027
Telephone

Invoice # _____

Acct. # _____

Work Order # E 6988

PY-593 (REV. 8-85)

E-6988

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WILLIAM PERRY THORNTON	Male	April 14, 1913	Oct. 18, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Carrie Humphrey - Daughter 2310 Melrose Street San Marcos, California 92050

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A 19 ga Steel Sealer - Batesville Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A Bronstone-Tank		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED: 10/21/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: OCT 21 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/23/87 (ENTER DATE). 11-4-2-12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

№ 35186

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-20, 1987

From: Carrie Humphrey Address: 2310 Melrose St. Nat City 92050

one thousand two hundred five 50 Dollars ($ 1205.50)

In _____ Payment of William Perry Thornton for service

Lot 111 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-6988

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 Sandy Ward

CREDIT	67007	
20% Sales Care	77184	99.00
80% Sales of Lots	100 77184	396.00
Opening/ Closing	100 77181	320.00
Burial Containers	100 77182	175.00
Handling Fee	100 77183	170.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	10.50
TOTAL PAID	$	1205.50

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/20/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert A Schulenburg

in a ash vault (Vault/Liner) Funeral, date, time A.M.P. Mon. 10/26

Church, Chapel, Graveside Drop off ; Telephone ~~Mortuary~~

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 - army.

Lot 60 Grave 5 Row ~ Section 5 Division/~~Block~~ 2

Grave space & Care Fund ..... Pre need - 1892	—
Additional spaces and care fund ..... -1-	
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 35187	242.40
Balance due	0

PAID
ash vault
Labor
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the Widow of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature: Marie Schulenburg
Address: 2430 D Ave.
State: National City Zip Code:
Telephone: 477-8303

Work Order # E 6989

Invoice # _____

Acct. # _____

PY-583 (REV. 9-85)

#P
Cu. E_6989

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

27757

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROBERT ALBERT SCHULENBURG	Male	05-22-1919	10-15-1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	PRENEED TELOPHASE: 2430 "D" Avenue National City, CA 92050

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
TELOPHASE SOCIETY, 1333 Camino del Rio South, Ste. 105, San Diego, CA	F-1272

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market St., San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: CREMAR CREMATORY, 2000 South Manchester Ave., Anaheim, CA	DATE CREMATED: 10-19-87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: Ronald Chase
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: PRENEED TELOPHASE BY: ▶ Lou M. Monroe DATE SIGNED: October 16, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: OCT 16 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald G. Pamras M.D. CH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/26/87 (ENTER DATE) 60/5/5/2	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Leazew Stella	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: N/A		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

COPY 1 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

№ 35187

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10/20/87, 19

From: Dorothy Schulenburg Address: 2430 D. Ave - N.C. 92050

Two Hundred Forty two and 40/100 Dollars ($ 242 40/2)

In full Payment of Interment of Cremains of Robert A. Schulenburg - dec

Lot 60 Grave 5 Row — Section 5 Division Block 2

Invoice No. —

Acct. No. —

W.O. E 6989

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	—
80% Sales of Lots	100 77184	—
Opening/ Closing	100 77181	105 00
Burial Containers	100 77182	40 00
Handling Fee	100 77183	60 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	2 40
TOTAL PAID	$	242 40

AC-212 (Rev. 11-86) 2649

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-21-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elmer French

in a T.S. Vault (Vault/Liner) Funeral, date, time 10-23 Friday 1pm.

Church, Chapel, Graveside Greenwood will bring Chapel 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 _____ .

Drop-Off

Lot 34 Grave _____ Row _____ Section IOOF ~~Division~~/Block 36

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	35.00
Total Due	355.00
Paid receipt number 35206	355.00
Balance due	0

Will Mail check

I hereby certify I am the Found of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Sunset Temple Assn

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature

3911 Kansas St
Address

San Diego 92104
State Zip Code

460-9536
Telephone

Invoice # _____

Work Order # E 6990

Acct. # _____

PY-593 (REV. 8-85)

E-6990

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Elmer Orville French	Male	Jan 7, 1899	Oct. 13, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Los Gatos	Santa Clara	S.C.County Public Administrator 1075 E.Santa Clara St. San Jose,Ca.95116

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lisa Family-Erickson,710 Willow St. San Josse,	F-128

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

XXX 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 4. SCIENTIFIC USE

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA Cherry metal Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Mary E Graham DATE SIGNED: 10-15-87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: OCT 16 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Stephen A. Coray M.D
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 34/100F-34 10/23/87 (ENTRY 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: 2220 Moorpark Ave. San Jose, Ca 95128		

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

№ 35203

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10/22, 1987

From: Greenwood Memorial Address: 805 Imperial Ave

One hundred Seventy Dollars ($ 170.00)

In _____ Payment of Elmer Adrock T.S. Vault Installation Fee

Lot 34 Grave _____ Row _____ Section IOOF Division Block 26

Invoice No. _____

Acct. No. _____

W.O. E-6990

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

41528

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183	170	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	170	—

№ 35206

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-23, 1987

From: Sunset Temple Address: 3911 Kansas St, SD 92104

three hundred fifty-five Dollars ($ 355.00)

In _____ Payment of Elmer Francis Service

Lot 34 Grave _____ Row _____ Section IOOF Division Block 36

Invoice No. _____

Acct. No. _____

W.O. E-6990

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

434

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	355	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/21/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juanita Eloise Tucker in a Double Crypt (Vault/Liner) Funeral, date, time 10/30 - Fri - 10 AM Church, Chapel, Graveside Church of S ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 2061 Grave ____ Row ____ Section ____ Division/Block 10

PAID OCT 30 1987 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Grave space & Care Fund	Plan E 6939	—
Additional spaces and care fund	Top half Crypt	—
Opening/Closing & Setup	2nd 225.00	320.00
Burial Container	Double Crypt	320.00
Handling Fees	Labor	330.00
Flower vases - Marker setting fee		—
Recording and filing fee	35.00	35.00
Sales taxes	2nd Interment 355.00	19.80
Total Due	225.00	1024.80
		Trust 355.00
Paid receipt number 35194		Balance due 1379.80

1st Interment $1024.80

1379.80

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Yvonne R. Tucker

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6991

Acct. # ____

PY-503 (REV. 8-85)

E_6991

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Juanita Eloise Tucker	Female	Jan. 16, 1932	Oct. 18, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Yvonne Rae Tucker - Sister 315 Rhursh Street San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Martin Luther King Way: San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Batesville 18 ga Sealer	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Bottom of Double Crypt Was double funeral - Iden. Caskets	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A 2060-10-	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED Oct. 22 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: OCT 22 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/30/87 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gregory Stella	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/21/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ona Eloise Tuckey

in a Top double Crypt (Vault/Liner) Funeral date, time 10/30-Fri- 10Am

Church, Chapel, Graveside Church + GS : Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 2060 Grave ~ Row ~ Section ~ Division/Block 10

Grave space & Care Fund Purchased Pd - E-6939 ~

Additional spaces and care fund ..... ____

Opening/Closing & Setup ..... Purchased 320.00 ____

Burial Container ..... ____

Handling Fees ..... ____

Flower vases - Market setting fee ..... ____

Recording and filing fee ..... 3.50 ____

Sales taxes ..... ____

Total Due ..... ____

Paid receipt number ____

Balance due ~

PAID
OCT 30 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Paid on # 35089

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Yvonne R. Tucker
Signature

Address

State Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 6992

Acct. # ____

PY-583 (REV. 8-86)

E-6992

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ona Eloise Tucker	Female	April 25, 1913	Oct. 16, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Yvonne Rae Tucker - Daughter 315 Thrush Street San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort. San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Way: San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Top of Double Cliffs 18ga Stn Seales Double funeral Together Forever 2061		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED: 10/22/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: OCT 22 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/30/87 (ENTER DATE) 2060-10-Tay	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/21/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lorell Cooper

in a Bill Liner (Vault/Liner) Funeral, date, time Fri 1:30 10-23

Church, Chapel, Graveside Church, G.S. ; Calif Cren. Ser. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 44 Grave 9 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	Liner	100.00
Handling Fees		145.00
Flower vases - Marker setting fee		—
Recording and filing fee		35.00
Sales taxes		6.00
Total Due		856.00
Paid receipt number	35200	100
Balance due		756.00

Paid 6/20/88

open

8 4-86

10 5-87

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x A.D. Cooper
Signature

x 5163 La Paz Dr
Address

x San Diego Ca 92114
State Zip Code

x 264-3586
Telephone

Invoice # 062592

Acct. # 024032

Work Order # E 6993

PY-593 (REV. 8-85)

OFFICIAL RECEIPT 1/27

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35588

E_6993

Date: 1-22, 1988

From: Steve Cooper Address: 1836 Rockland Way SD CA

Fifty Dollars Dollars ($ 50.00)

In Payment of Lorell Cooper's Service

Lot 44 Grave 9 Row Section 2 Division Block 11

Invoice No. 062592

Acct. No. 024032

W.O. E-6993

BALANCE DUE $656.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1753

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

Auditors 1/27/88

ISSUED BY Andrea [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	50.00

E-6993

W.O. NO. E-6993

NOTE—STRAIGHT

$ 756.00 — San Diego, California, October 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 Seven Hundred Fifty-six & 00/100 DOLLARS,

with interest from November 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, Willie Cooper

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #

E- 6993

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lorell Cooper	Male	1-23-1951	10-20-1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	A.D. Cooper (Father) 5163 La Paz San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
CALFORNIA CREMATION & BURIAL CHAPEL 5602 El Cajon Blvd. San Diego, CA	F-1357

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [x] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market St. San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED 16ga Steel Batesville Gold Leaf Casket Pull Bar Handles	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	

Preacher friend about 4 mowing in cheneyard while funeral cars were entering grounds.

ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ Per Authorization by: [signature] DATE SIGNED October 21, 1987

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 22 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D. MPH

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/23/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
	44912/11	[signature]	

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH
	N/A

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

№ 35200

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-6993

Date: 10/22/87 19

From: Gloria Cooper Address: 5139 Solola Ave - SD 92114

One Hundred and 00 Dollars ($ 100.00)

In Part Payment of Interment for on Lorell Cooper - due

Lot 44 Grave 9 Row Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E-6993

BALANCE DUE 756.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Peggy White

CREDIT 20% Sales Care	67007 77184	20 00
80% Sales of Lots	100 77154	80 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100 00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

6/27

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 36321

Date: 6-20, 1988

From: Ozell Cooper Address: 5163 La Tay Dr. SD 92114

two hundred fifty-six no/100 Dollars ($ 256.00)

In _____ Payment of _____

Lot 44 Grave 9 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. 062592

Acct. No. 024032

W.O. E-6993

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

JUN 29 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	256.00

AC-212 (Rev. 10-87)

E-6993

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

E-6993

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/11/88

DATE: 01/11/88
TIME: 220809
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
062592	11/16/87	024032	A.D. COOPER					01/06/87	CA	S	50.00	756.00	706.00
			100	072		77181	000072				21.16		PARTIAL PAYMENT
			100	072		77182	000072				6.61		
			100	072		77183	000072				2.31		
			100	072		77184	000072				6.61		
			100	072		77185	000072				9.59		
			60101			78390					0.40		
			67007			77184					3.32		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 50.00

E-6993

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/27/88

DATE: 06/27/88
TIME: 221548
PAGE: 2

DEPARTMENT 052 CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
062592	11/16/87	024032	A.D. COOPER					06/20/88	CA	36321	256.00	756.00	0.00
			100	072		77181	000072				108.36		PAID IN FULL
			100	072		77182	000072				33.86		
			100	072		77183	000072				11.85		
			100	072		77184	000072				33.86		
			100	072		77185	000072				49.10		
			60101			78390					2.03		
			67007			77184					16.94		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-21-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joshua Michael Castellano

in a none (Vault/Liner) Funeral, date, time 10-22 Thurs 11 AM

Church, Chapel, Graveside Chapel & Grove; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 3353 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund ... Infant	100.00
Additional spaces and care fund	
Opening/Closing & Setup	99.00
Burial Container ... none	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	199.00
Paid receipt number 35196	100.00
Balance due	99.00

She O.Kid location Picked by Gwen.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Kathleen is Mother's name

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address 3616 Gatte Street

State San Diego, CA 92154 Zip Code

Telephone 575-9547

bill per phone conversation with grandmother Mrs Castellano 10/29/87

Invoice # 062591

Acct. # 024031

Work Order # E 6994

PY-593 (REV. 8-85)

E-6994

W.O. NO. E6994

NOTE—STRAIGHT

$\_\_\_\_\_$ San Diego, California, $\_\_\_\_\_$ 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 $\_\_\_\_\_$ DOLLARS,

with interest from November 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 $\_\_\_\_\_$

$\_\_\_\_\_$ $\_\_\_\_\_$

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE Mailing Address

Calif. Driver Lic. #$\_\_\_\_\_$

E_6994

MARY CASTELLANO
3616 GATTY ST. 575-9547
SAN DIEGO, CA 92154

113

10-22 1987 90-7092/3222

Pay to the order of Mount Hope $100.00

One Hundred Dollars & 00/100 Dollars

Imperial Savings
CHULA VISTA OFFICE #41
398 "H" STREET
CHULA VISTA, CA 92010-5598

For Burial Gosua Mary Castellano

⑆322270929⑆ 041003687⑈ 0113

Rocky Mountain Bank Note 8

OFFICIAL RECEIPT

Nº 35196

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-22 19 87

From Mary Castellano Address: 3616 Gatty St, SD CA 92154

one Hundred +01 Dollars ($ 100.00)

In Payment of Joshua Michael Castellano

Lot 3353 Grave Space Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E-6994

BALANCE DUE 99.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86)

PAID
OCT 22 1987
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	—

E_6994

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOSHUA MICHAEL CASTELLANO	Male	10-14-1987	10-16-1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Mary Castellano (Grandmother) 3616 Getty Street San Diego, CA 92154

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary- 855 Broadway Chula Vista, CA	F-964

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. HopeC Cemetery - 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY ON A PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		

Small Whitehead
no Lenie
30' Deep Hole

ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT Judy King ▶ Humphrey Chula Vista Mortuary DATE SIGNED October 21, 1987

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 21 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. Co

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/22/87 (ENTER DATE) 30353-1-9	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

№ 35196

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-22, 1987

From: Mary Castellano Address: 3616 Gatty St, SD CA 92154

one hundred no/ Dollars ($ 100.00)

In _____ Payment of Joshua Michael Castellano

Lot 3253 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-6994

BALANCE DUE 99.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	—

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 35391

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-8, 1987

From: Mary Castellano Address: 3616 Jutty St

one Hundred ten dollars Dollars ($ 110.00)

In _____ Payment of NSF check

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-6994

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 [signature]

CREDIT 20% Sales Cars	67007 77184	20	—
80% Sales of Lots	100 77184	80	—
Opening/ 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	10	—
TOTAL PAID	$	110	—

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

SERRANO Date 10/22/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Monica Serrano

in a None (Vault/Liner) Funeral, date, time 2 P.M. Fri 10/23/87

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 3145 Grave — Row — Section -1- Division/Block 9

Grave space & Care Fund	100 00
Additional spaces and care fund	
Opening/Closing & Setup	99 00
Burial Container None	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales tax	
Total Due	199 00
Paid receipt number 35197-	199 00
Balance due	0

PAID
OCT 22 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Alfredo Serrano Jr.
Signature
P.O. BOX 2552
Address
CALEXICO 92231
State Zip Code
CA 619-356-2395
Telephone

Work Order # E 6995

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E_6995

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MONICA SERRANO	FEMALE	OCT. 15, 1987	OCT. 20, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	ALFREDO SERRANO father 1313 E. 7th STREET, SP. #4 HOLTVILLE, CALIFORNIA 92250

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
GOODBODY MOTT, 5027 EL CAJON BLVD, SAN DIEGO, CA	F 790

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A off White Pink Highpile 2-0 no hence		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Alfredo Serrano Dyer DATE SIGNED 10/22/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED OCT 23 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/23/87 (ENTER DATE) 3145-1-9	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stella	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV 1-86) FORM VS-9

№ 35197

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10/22/87, 19

From: Alfredo Serrano Address: P.O. Box 2552 - Calexico, Ca 92231

One Hundred Ninety-nine and 00/100 Dollars ($ 199.00 xx)

In full Payment of Interment of Infant Monica Serrano - dec

Lot 3145 Grave Row Section -1- Division -9- Block

Invoice No. —

Acct. No. —

W.O. E6995

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

297

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	99	00
Burial Containers	100 77182	—	
Handling Fee	100 77183	—	
Recording & Misc. Fees	100 77183	—	
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	—	
TOTAL PAID	$	199	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/22/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillie Mae Morland

in a Liner (Vault/Liner) Funeral, date, time Mon- 10/26- 10 Am

Church, Chapel, Graveside Chapel + HS : 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 22 Grave 9 Row ____ Section 2 Division/Block 11

Grave space & Care Fund	250.00
Additional spaces and care fund	none
Opening/Closing & Setup	320.00
Burial Container Bell Liner	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856
Paid receipt number 35216	856.00
Balance due	0

Rosedale ordered + will pay

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6996

Acct. # ____

PY-593 (REV. 8-85)

E_6996

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LILLIE MAE MORELAND	Female	March 6, 1925	Oct. 13, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Gussie Lee Johnson- Aunt 1300 Roosevelt St.; Apt.604 Richmond, Ca. 94801

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; San Diego California	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Steel Sealed "Bulk" NO Person Present	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A Mr Ragsdale took Photo	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ Mr Johnson Lee DATE SIGNED 10/21/87	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: OCT 21 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/26/87 (ENTER DATE) 22-9-2-11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Ellis	LICENSE 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

№ 35216

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-26, 19 87

From: Marshall Address: 5050 Federal Blvd

three hundred fifty dollars Dollars ($ 350.00)

In Payment of Lillie Mae Morgan Grave

Lot 22 Grave 7 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-6996

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

2602

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Linda Pate

CREDIT	67007	
20% Sales Care	77184	30 00
80% Sales of Lots	100 77184	200 00
Opening/ Closing	100 77181	340 00
Burial Containers	100 77182	100 00
Handling Fee	100 77183	14 00
Recording & Misc. Fees	100 77183	3 00
Pre-Need Trust	60033 9022	
Sales Tax	60101 78390	6 00
TOTAL PAID	$	350 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Deed Transfer

Date 10-23-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Minnie C. Williams

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 75 Grave 2 Row _____ Section 1 Division ~~/Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 35204	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 4452 Jocelyn St

State SD CA 92105 Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 6997

PY-593 (REV. 8-85)

2/23/1973

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

6669

E_6997

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Dorothy Turner for the sum of $ 165.00 (DOLLARS)

LEGAL DESCRIPTION Lot 75 Grave 2 Section 1 Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER D-2743

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only

Cemetery Manager

W. L. MacFarlane
Property Director

PW-584 (REV. 12-72)

E-6997

POWER OF ATTORNEY

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Dorothy Turner, the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. March Associates

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

(a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

Lot 75
Grave 2
Section 1
Division 11
Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 8th day of February, 19 85.

x Dorothy Turner

STATE OF CALIFORNIA
COUNTY OF Siskiyou } ss.

On this 8th day of February, in the year 19 85, before me, the undersigned, a Notary Public in and for said State, personally appeared Dorothy Turner,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that She executed it.

WITNESS my hand and official seal.

Alison Rae Slabaugh
Notary Public in and for said State.

OFFICIAL SEAL
ALISON RAE SLABAUGH
NOTARY PUBLIC - CALIFORNIA
SISKIYOU COUNTY
My comm. expires DEC 4, 1987

E_6997

POWER OF ATTORNEY

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Dorothy Turner

_____, the undersigned

(jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. March Associates

_____

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

(a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

Lot 75
Grave 2
Section 1
Division 11
Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 8th day of February, 19 85.

x Dorothy Turner

STATE OF CALIFORNIA }
COUNTY OF Siskiyou } ss.

On this 8th day of February, in the year 19 85, before me, the undersigned, a Notary Public in and for said State, personally appeared Dorothy Turner

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed it.

WITNESS my hand and official seal.

Alison Rae Slabaugh
Notary Public in and for said State.

OFFICIAL SEAL
ALISON RAE SLABAUGH
NOTARY PUBLIC - CALIFORNIA
SISKIYOU COUNTY
My comm. expires DEC 4, 1987

2/23/1973

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

6669

E_6997

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Dorothy Turner for the sum of $ 165.00 (DOLLARS)

LEGAL DESCRIPTION Lot 75 Grave 2 Section 1 Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER D-2743

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only

Cemetery Manager

W. L. MacGordane

Property Director

PW-584 (REV. 12-72)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-23-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jay Montgomery Williams

in a F.S. Vault (Vault/Liner) Funeral, date, time Tues 10-27 2 p.m.

Church, Chapel, Graveside Hillcrest & Glen Abbey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 90 Grave 5 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	5.90
Recording and filing fee	3.00
Sales taxes	10.50
Total Due	1221.40

note Paid 11/24/87

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

Grace Singleton
Signature

5126 Pallin St.
Address

San Diego, CA 92113
State Zip Code

262-8289
Telephone

Invoice # 062590

Work Order # E 6998

Acct. # 024020

PY-593 (REV. 9-85)

E-6998

W.O. NO. E-6998

NOTE—STRAIGHT

$ 1221.40 San Diego, California, October 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 One thousand two hundred twenty one 40 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 Grace Singleton

5126 Palin St.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # F0440107

E_6998

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FAY NMN WILLIAMS	Female	Aug. 19, 1914	Oct. 22, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Grace Singleton - Daughter 5126 Palin Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT

NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; San Diego, Ca.

COUNTY: San Diego

CREMATION

NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A

DATE CREMATED:

SIGNATURE OF PERSON IN CHARGE OF CREMATORY:

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS

ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION

N/A Counte Vaults.

SCIENTIFIC USE

NAME AND ADDRESS OF FACILITY RECEIVING REMAINS

N/A

ACKNOWLEDGMENT OF APPLICANT

This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.

SIGNATURE OF APPLICANT:

DATE SIGNED: 10/27/87

LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.

AMOUNT OF FEE PAID: 3.00

DATE PERMIT ISSUED: OCT 27 1987

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Powers, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: 10/27/87 (ENTER DATE)

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION:

LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE:

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY

INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

12/3

№ 35326

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Nov 24, 19 87

From: Grace V Singleton Address: 5126 Palin St S.D. 92114

One thousand two hundred twenty one dollars and 40/100 Dollars ($ 1,221.40)

In full Payment of Fay Montgomery Williams (10-23-87)

Lot 90 Grave 5 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E 6998

BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Dave Lowney

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1,221	40

AC-212 (Rev. 11-86)

pd by Cashier's Check from Bank of America 0004506113

E-6998

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

E_6998

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 12/04/87

DATE: 12/04/87
TIME: 210940
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
062590	11/16/87	024030	GRACE SINGLETON					11/24/87	CK	004506113	1,221.40	1,221.40	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				180.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				396.00		
			100	072		77185	000072				180.00		
			60101			78390					10.80		
			67007			77184					99.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-23-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillie Isabell Stephens

in a Bell Vault/Liner Funeral, date, time 10am 10/26 Mon.

Church, Chapel, Graveside Church Grave, 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 40 Grave ____ Row ____ Section IOOF ~~Division~~/Block 46

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 # ____

Work Order # E 6999

Acct. # ____

PY-593 (REV. 8-85)

E-6999

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lillie Isabel Stephens	Female	Dec. 11, 1893	Oct. 22, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	J.Clifford Wallace - son 11081 Puebla Drive La Mesa, CA 92041

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary 4094 University Ave. San Diego Ca. 92105	69

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

Mormon Greenside

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Martin Luther King S.D. 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Pink Arlington Wooden N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Liner		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED 10-26-87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 26 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramros, M.D. mtm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/26/87 (ENTER DATE) 40/Foot/46	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-26-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clyde H. Hendrickson

in a U.S. Vault (Vault/Liner) Funeral date, time Tues 10/29 10 AM.

Church, Chapel, Graveside Chapel & Grave Pacific Beach Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____.

Lot 197 Grave 2 Row ____ Section 2 Division/Block 12

PAID 1987 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 35209	710.50
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

Beverly Hendrickson
Signature

2212 BAHIA Dr.
Address

LA JOLLA, CA. 92037
State Zip Code

619/273-9779
Telephone

Work Order # E 7000

PY-583 (REV. 8-85)

Invoice # ____

Acct. # ____

E_7000

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CLYDE HILTON HENDRICKSON	MALE	AUG. 12, 1913	OCT. 24, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
LA JOLLA	SAN DIEGO	BEVERLY HENDRICKSON-WIFE 2212 BAHIA DR. LA JOLLA, CA 92037

NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	CALIFORNIA LICENSE NUMBER
PACIFIC BEACH MORTUARY 4710 CASS ST. SAN DIEGO, CA 92109	815

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED Batesville Sealer	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ by: Pacific Beach Mortuary, Inc. DATE SIGNED 10-27-87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 27 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/29/87 (ENTER DATE) 11-22-12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

№ 35209

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-24, 19 27

From: Lewis Henderson Address: 2212 Julia St. S.D. 92137

Seven hundred ten dollars 50/ Dollars ($ 710.50)

In _____ Payment of Myrtle Henderson's Service

Lot 177 Grave 2 Row _____ Section 2 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7000

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 Kathy Ward

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	325 00
Burial Containers	100 77182	175 00
Handling Fee	100 77183	170 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	10 50
TOTAL PAID	$	710 50

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35766

Date: 2-24, 1988

From: Leverly Hendrickson Address: 2212 Lafayette

one hundred twenty-five Dollars ($ 125.00)

In _____ Payment of Marker Installation fee

Lot 197 Grave 2 Row _____ Section 2 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-7000

BALANCE DUE 5

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 26 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	125 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 00

AC-212 (Rev. 10-87) 6236

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-26-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clayton Leggett

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 197 Grave 6 Row _____ Section 8 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number 35210	495.00
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.

Clayton Eckgo
Signature

1078 Evergreen Dr
Address

Encinitas Ca 92024
State Zip Code

619 436-5906
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

1078 Evergreen Dr
Encinitas, CA 92024

Invoice # _____

Work Order # E 7001

Acct. # _____

PY-593 (REV. 8-85)

№ 35210

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 10-26, 1987

From: Gayton Lewitt Address: 1078 Macaroen Dr, Encinitas

Four Hundred Ninety-five Dollars ($ 495.00)

In _____ Payment of Pre-need Lot

Lot 197 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7001

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

605

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lindy [illegible]

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	495	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-23-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wesley Fay

in a Vault (Vault/Liner) Funeral, date, time Thurs-2PM 10/29

Church, Chapel, Graveside Chapel + GS ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 972 Grave ____ Row ____ Section ____ ~~Division~~/Block 10

Grave space & Care Fund Balance on E4547	345.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Ty-Seal Vault	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1055.50

Paid receipt number ____

Balance due ____

Deed 11/27/87

I hereby certify I am the David J Son-in-law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

David J Pearson Jr.
Signature of recorded holder of deed

David J Pearson Jr.
Signature

93 Morley St
Address

San Diego 92114
State Zip Code

619-262-9005
Telephone

Invoice # 062589

Acct. # 029029

Work Order # E 7002

PY-593 (REV. 8-85)

E_7002

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WESLEY NMN FAY, SR.	Male	Mar. 17, 1913	Oct. 25, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Wesley Fay, Jr. - Son 5119 Roswell Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT — NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt/ Hope Cemetery: 3751 Martin Luther King Jr. Wy.; San Diego, Ca. | COUNTY: San Diego

CREMATION — NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A T-S. Vault | DATE CREMATED | SIGNATURE OF PERSON IN CHARGE OF CREMATORY

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS — ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A

SCIENTIFIC USE — NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A

ACKNOWLEDGMENT OF APPLICANT — **This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**

SIGNATURE OF APPLICANT: [signature] | DATE SIGNED: Oct 29 1987

LOCAL REGISTRAR — THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. | AMOUNT OF FEE PAID: 3.00 | DATE PERMIT ISSUED: OCT 29 1987 | SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION — I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE): 10/29/87 | SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: [signature] | LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY — INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT Will be installed by 3/11/88

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35808

Date: 3-4, 1988

From: Wesley Gay Jr. Address:

One hundred thirty-five Dollars ($ 135.00)

In Payment of Wesley Gay Jr. marker installation fee

Lot 972 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7002

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAR 08 1988

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	135.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	135.00

AC-212 (Rev. 10-87)

062589 11/16/87 024029	DANIEL J PEARSON, JR			11/27/87 CA	2040885	1,055.50	1,055.50	0.00
	100	072	77181	000072		320.00		PAID IN FULL
E-2002	100	072	77182	000072		175.00		
	100	072	77183	000072		35.00		
	100	072	77184	000072		226.00		
	100	072	77185	000072		170.00		
	60101		78390			10.50		
	67007		77184			119.00		

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 1,095.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/27/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ada Belle Giles

in a Dbl Crypt (Vault/Liner) Funeral, date, time Thur 10/29 11am

Church, Chapel, Graveside Chapel & Grove 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 20 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	1519.80
Paid receipt number 35213	1519.80
Balance due	0

PAID
OCT 27 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

pd by check #1400

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

Called by Mr. Ragsdale

Jemmie Giles -
X J.L. Giles
Signature
3273 Gelette St
Address
San Diego 92102
State Zip Code
239-4677
Telephone

Invoice # _____

Work Order # E 7003

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

No 35213

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Oct 27, 19 87

From: Jimmie Giles Address: 273 Gillette St

One thousand five hundred nineteen dollars and 80/100 Dollars ($ 1519.80)

In full Payment of Ola Belle Giles

Lot 20 Grave 8 Row Section Division Block 12

Invoice No.

Acct. No.

W.O. E 7003

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 Dave Looney

CREDIT	57007	95 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	396 00
Opening/ Closing	100 77181	320 00
Burial Containers	100 77182	320 00
Handling Fee	100 77183	320 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	14 80
TOTAL PAID		$ 1519 80

E_7003

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ADA BELLE GILES	Female	Nov. 11, 1907	Oct. 26, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Jimmie L. Giles - Husband 3273 Gillette Street San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery;3751 Martin Luther King Jr. Wy.; San Diego, Ca. — COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A — DATE CREMATED — SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Steel Sealer "Gulls" Double Crypt on Bottom
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A 20 ga.
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.** — SIGNATURE OF APPLICANT ▶ H G Gloria J — DATE SIGNED: Oct. 29 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT — AMOUNT OF FEE PAID: 3.00 — DATE PERMIT ISSUED: OCT 29 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/29/87 (ENTER DATE) — SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stella — LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: 20/8/2/12

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/27/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Irma Horvath

in a T.S. Vault (Vault/Liner) Funeral, date, time Thur 10/29 1 P.M

Church, Chapel, Graveside Graveside ; Lewis-Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or John an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 280 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund ... Pre need - Pd.	
Additional spaces and care fund ... none	
Opening/Closing & Setup	320.00
Burial Container ... T.S. 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	710.50
Paid receipt number 35426	710-50
Balance due	0

Phone from John
Estate Claim

I hereby certify I am the Ex of Estate of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Set up 12:30
6 strong backs

Signature: [signature]
Address: 7510 University Ave
State: La Mesa Zip Code: 92041
Telephone: 582-2431

Invoice # _____

Work Order # E 7004

Acct. # _____

PY-583 (REV. 8-85)

Louis E. Alfano
7510 Lemon Ave
La Mesa
92041
582-2431

E 7004

OFFICIAL RECEIPT

№ 35426

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-11, 1987

From: Louis E. Allgno Address: 7510 University Ave. La Mesa Ca 92041

Seven hundred-ten dollars + 50/100 Dollars ($ 710.50)

In _____ Payment of Irma Horwith's Internment

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7004

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

9314

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Nora Black

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	710	50

E-7004

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
IRMA HORVATH	female	Feb 19, 1897	found: Oct 26, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Louis E. Alfano - executor 6126 Chrismark Avenue San Diego, CA 92120

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery - San Diego, CA (3751 Market St.)		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED: Soled Copper - Sealed top & bottom	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a Batesville in T.S. Vault -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: ▶ Melinda M. Stewart for LCB DATE SIGNED: 10/28/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: OCT 28 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Harold L. Ramos, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/29/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Leonel Stella	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: n/a		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

MILLS Date 10-27-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Milton Mills Sr.

in a Double Crypt (Vault/Liner) Funeral, date, time Fri 10/30 2pm.

Church, Chapel, Graveside Church & Grove Lagsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 - army.

Lot 4931 Grave ~ Row ~ Section ~ Division/~~Block~~ 10

Grave space & Care Fund Single for Double Crypt	695.00
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	19.80
30 - Total Due	1719.80

Paid 2/22/88

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

Milton Mills Jr
Signature

3134 Casa Bonita Drive
Address

Bonita CA 92002
State Zip Code

479-3585
Telephone

Invoice # 062593

Acct. # 024033

Work Order # E 7005

PY-593 (REV. 8-85)

W.O. NO. E 7005

NOTE—STRAIGHT

$ 1719 80/100 San Diego, California, October 27, 1987

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Seventeen Hundred Nineteen and 80/100 DOLLARS.

with interest from November 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 Miles Mellor Jr

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #

E. 7005

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MILON NMN MILLS	Male	June 30, 1911	Oct. 25, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Milon Mills, Jr.- Son 1841 S. 42nd Street San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Martin Luther King Jr. Wy.; San Diego, Ca.	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Ebony Black Steel Sealer	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Batesville - 19 ga - Bottom - Double Crypt	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED Oct. 30 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: 3.00 DATE PERMIT ISSUED: OCT 30 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramras, M.D. MMN
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE IN 4931-10-(B) 10/30/87 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-30-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of B L.C. WISE

in a Liner Funeral, date, time Mon. 11-2 / 11 AM

Church, (Chapel), (Graveside) Chapel, I.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 136 Grave 4 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	395.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1001.00
Paid receipt number 35327	1001.00
Balance due	0

Will Bring check Monday

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Judge Wise

Address 14700 ABINGTON ST.

State DETROIT MICH. Zip Code

Telephone

Invoice # ____

Work Order # E 7006

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 35227

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-2, 1987

From: ANDERSON RAGSDALE Address: 5050 FEDERAL BLVD S.D. 92102

One Thousand and One Dollars Dollars ($ 1001.00)

In full Payment of Interment of L.C. Wise

Lot 136 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-7006

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

8657

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Bruce Morrison

CREDIT 20% Sales Care	67007 77184	79	00
80% Sales of Lots	100 77184	316	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	45	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	1001	00

E-7006

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
L. C. Wise	Male	Dec. 30, 1926	Oct. 26, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Judge Wise - Brother 14700 Abington Street Detroit, Michigan 48227

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 5050 Federal Blvd. San Diego, CA 92102	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; 3751 Market Street San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a no sealer 20 ga metal	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a Lewis Rainey	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED Oct. 30, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT / AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED OCT 30 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramros, M.D. mtm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/2/87 (ENTER DATE) 136-4-1-12 / SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-30-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillian Demerath

in a Liner (Vault/Liner) Funeral, date, time Tues 10am 11/3

Church, Chapel, Graveside Groveside ; 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 60 Grave 3 Row _____ Section 16 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 35573	35.13
Balance due	

Joe McCormick

Send credit to Claim

.134 interest

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7007

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

№ 35573

Date: 1-15, 1988

From: Public Guardian Address: 5201-A Huffman Rd SD
Hill - Five 3100 Dollars ($ 35.13)

In _____ Payment of Recording Fee + Interest

Lot 60 Grave 3 Row _____ Section 16 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-7007

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 014923

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 22 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	35	13
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	35	13

E-7007

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LILLIAN DEMERATH	Female	Nov. 4, 1893	Oct. 30, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Lillian Demerath - Self (pre-need)

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) — CALIFORNIA LICENSE NUMBER

Rogers Mortuary 4094 University Ave.-San Diego — 69

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT — NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery - 3751 Martin Luther King - San Diego, CA — COUNTY: San Diego

CREMATION — NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A — DATE CREMATED — SIGNATURE OF PERSON IN CHARGE OF CREMATORY

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS — ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A

SCIENTIFIC USE — NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A

ACKNOWLEDGMENT OF APPLICANT — **This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**

SIGNATURE OF APPLICANT: [signature] — DATE SIGNED: 11-2-87

LOCAL REGISTRAR — THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT — AMOUNT OF FEE PAID: $ 3.00 — DATE PERMIT ISSUED: NOV 2 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: [signature]

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION — I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/3/87 (ENTER DATE) — SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: [signature] — LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY — INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-2-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALBERTA MILLER, ROXIE COLLINS

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 55 Grave 6 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	640.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	—
Recording and filing fee	70.00
Sales taxes	19.80
Total Due	
Paid receipt number	
Balance due	1874.80

PRE-NEED

PAID DEC 10 1987 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

1874.80

I hereby certify I am the _____ of the above named ~~decedent~~ and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Alberta M. Miller
Signature
348 Dodson St.
Address
San Diego, Ca. 92102
State Zip Code
234-1596
Telephone

Invoice # _____

Work Order # E 7008

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35419

Date: _____, 19__

From: Alberta Miller Address: 348 Dobson Street

eighteen hundred seventy-four 80 Dollars ($ 1874.80)

In _____ Payment of _____

Lot 55 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7008

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

460482342

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lindsay Ward

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	1379	80
Sales Tax	60101 78390		
TOTAL PAID	$	1874	80

AC-212 (Rev. 10-67)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-2-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RACHEL C. TAUNT

in a ASH VAULT Funeral, date, time FRI. 11-6 MORNING

~~Church, Chapel, Graveside~~ DROP-OFF ; 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 16 Grave 7 Row ____ Section MAS Division/~~Block~~ R

PAID
NOV 02 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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 35222	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

Signature Anni D. Turner

Address 5160 Sigma St

State 463-5937 Zip Code

Telephone

Invoice # ____

Work Order # E 7009

Acct. # ____

PY-593 (REV. 8-85)

№ 35222

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-2, 1987

From: THOMAS J. TURNER Address: 5660 SIGMA ST. LAMESA CA. 92042

Two Hundred Forty Two and 40/60 Dollars ($ 242.40)

In FULL Payment of Interment of Rachel C. Taunt

Lot 16 Grave 7 Row — Section MAS Division ~~Block~~ R

Invoice No.

Acct. No.

W.O. E-7009

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
7114

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Bruce Morrison

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77183	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

AC-212 (Rev. 11-86)

E-7009

PERMIT FOR DISPOSITION OF HUMAN REMAINS #56071

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RACHEL CARSON TAUNT	female	Oct 31, 1892	Nov 1, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Avis D. Turner - daughter 5660 Sigma Street La Mesa, CA 92042

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery - San Diego, CA (3751 Market St.)	COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED 3953 Imperial Ave. Cypress View Crematory - San Diego, CA	DATE CREMATED 11/4/87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Debbi Mullins
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ Melinda M. Stewart for LCB DATE SIGNED 11/3/87	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: NOV 3 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature] M.D. MM	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/5/87 (ENTER DATE) 16TT MAS/R	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH n/a		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

COPY 1 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-2-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florence Johnson in a Bell Zone (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~~ 25 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	145
Flower vases, Marker setting fee	
Recording and filing fee	35
Sales taxes	6
Total Due	1101.
Paid receipt number 35226	1101.
Balance due	-0-

PAID NOV 02 1987 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Florence L. Johnson
Signature
345 North Pardee St.
Address
92102
State Zip Code
239-6538 4425
Telephone

Invoice # _____

Work Order # E 7010

Acct. # _____

PY-593 (REV. 8-85)

№ 35226

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-2, 1987

From: [illegible] Address: 245 N. Pardee St. SD 92102

[illegible] Dollars ($ 1101.00)

In _____ Payment of _____

Lot 24 Grave 12 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7010

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	10
Pre-Need Trust	63038 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	1101	00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/2/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clifford L. Buell

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 11/4 - 9 AM

Church, Chapel, Graveside Drop off ; Featherhill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

✓ Lot 74 Grave 7 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	-No-
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	3.00
Sales taxes	10.50
Total Due	1205.50
Paid receipt number 35225	1205.50
Balance due	0

PAID
NOV 02 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature: Caryl B. Wheeler

Address: 1864 Rancho Jardin

State: Alpine, Ca Zip Code: 92001

Telephone: 445-5431

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 7011

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 35225

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/2/87, 19

From: Caryl B. Webster Address: 1804 R.I. Alpine Ca 92001

Twelve Hundred Five and 50/100 Dollars ($ 1205.50)

In full Payment of Interment fee for Clifford & Brandt - [illegible]

Lot 74 Grave -7- Row Section 2 Division Block 12

Invoice No. —

Acct. No. —

W.O. E-7011

BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77183	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	10	50
TOTAL PAID	$	1205	50

AC-212 (Rev. 11-86)

E_7011

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CLIFFORD SHERMAN BUELL	Male	Nov. 17, 1904	Nov. 2, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Lemon Grove	San Diego	Caryl B. Webster, daughter 1864 Rancho Judith Alpine, Ca.

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY	1083

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market St., San Diego, Ca.	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a — Blue Arlington – Wooden	DATE CREMATED: — SIGNATURE OF PERSON IN CHARGE OF CREMATORY: No graveside
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a — old Style Wilbert Concrete Vault from Greenwood Supply –	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: [signature] — DATE SIGNED: 3 Nov 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $3.00 — DATE PERMIT ISSUED: NOV 3 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: [signature] M.D.M.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/4/87 (ENTER DATE) — SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-3-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Malenda Kelley

in a Vault/Liner Full Liner Funeral, date, time 11-6 Friday 1:30

Church, Chapel, Graveside Chapel & Grave 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 2606 Grave ____ Row ____ Section ____ Division ~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 35254	606.00
Balance due	0

PAID
NOV 05 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

C M. Kelley
Signature

11600 DE CELIS PL
Address

GRANADA Hills, CA 91344
State Zip Code

(818) 363 6914
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 7012

Acct. # ____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

№ 35254

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-5- , 19 87

From: C.M. Kerby Address: 2409 Deapark Dr. L.A. Ca. 92110

Six Hundred Six Dollars Dollars ($ 606.00)

In full Payment of Interment of Melinda Kerby

Lot 2606 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No

W.O. E-7012

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

2078

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Bruce Morrison

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	606	00

E_7012

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MALINDA B. KERBY	FEMALE	MAY 12, 1903	NOV. 2, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
LAKE VIEW TERRACE	LOS ANGELES	SELF PRE-NEED

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PACIFIC BEACH MORTUARY 4710 CASS ST. SAN DIEGO, CA 92109	815

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT. HOPE CEMETERY-3751 MARKET STREET, SAN DIEGO, CA		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A Steel H.P. - Non-Sealer	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Liner - Ray Harrison Held Com.		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A Wendy & Geo at Hearing - 17th floor		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: Nancy A. Barboza ▶ by: Pacific Beach Mortuary, Inc. DATE SIGNED: 11-4-87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: NOV 04 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald G. Ramras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/6/87 (ENTER DATE) 2606-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Royen Shelton	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: 313 N. FIGUEROA ST., LOS ANGELES, CA 90012		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-3-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains (Greta)

of Margarita Nebel

in a ash Vault Funeral, date, time 11-4 Wed
Vault/Liner

Church, Chapel, Graveside Neptune Inc Mortuary.

All Funeral cars must 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 74 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	30.00
Burial Container	
Handling Fees	10.10
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	40.10
Receipt number 35252	40.10
Balance due	0

Pleased Most

PAID
NOV 05 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.

Mr. Quackenbush
Signature

(Conservita)
Address

_____
Signature of recorded holder of deed

State _____ Zip Code

297-7171
Telephone

Invoice # _____

Work Order # E 7013

Acct. # _____

PY-593 (REV. 8-85)

E 7013

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Margareta Nebel	Female	July 6, 1894	Oct 25, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	William Quackenbush-Executor 3067 5th Ave San Diego, Ca 92103-5883

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
NEPTUNE SOCIETY 14065 Hwy 8 Bus.El Cajon,Ca	F-1352

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt Hope Cemetery 3751 Martin Luther King Way San Diego,Ca — COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Leneda Inc 14065 Hwy 8 Bus.El Cajon,Ca — DATE CREMATED: 10/30/87 — SIGNATURE OF PERSON IN CHARGE OF CREMATORY: [signature]
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION
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: [signature] FOR: NEPTUNE SOCIETY — DATE SIGNED: pre-need 10-29-87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT — AMOUNT OF FEE PAID: 3.00 — DATE PERMIT ISSUED: OCT 29 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/5/87 (ENTER DATE) — SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: [signature] — LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

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 35252

Date: 11-5, 1987

From: Greta Nebel
William Quackenbush Agent Address: 3067 Fifth Ave S.D. 92103

Forty Dollars and 10/100 Dollars ($ 40.10)

In full Payment of Interment of Greta Nebel

Lot 74 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7013

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑
1187

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Bruce Morrison

CREDIT 20% Sales Care	67007 77164	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	30 00
Burial Containers	100 77182	
Handling Fee	100 77183	10 10
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	40 10

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-3-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of X Deborah OKOTIE - Personal use only

in a LINER (Vault/Liner) Funeral, date, time Pre need

Church, Chapel, Graveside _____ ; Anderson Reynolds Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 116 Grave 3 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	Single Sp & Care	395.00
Additional spaces and care fund	none	
Opening/Closing & Setup		320.00
Burial Container		100.00
Handling Fees		145.00
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes		6.00
Total Due		1001.00
Paid receipt number	~~35233~~ 35262	1001.00
Balance due		Ø

Pre Need Trust

Paid in full

Trust - $606.00
Space - $395.00

I hereby certify I am the Aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

PAID
NOV 6 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

X Ester Robinson
Signature

1078 EAST J ST. C.V. CA 92010
Address

CA. 92010
State Zip Code

X
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7014

PY-593 (REV. 8-85)

Deed # 11466

№ 35262

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Nov 6, 1987

From: Deborah K Okojie Address: 1078 East J St. Chula Vista 92010

One Thousand and One and no/100 Dollars ($ 1001.00)

In full Payment of Single Grave Space & Care Paid in full —

Irrevocable Burial trust to open & close grave - Concrete Liner & Bel fee & Tax Pay.

Lot 116 Grave 3 Row — Section 1 Division Block 12

Invoice No. —

Acct. No. —

W.O. E7014

BALANCE DUE —0—

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

606.00

AC-212 (Rev. 11-86) 01-015713

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	79	00
80% Sales of Lots	100 77184	316	00
Opening/ Closing	100 77181	—	—
Burial Containers	100 77182	—	—
Handling Fee	100 77183	—	—
Recording & Misc. Fees	100 77183	—	—
Pre-Need Trust	63033 9022	606	00
Sales Tax	60101 78390	—	—
TOTAL PAID	$	1001	00

Trust meets Welfare Code for Non-refundable

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/4/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edith J. Harris

in a Liner – Vault/Liner Funeral, date, time Mon 11-9 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 No .

Lot 66 Grave 12 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund Single Sp + Care	250.00
Additional spaces and care fund - none -	
Opening/Closing & Setup	320.00
Burial Container Concrete Liner	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 35242	456.00
Balance due	400.00

Paid 1-13-88

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Sandra E. Lyons
Signature

304 59th St
Address

S.M. CA 92114
State Zip Code

263-4155
Telephone

Invoice # 062929

Acct. # 024190

Work Order # E 7015

PY-593 (REV. 8-85)

W.O. NO. E7015

NOTE—STRAIGHT

$ 400.00 San Diego, California, Nov 4 1987, 19__

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

_____, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Four Hundred _____ DOLLARS,

with interest from Dec 5, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

_____ X William J. Lyons

_____ _____

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE Mailing Address

Calif. Driver Lic. #_____

E-7015

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDITH JEANNETTA HARRIS	Female	JAn. 11, 1903	Nov. 3, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Sandra Lyons - Daughter 304-59th Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Steel Non Sealed	DATE CREMATED -20ga	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 N/A Grey - Bottom Line Liner -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED 11/5/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED NOV 6 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/10/87 (ENTER DATE) 66/12/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT

№ 35242

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/4/87, 19

From: William J. Lyons Address: 126 Euclid Av SD 92114

Four Hundred Fifty Six & no/100 Dollars ($ 456.00)

In Part Payment of Interment of and for Edith J. Harris - Dec

Lot 66 Grave 12 Row 0 Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E 7015

BALANCE DUE 400.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2033

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	50.00
80% Sales of Lots	100 77184	200.00
Opening/ Closing	100 77181	206.00
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	456.00

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/13/88

DATE: 01/13/88
TIME: 220039
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 / DPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
062929	11/25/87	024190	SANDRA E. LYONS					01/13/88	CA		400.00	400.00	0.00
E-7015			100	072		77181	000072				114.00		PAID IN FULL
			100	072		77182	000072				100.00		
			100	072		77183	000072				35.00		
			100	072		77185	000072				145.00		
			60101			78390					6.00		

1/13

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35544

Date: 1-11, 1988

From: Sandra Lyons Address: 304 59th St SD 92114

Four hundred dollars no/- Dollars ($ 400.00)

In _____ Payment of Edith Harris' Service

Lot 66 Grave 12 Row _____ Section 2 Division Block 11

Invoice No. 062929

Acct. No. 024190

W.O. E-7015

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 Sandra L. Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	400.00

AC-212 (Rev 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

P.A.

Date 11-5-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WILLADEAN JAMES (AKA, WILLADEAN JAMES - GLORIA PEREZ)

in a _____ (Vault/Liner) Funeral, date, time TUES - 11/10 1:30 P.M.

~~Church, Chapel, Graveside~~ DROP OFF ; SO. CALIF. CREM. - OUR Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Top

✓ Lot 109 Grave 9 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

P.A. 1038850 PAT WILLIAMS

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 062986

Acct. # 000952

Work Order # E 7016

PY-503 (REV. 8-85)

E 7016

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA Gloria Perez AKA Willadean James	Female	1-19-1924	10-11-1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Public Administrator(Executor) 5201-A Ruffin Road San Diego, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
CALIFORNIA CREMATION & BURIAL CHAPEL 5602 El Cajon Blvd. San Diego, CA	F-1357

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Partial Board	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Sq. Box - Top of Grave		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT PER AUTHORIZATION BY: ▶ [signature] DATE SIGNED November 5, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 10 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/10/87 (ENTER DATE) 109/9/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gogan Stetts	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/5/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard C. Baugh

~~in a~~ ~~Ash Vault~~ Vault/Liner Funeral, date, time Mon 11/17

Church, Chapel, Graveside Dev only. ; 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 WW-V.N.

Lot 70 Grave 27 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	200.00
Additional spaces and care fund none	
Opening/Closing & Setup	105.00
Burial Container	Not Need
Handling Fees	—
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes Set G.I. Bronze	$340.00
	30.00
Total Due	$470.00
Paid receipt number 35265	470.00
Balance due	Ø

marker received 2-16-88

Will Send Ck via Raysdale

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

Ollie J Baugh
Signature

2321 Boykin Rd
Address

Augusta
State

GA. Zip Code 30906

Telephone 404-793-8268

Invoice # _____

Work Order # E 7017

Acct. # _____

PY-593 (REV. 8-85)

№ 35265

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-9 , 19 87

From: RUTH W. MILLER Address: 270A 50th ST. S.D. 92102

Four Hundred Seventy Dollars Dollars ($ 470.00)

In Full Payment of Interment of Richard Cornelius Bough

Lot 62 Grave 2 Row — Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-7019

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
4359

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Bruce Morrow

CREDIT	67007		
20% Sales Care	77184	40	00
80% Sales of Lots	100 77184	160	00
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183	165	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	470	00

E 7017

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Richard Cornelius Baugh	Male	July 27, 1956	Nov. 2, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Allen Baugh - Brother 6128 Nelson St. San Diego, CA 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Inc.14065 Olde Hwy.80:El Cajon,CA	DATE CREMATED 11/7/87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Copper Urn in Columbarium		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT DATE SIGNED Nov. 5, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 6 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/10/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.

FIELDER

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

George E & Beverly E. Fielder Date 11-6-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Woodrow W. Faust

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 ~~3544~~ 3543 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... 2 @ $595	1190.00
Additional spaces and care fund	
Opening/Closing & Setup	640.00
Burial Container	200.00
Handling Fees	290.00
Flower vases - Marker setting fee	
Recording and filing fee	70.00
Sales taxes	12.00
Total Due	2402.00
Paid receipt number 35261	2402.00
Balance due	0

Prepaid

PAID NOV 6 1987 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Woodrow W. Faust
Signature
3724 Van Dyke
Address
Calif. 92105
State Zip Code
282-0328
Telephone

Invoice # _____

Work Order # E 7018

Acct. # _____

PY-593 (REV. 9-85)

№ 35261

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-6, 1987

From: Woodrow W. Taut Address: 3724 Van Dyke Ave

Two thousand four hundred two 00/- Dollars ($ 2402.00)

In _____ Payment of Two pre-need lots and burial services

Lot 3543 & 3544 Grave _____ Row _____ Section _____ Division Block- 10

Invoice No. _____

Acct. No. _____

W.O. E-7018

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

1405

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	238.00
80% Sales of Lots	100 77184	952.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	1212.00
Sales Tax	60101 78390	
TOTAL PAID	$	2402.00

E-7018

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

Nº 11462

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Beverly A. Fiehler for the sum of $ 595.00 (DOLLARS)

LEGAL DESCRIPTION Lot 3544, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-7018

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:

Pre-need Burial Cost Paid - Opening/Closing $320, Bell Liner $100, Handling Fee $145, Recording Fee $35, Tax on Liner $6 Regulation Marker 12" x 24" x 3"

Cemetery Manager

Property Director

PY-544

E-7018

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

Nº 11461

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO George E. Fiehler for the sum of $ 595.00 (DOLLARS)

LEGAL DESCRIPTION Lot 3543, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-7018

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:

Pre-need Burial Cost Paid - Opening/Closing $320., Bell Liner $100, Handling Fee $145, Recording Fee $35, Tax on Liner $6 Regulation Marker 12" x 24" x 3"

Cemetery Manager

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-9-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FLOSSIE L. MENDE

in a T.S. VAULT (Vault/Liner) Funeral, date, time 11/10 2:30 Tues

Church, Chapel, Graveside Church - D.S. : 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 No .

✓ Lot 26 Grave 7 Row — Section MAS Division/[redacted] T

Grave space & Care Fund ..... Church -	
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees ..... Overtime Charge - after 3:30	270.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	$10.50
Paid receipt number 35263	810.50
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

Patricia L Mende Gray
Signature

5052 Providence Road
Address

San Diego
State

Ca
Zip Code 92117

273-2395
Telephone

Invoice # _____

Work Order # E 7019

Acct. # _____

PY-593 (REV. 8-86)

AC 35263

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Nov 9, 1987

From: Patricia Meade Gray Address: 5052 Providence Rd. SD 92117

Eight Hundred ten and 50/100 Dollars ($ 810.50)

In full Payment of Interment fees for Flossie L. Meade - dec

Lot 26 Grave 7 Row Section MAS Division Block T

Invoice No. —

Acct. No. —

W.O. E-7019

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1618

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	—	—
80% Sales of Lots	100 77184	—	—
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77183	270	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	10	50
TOTAL PAID	$	810	50

AC-212 (Rev. 11-86)

E_7019

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Flossie Larson Mende	Female	July 6, 1897	Nov. 7, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Patricia L. Gray-Daughter 5052 Providence Road San Diego, CA 92117

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Clairemont Mortuary San Diego, CA	F-1126

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

ERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR ...ITION OTHER ...N A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 10 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/10/87 (ENTER DATE) 26/7/MAS/T	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald G. Ramos, M.D. [signature]

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-9-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MALISSA HUNTER

in a LINER (Vault/Liner) Funeral, date, time THURS. 11-12 11A.M.

Church, Chapel, Graveside CHURCH, G.S. ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 62 Grave 2 Row — Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre Need	
Additional spaces and care fund ..... None	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and ~~filing~~ fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 35264	606.00
Balance due	-0-

PAID
NOV 9 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.

Via Ragsdale

I hereby authorize the interment in lot I hold under deed.

Signature

Address

State Zip Code

Telephone

Signature of recorded holder of deed

Invoice # _____

Work Order # E 7020

Acct. # _____

PY-593 (REV. 8-85)

E-7020

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MALISSA MALLISSA NMN HUNTER	Female	Sept. 22,1901	Nov. 7, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Dorothy Gray - Daughter 7767 Bloomfield Road San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.; San Diegom California	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Steel Sealer - Lewis	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 20ga - 11 Am church N/A	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED [signature]
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: 3.00 DATE PERMIT ISSUED: NOV 12 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Pamras, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/12/87 (ENTER DATE) 62/2/3/12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: George Stetler LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

№ 35264

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/9/87, 19

From: Anderson-Ragsdale Address: 5050 Fed Blvd - SD 92102

Six Hundred and Six and no/100 Dollars ($ 606.00)

In full Payment of Interment fees for Malissa Hunter - dec

Lot 62 Grave 2 Row Section 3 Division Block 12

Invoice No. —

Acct. No. —

W.O. E 7020

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

8673

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	—
80% Sales of Lots	100 77184	—
Opening/ Closing	100 77181	320.00
Burial Containers	100 77182	100.00
Handling Fee	100 77183	145.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	6.00
TOTAL PAID	$	606.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Nov. 10, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn McCullough

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 118 Grave 7 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 35271	25.00
Balance due	225.00

preneed

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Evelyn McCullough
Signature

11 11 Ballen Lachen
Address

_____
State Zip Code

262-9051
Telephone

Invoice # _____

Work Order # E 7021

Acct. # _____

PY-593 (REV. 8-85)

		Balance
12-10-87	VOID 35415	225.00
	35416	11.00
		214.00
1-14-88	35570	11.00
		203.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 35630

Date: 2-2, 19 88

From: Evelyn McCullough Address: 1111 Lallenbacher Pl, SD 92114

clean dollars no/100 Dollars ($ 11.00)

In _____ Payment of Oxygen #19 Audit Lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7021

BALANCE DUE 192.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

403

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 05 1988

ISSUED BY Sandra Dard

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	11	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	11	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35570

Date: 1-14, 1988

From: Evelyn McCullough Address: 1825 Bay View Height
Eleven hundred Dollars ($ 11.00)

In _____ Payment of Coupon #21 Credit Lot

Lot 118 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7021

BALANCE DUE 203.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

395

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JAN 22 1988

ISSUED BY Sandra Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	11	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	11	00

№ 35271

B

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-10, 1987

From: Evelyn McCullough Address: 1111 Ballinhaker Pl, SD 92114

Five 001 Dollars ($ 5.00)

In _____ Payment of Preneed Lot Sale

Lot 118 Grave 7 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7027

BALANCE DUE $225.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

376

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 35847

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-9, 1988

From: [illegible] McCulloch Address: 1825 Bay View Hwy, SD

[illegible] no/100 Dollars ($ 11.00)

In _____ Payment of Coupon 17 Credit Lot

Lot 118 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7021

BALANCE DUE 181.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 11 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	11	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	11	—

AC-212 (Rev. 10-87) 416

OFFICIAL RECEIPT

№ 35985

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-7, 1988

From: Evelyn McCullough Address: 1825 Bay View Hgts SD
Eleven Nelson — Dollars ($ 11.00)

In _____ Payment of Crypt 3 Credit Lot

Lot 118 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7021

BALANCE DUE 170.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

424

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 14 1988

ISSUED BY Linda Vail

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	11	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	11	—

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35416

Date: 12-10, 1987

From: Evelyn McCullough Address: 1111 Ballenbacher Pl. S.D. 92114

Eleven dollars 00/100 Dollars ($ 11.00)

In part Payment of credit lot sales coupon #1

Lot 118 Grave 7 Row ~ Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7021

BALANCE DUE 214.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
388

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Nora Black

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	11	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	11	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 36074

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-2, 1988

From: Evelyn McCullough Address: 1825 Bay View Dr SD

Eleven 20/100 Dollars ($ 11-)

In _____ Payment of Coupon 5 Credit Lot

Lot 118 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7021

BALANCE DUE 159.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 04 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	11	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	11	—

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36239

Date: 6-3, 19 88

From: Julia McCullough Address: 826 Gay Vans Heights, SD

Eleven dollars no/100 Dollars ($ 11.00)

In Payment of Coupon to Credit Lot

Lot 118 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7021

BALANCE DUE 116.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
448

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUN 13 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	11	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	11	00

OFFICIAL RECEIPT

No. 36385-B

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-7 1988

From: Evenlyn McVillough Address: 1411 Bollenbacher Pl
Elkhorn no/100 Dollars ($ 11.00)

In _____ Payment of Coupon 9 Credit Lot

Lot 118 Grave 7 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7021

BALANCE DUE 137.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

461

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUL 13 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	11	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	11	00

AC-212 (Rev. 10-87)

NO COUPON ENCLOSED

OFFICIAL RECEIPT

№ 36489

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-3, 1988

From: [illegible] McCullough Address: 1825 Bay View Hts. Drive

Eleven dollars Dollars ($ 11.00)

In payment Payment of Credit Lots

Lot 118 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7021

BALANCE DUE 126.00

no coupon enclosed

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

AUG 09 1988

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	11 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	11 —

AC-212 (Rev. 10-87)

475

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36607

Date: 9-1, 1988

From: Evelyn McCullough Address: 1711 Collensdale Place SD
eleven ns/100 Dollars ($ 11.00)

In _____ Payment of Coupon 11 Credit Lot

Lot 118 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. R-7021

BALANCE DUE 115.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

486

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
SEP 6 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	11	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	11	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36930

Date: 11-7, 1988

From: Evelyn McCullough Address: Mt Bellenbacher Pl SD

eleven dollars no/100 Dollars ($ 11.00)

In _____ Payment of Coupon 20 Credit Lot

Lot 118 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7021

BALANCE DUE 104.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

S04

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	11 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	11 00

CITY AUDITOR
NOV 15 1988

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37055

Date: 12-6, 1988

From: Evelyn McCullough Address: 1111 Callenbacher Pl, SD
Eleven 10/00 Dollars ($ 11.00)

In _____ Payment of Coupon 13 Credit Lot

Lot 118 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7021

BALANCE DUE 93.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

517

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY: Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	11.00

CITY AUDITOR
DEC 12 1988

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37165

Date: 1-4, 1989

From: Evelyn McCullough Address: 1111 Gallenbacher Rd SD
Eleven no/100 Dollars ($ 11.00)

In _____ Payment of Coupon 4 Credit Lot

Lot 118 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7021

BALANCE DUE 82.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

526

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JAN 09 1989

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	11 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	11 00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37274

Date: 1-31, 19 89

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 11.00)

In [illegible] Payment of Coupon 6 Credit Lot

Lot [illegible] Grave [illegible] Row [illegible] Section [illegible] Division [illegible] Block [illegible]

Invoice No. [illegible]

Acct. No. [illegible]

W.O. 2-2021

BALANCE DUE 71.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

525

*AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
FEB 06 1989

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	11 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	11 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37478

Date: 3-8, 1989

From: [illegible] Address: 114 [illegible] St SD
Eleven no 7100 Dollars ($ 11.00)

In _____ Payment of Coupon 10 Credit Lot

Lot 118 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7021

BALANCE DUE 60.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

546

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	11 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	11 00

CITY AUDITOR
MAR 16 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37583

Date: 4-2 19 89

From: [illegible] Address [illegible]

[illegible] Dollars ($ 110)

In [illegible] Payment of [illegible]

Lot 116 Grave 7 Row [illegible] Section 2 Division 11 Block [illegible]

Invoice No. [illegible]

Acct. No. [illegible]

W.O. E-1021

BALANCE DUE 49.00

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 [illegible]

CREDIT	67007	
20% Sales Care	77184	15 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	11 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37754

Date: 5-4, 1989

From: Evelyn McCullough Address: 1111 Balkenbacher Pl. SD
Eleven 20 1100 Dollars ($ 11.00)

In _____ Payment of Caufan 2 Credit Lot

Lot 118 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7021

BALANCE DUE 36.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	11	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	11	00

CITY AUDITOR
MAY 08 1989

AC-212 (Rev. 10-87) 576

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38142

Date: 6-8, 19 89

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 11.00)

In [illegible] Payment of [illegible]

Lot 116 Grave 7 Row [illegible] Section 2 Division Block 11

Invoice No. [illegible]

Acct. No. [illegible]

W.O. 2-7021

BALANCE DUE 22.00

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 [illegible]

CREDIT	67007	
20% Sales Care	77184	11 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	11 00

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 38314

Date: July 25, 1989

From: Evelyn McCulloch Address: 1111 Ballenbacher St San Diego

Eleven no/100 Dollars ($ 11.00)

In Payment of Coupon 15 Credit Lot

Lot 118 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7021

BALANCE DUE $16.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

605

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Mason R Crain

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	11 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	11 00

CITY AUDITOR
JUL 31 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38413

Date: Aug. 11, 19 89

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 11 —)

In [illegible] Payment of [illegible]

Lot 117 Grave 7 Row — Section 2 Division Block 11

Invoice No

Acct. No.

W.O. 7321

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	11 —
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	11 —

CITY AUDITOR
AUG 21 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 37909

Date: 9-8, 1989

From: Evelyn McCullough Address: 111 Bellamacher Pl SD

Eleven 70/100 Dollars ($ 11.00)

In _____ Payment of Wagon 18 Credit Lot

Lot 118 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7021

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

104

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	11 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	11 00

CITY AUDITOR
SEP 18 1989

AC-212 (Rev. 10-87)

DO NOT MAKE CHECK OVER

ACCOUNT No. E-7021 Credit Lot

Evelyn Mc Cullough
1111 Ballenhicher Pl.
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

$ ____

$ 11.00

Amount Received $ ____

NAME E. M Cullough

ADDRESS 1111 Ballenhicher Pl

CITY S. D. STATE Cal ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7021 Credit Lot

Evelyn Mc Cullough
1111 Ballenmacher Pl.
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 E. McCullough

ADDRESS 1111 Ballenmacher

CITY S.D. STATE Cal 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-7021 Credit Lot

Evelyn Mc Cullough
1111 Ballenbacher Pl.
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 $ 11.00

NAME E. M. Cullough

ADDRESS 1111 Ballenbacher

CITY San Diego STATE 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-7021 Credit Lot

Evelyn McCullough
1111 Ballenbacher Pl.
San Diego, Ca 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
	1							1	1		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 $ 11.00

NAME E. McCullough

ADDRESS 1111 Ballenbacher

CITY S.D. STATE Cal. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7021 Credit Lot 5

Evelyn Mc Cullough
1111 Ballenbacher Pl.
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 $ 11.00

NAME E. Mc Cullough

ADDRESS 1111 Ballenbacher

CITY S.D. STATE Cal 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-7021 Credit Lot

Evelyn Mc Cullough
1111 Ballenbacher Pl.
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

$ _____

NAME E. Mc Cullough Amount Received $ _____

ADDRESS 1111 Ballenbacher Pl

CITY San Diego STATE 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-7021 Credit Lot

Evelyn Mc. Cullough
1111 Ballenbacher Pl.
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 $ 11.00

NAME E. McCullough

ADDRESS 1111 Ballenbacher Pl.

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7021 Credit Lot

Evelyn Mc Cullough
1111 Ballenbacher Pl.
San Diego, Ca 9211[illegible]

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 E. V. McCullough

ADDRESS 1111 Ballenbacher Pl

CITY La Mesa STATE Calif ZIP 92041

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7021 Credit Lot

Evelyn Mc Cullough
1111 Ballenbacher Pl.
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 $ 11.00

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-7021 Credit Lot

Evelyn Mc Cullough
1111 Ballenbacher Pl.
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

7

Amount due if paid more than ____ days after due date above. $ 1.00

$

Amount Enclosed $

NAME E. M. Cullough

ADDRESS 1111 Ballenbacher Pl

CITY La Mesa STATE Cal ZIP 92041

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7021 Credit Lot

Evelyn Mc Cullough
1111 Ballenbacher Pl.
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 Enclosed $ 11.00

NAME Evelyn Mc Cullough

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-7021 Credit Lot

Evelyn Mc Cullough
1111 Hollenbacher Pl.
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 $ 11.00

NAME E M Cullough

ADDRESS 1111 Hollenbacher Pl

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. L-7021 Credit Lot

Evelyn Mc Cullough
1111 Ballenbacher Pl.
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 E. McCullough

ADDRESS 1111 Ballenbacher

CITY San Diego STATE CA ZIP 92114

[X] Check (✓) if this is new

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7821 Credit Lot

Avelyn Mc Cullough
1111 Bellesbacher Pl.
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

$ 11.00

Amount Received $ _____

NAME E. C. Mc Cullough

ADDRESS 1111 Bellesbacher Pl.

CITY San Diego STATE Ca. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7021 Credit Lot

Evelyn Mc Cullough
1111 Ballenbacher Pl.
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 Approved $ 11.00

NAME Evelyn McCullough

ADDRESS 1111 Ballenbacher Pl

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. E-7021 Credit Lot

Evelyn Mc Cullough
1111 Ballenacher Pl.
San Diego, Ca 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
										10	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 E. Mc Cullough

ADDRESS 1111 Ballenacher Pl

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-7021 Credit Lot

Evelyn Mc Cullough
1111 Ballenbacher Pl.
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 $ 11.00

NAME E. McCullough Parker

ADDRESS 1111 Ballenbacher

CITY San Diego STATE Cal ZIP 92114

Check (✓) if this is new address

...d or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7021 Credit Lot

Evelyn Mc Cullough
1111 Ballenbacher Pl.
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 $ 11.00

NAME E. McCullough

ADDRESS 1111 Ballenbacher

CITY S. D. STATE Cal 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-7021 Credit Lot

Evelyn Mc Callough
1111 Bellebacher Pl.
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

$ _____

$ 11.00

NAME E. Mc Eulough

Amount Received $ _____

ADDRESS 1111

CITY SD STATE Cal ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7021 Credit Lot

Evelyn Mc Cullough
1111 Bellenbacher Pl.
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 $ 11.00

NAME E. Mc Cullough

ADDRESS 1111 Bellenbacher Pl.

CITY S.D. STATE Cal ZIP 92114

☐ check (✓) if this is new address

NAME McCullough, Evelyn ACCT. NO. E-7021

ADDRESS 1111 Bollenbacher Place, San Diego, Ca 92114 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted] 10 87	Lot 118, Grave 7, Section 2, Division 11	250 00		47 00	203 00
2-2 88	Coupon 19, Receipt # 35630			11 00	192 00
3-9 88	Coupon 19, Receipt # 35846			11 00	181 00
4-7 88	Coupon 3, Receipt 35985			11 00	170 00
5-2 88	Coupon 5, Receipt 36074			11 00	159 00
6-3 88	Coupon 6, Receipt 36239			11 00	148 00
7-7 88	Coupon 9, Receipt 36385			11 00	137 00
8-3 88	Assume Coupon 10 Receipt 36489			11 00	126 00
[redacted]	no coupon Received				
9-1 88	Coupon 11, Receipt 36607			11 00	115 00
11-7 88	Coupon 26, Receipt 36930			11 00	104 00
12-6 88	Coupon 13, Receipt 37055			11 00	93 00
1-4 89	Coupon 4, Receipt 37165			11 00	82 00
1-21 89	Coupon 6, Receipt 37274			11 00	71 00
3-[redacted] 89	Coupon 10, Receipt 37418			11 00	60 00
4-[redacted] 89	Coupon 12, Receipt 37583			11 00	49 00
5-4 89	Coupon 8, Receipt 37754			11 00	38 00
6-8 89	Coupon 14, Receipt 38142			11 00	27 00
7/25 89	Coupon 15, Receipt 38314			11 00	16 00

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
8/11/89	Coupon, 16, Receipt 38413			11 –	
9-8-89	Coupon 18, Receipt 37909			11 –	<6.00>
				Late chgs	

AIGNER FORM NO. 25-204

PRINTED IN USA

O.K. Setup

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/10/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Victorine Estelle Balares

in a Bell Liner (Vault/Liner) Funeral, date, time 9Am-Thurs - 11/12

Church, Chapel, Graveside Graveside ; Rogdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 98 Grave 7 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 Conc. Bell Liner	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
35294	856.00
Balance due	0

PAID
NOV 12 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, Calif.

Rd by Rogdale

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Via Phone from Leslie -

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 7022

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

E-7022

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VICTORINO ESTELLES BALARES	Male	Nov. 1, 1931	Nov. 6, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Jorge Balares - Son Naval Training Center San Diego, California 92110

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [x] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Min Steel - 20 ga	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Liner - Family Watched Burial		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A 9 Am G.S.		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [illegible] DATE SIGNED [illegible]
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED NOV 12 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. [illegible]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/12/87 (ENTER DATE) 98/7/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Statler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT

№ 35294

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/12, 1987

From: Anderson Ragsdale Address: 5050 Fed Blvd SD 92102

Eight Hundred fifty six and no/100 Dollars ($ 856.00)

In full Payment of Interment fees for Victorino Balares - dec

Lot 98 Grave 7 Row — Section 2 Division ~~Block~~ 11

Invoice No. —

Acct. No. —

W.O. E 7022

BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

8706 for 256
Bal 100 from MHZ M. ch

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY: Joyce Stith

CREDIT 20% Sales Care	57007 77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	6	00
TOTAL PAID	$	856	00

AC-212 (Rev. 11-86)

See E-7028

OFFICIAL RECEIPT

№ 35941

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-31, 1988

From: Juanita Ignacio Address: 5731 Greycourt Ave, SD

One hundred twenty-five Dollars ($ 125.00)

In _____ Payment of Marker Installation for Jos Victorio Sabres

Lot 98 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7022

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

APR 6 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

AC-212 (Rev. 10-87) 859

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-10-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eudene Lodge AKA Gray

in a Bellview (Vault/Liner) Funeral, date, time Thurs 11/12 2pm

Church, Chapel, Graveside Chapel & Grave 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 107 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number	
Balance due	

Paid 11/10/87

note

I hereby certify I am the Spouse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Herman Gray
Signature

X 202 South Look Ave
Address

X San Diego Calif. 92113
State Zip Code

X 262 1530
Telephone

Invoice # 862933

Acct. # 024189

Work Order # E 7023

PY-593 (REV. 8-85)

W.O. NO. E 7023

NOTE—STRAIGHT

$ 856.00 San Diego, California, Nov 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 Eight hundred fifty six & no/100 DOLLARS,

with interest from Dec 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 Wanda Gray

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # P0958475

E-7023

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA Yvonne Marian Lodge Yvonne Martan Bray	Female	July 10, 1953	Nov. 6, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Velecia La Bran - Sister 665 Sage IWay San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON OTHERWISE IN CHARGE)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mort.: San Diego, CA 92102	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a Mem. Park - N.S.	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a 20ga - Lemon -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a 2 P.M. Chapel		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 12 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Gerald L. Ramos M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/12/87 (ENTER DATE) 10/10/2/11	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.

№ 35340

OFFICIAL RECEIPT 1213

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/30/87, 19

From: Herman Bray Address: S.D.

Eight Hundred Fifty six 00/100 Dollars ($ 856 00)

In full Payment of Burial Fees and Interment Lodge Yvonne Bray -

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No _____

Acct. No. _____

W.O. E-7023

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86) 829

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Georgia White

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	856 00

062933 11/25/87 024189 HERMAN BRAY

E-7023

100	072	77181	000072	11/30/87 CK 829	856.00	856.00 0.00
100	072	77182	000072		320.00	PAID IN FULL
100	072	77183	000072		100.00	
100	072	77184	000072		35.00	
100	072	77185	000072		200.00	
60101		78390			145.00	
67007		77184			6.00	
					50.00	

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 2,077.40

Pre-need Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/11/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clara Jones

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 112 Grave 10711 Row ~ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	2 spaces ok for Double Cryp. if Wanted	500 00
Additional spaces and care fund		
Opening/Closing & Setup	none paid or included as of 11/11/87	
Burial Container		
Handling Fees		
Flower vases - Marker setting fee	2 spaces only	
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

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7024

Acct. # _____

PY-593 (REV. 8-85)

		500.00
12/2/87	35347	40.00
		460.00
1-6-88	35503	20.00
		440.00

Pre-need
Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/11/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clara Jones

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 112 Grave 10+11 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	2 Spaces ok for Double Crypt if Wanted	500.00
Additional spaces and care fund		
Opening/Closing & Setup	none paid or included as of 11/11/87	
Burial Container		
Handling Fees		
Flower vases - Marker setting fee	2 Spaces only	
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

[signature]
Signature

Clara Jones
Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 7024

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 35503

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-6, 1988

From: Clara Jones Address: 4964 Carolina Pl, SD

Twenty dollars no — Dollars ($ 20.00)

In _____ Payment of Coupon # 3 Credit Lot

Lot 112 Grave 10 & 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7024

BALANCE DUE 440.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1549

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 11 1988

ISSUED BY Sandra L Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	20	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35643

Date: 2-3, 1988

From: Clara Jones Address: 4964 Carolina St, SD

Twenty dollars Dollars ($ 20.00)

In _____ Payment of Coupon #4 Credit Lot

Lot 112 Grave 10 & 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7024

BALANCE DUE 420.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

FEB 05 1988

ISSUED BY Sandra Nord

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87) 1572

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35794

Date: 3-2, 1988

From: Clara Jones Address: 4964 Caroline Place

twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of Coupon #5 Credit Lot

Lot 112 Grave 10 & 11 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7024

BALANCE DUE 400.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1596

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 of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 35946

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-31, 1988

From: Clara Jones Address: 4964 Carolina Place, SD

Twenty ~~no~~ 1100 Dollars ($ 20.00)

In _____ Payment of Oregon #6 Credit Lot

Lot 112 Grave 10 & 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7024

BALANCE DUE 380.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1622

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 6 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

OFFICIAL RECEIPT

№ 35347

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-2, 1987

From: Clara Jones Address: 4964 Carolina St, SD 92102

Forty-dollars Dollars ($ 40.00)

In _____ Payment of Coupon 1&2, Credit Lot

Lot 112 Grave 10 & 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7024

BALANCE DUE 460.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1527

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kindy Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	40 —
Opening/ 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	$	40 —

OFFICIAL RECEIPT

№ 36073

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-2, 1988

From: Clara Jones Address: 4964 Carolina Pl, SD

Twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of Credit Lot Coupon 7

Lot 112 Grave 10 & 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7024

BALANCE DUE 360.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1651

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 04 1988

ISSUED BY Sandra Ord

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36218

Date: 6-6, 1988

From: Clara Jones Address: 4964 Caroline Pl, SD

Twenty dollars 00/100 Dollars ($ 20.00)

In _____ Payment of Coupon 2 Credit Lot

Lot 112 Grave 10 & 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. B-7024

BALANCE DUE 340.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 7 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87) 1669

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 36359

Date 7-5 19 88

From Clara Jones Address 4964 Caroline St. SD

Twenty Dollars 20/100 Dollars ($ 20.00)

In Payment of Coupon 9 Vacant Lot

Lot 112 Grave 10 & 11 Row Section 4 Division Block 11

Invoice No.

Acct. No.

W.O. E-7024

BALANCE DUE 320.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1699

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUL 11 1988

ISSUED BY

CREDIT		
20% Sales Care	67007 77184	20 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36477

Date: 3 2, 1988

From: [illegible] Address: 4964 Carolina Place

Twenty dollars — Dollars ($ 20.00)

In payment Payment of Credit lot sales

Lot 112 Grave 18 + 11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 6-7024

BALANCE DUE 300.00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 09 1988

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 —

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36617

Date: 9-2, 1988

From: Clara Jones Address: 4968 Carolina Place SD

Twenty 20/100 Dollars ($ 20.00)

In Payment of Coupon #11 Credit Lot

Lot 112 Grave 10 & 11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7024

BALANCE DUE 280.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1756

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fees	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

CITY AUDITOR
SEP 13 1988

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36767

Date: 10-5, 19 88

From: Clara Jones Address: 4964 Caroline Pl, SD 92102

twenty, no/100 — Dollars ($ 20.00)

In _____ Payment of Coupon 12 Crested Lot

Lot 112 Grave 10 & 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7024

BALANCE DUE 260.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1784

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

OCT 7 1988

ISSUED BY Landa Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36892

Date: 11-2, 1988

From: Clara Jones Address: 4964 Cardane N. D

Twenty no/100 Dollars ($ 20.00)

In _____ Payment of Coupon 13 Credit Lot

Lot 112 Grave 10 & 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7024

BALANCE DUE 240.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
1814

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 8 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37282

Date: 2-1, 19 89

From: Clara Cres Address: 4464 Carolina Pl. SD 92102

Twenty 20 Dollars ($ 20.00)

In _____ Payment of Coupon 16 Credit Lot

Lot 112 Grave 10 & 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-3024

BALANCE DUE 100.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1065

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
FEB 06 1989

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37145

Date: 1-3, 1988

From: Clara Jones Address: 4964 Carolina Place, SD

Twenty no/100 Dollars ($ 20.00)

In _____ Payment of Coupon 15 Credit Lot

Lot 112 Grave 10 & 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7028

BALANCE DUE 200.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1846

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JAN 09 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37023

Date: 12-3, 1988

From: Clara Jones Address: 4964 Caroline Pl. S.N. CA 92102

Twenty dollars & 00/100 Dollars ($ 20.00)

In part Payment of credit sales, coupon #14

Lot 112 Grave 10 & 11 Row — Section 2 Division Block 11

Invoice No.

Acct. No. E-7024

W.O.

BALANCE DUE 220.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1831

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
DEC 9 1988

ISSUED BY Nora Black

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	20.00
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

Recorded

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38495

Date: 9-6, 1989

From: Clara Jones Address: 4964 Caroline St, SD

Twenty Dollars 20/100 Dollars ($ 20.00)

In _____ Payment of Coupon 23 Credit Lot

Lot 112 Grave 10 & 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7024

BALANCE DUE 40.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007	20 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

CITY AUDITOR
SEP 11 1989

AC-212 (Rev. 10-87) 2011

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38349

Date: Aug 2 19 89

From: Clara Jones Address: 4964 Carolina Place
San Ysidro

Dollars ($ 30 -)

In Part Payment of Credit Lot Coupon 52

Lot 112 Grave 10-11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 5 7024

BALANCE DUE 60-

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	87007	30 -
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	30 -

CITY AUDITOR
AUG 07 1989

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

ISSUED BY R. Jones

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38215

Date: 7-3, 1989

From: Clara Jones Address: 4964 Caroline St. SD

Twenty Dollars Nolan Dollars ($ 20.00)

In _____ Payment of Compan 81 Credit Lot

Lot 112 Grave 10 & 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7024

BALANCE DUE 80.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1976

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007	20 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

CITY AUDITOR
JUL 10 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37892

Date: June 2, 1989

From: Clara Jones Address: 4964 Malone Pl, SD

Twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of Coupon 20, Credit Lot

Lot 112 Grave 10 & 11 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7024

BALANCE DUE 100.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1956

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 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37730

Date: 5-2, 1989

From: Clara Jones Address: 4964 Caroline Pl, SD 92102

Twenty no/100 Dollars ($ 20.00)

In _____ Payment of Compton 19 Crest Lot

Lot 112 Grave 10 & 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7024

BALANCE DUE 120.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1949

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

CITY AUDITOR
MAY 08 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37423

Date: 3-2, 1989

From: Clara Jones Address: 4964 Caroline St, SD

Twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of Coupon 17 Crest Lot

Lot 112 Grave 10 #11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. C-7024

BALANCE DUE 160.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 10 1989

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

1896

OFFICIAL RECEIPT

№ 37582

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-3 1989

From: Clara Jones Address: 4964 Caroline Pl, SD

Twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of Coupon - 18 Credit Lot

Lot 112 Grave 10 & 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7024

BALANCE DUE 140.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1921

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 05 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38711

Date: 12-27, 1989

From: Clara Jones Address: 4964 Caroline St. SD

Forty Dollars 10/100 Dollars ($ 40.00)

In _____ Payment of Final Payment Credit Lot

Lot 112 Grave 10 & 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 81-7024

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 [signature]

CREDIT 20% Sales Care	67007 77184	40	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	40	00

CITY AUDITOR
JAN 02 1990

AC-212 (Rev. 10-87)

2078

NAME Jones, Clara ACCT. NO. E-7024

ADDRESS 4964 Caroline Place, San Diego, Ca 92102 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Nov 11	87	Lot 112, Gr 10&11, Sec 2, Div 11	500 00		60 00	440 00
2-3	88	Coupon # 4, Receipt # 35642			20 00	420 00
3-7	88	Coupon # 5, Receipt # 35794			20 00	400 00
3-31	88	Coupon # 6, Receipt 35946			20 00	380 00
5-2	88	Coupon # 7, Receipt 36073			20 00	360 00
6-1	88	Coupon # 8 Receipt 36218			20 00	340 00
7-5	88	Coupon #9 Receipt 36359			20 00	320 00
8-17	88	Coupon 10 Receipt 36477			20 -	300 -
9-2	88	Coupon 11, Receipt 36617			20 00	280 00
10-5	88	Coupon 12, Receipt 36767			20 00	260 00
11-2	88	Coupon 13, Receipt 36892			20 00	240 00
12-3	88	Coupon 14, Receipt 37023			20 00	220 00
1-3	89	Coupon 15, Receipt 37145			20 00	200 00
2-1	89	Coupon 16, Receipt 37282			20 00	180 00
3-2	89	Coupon 17, Receipt 37423			20 00	160 00
4-3	89	Coupon 18, Receipt 37582			20 00	140 00
5-2	89	Coupon 19, Receipt 37730			20 00	120 00
6-2	89	Coupon 20, Receipt 37892			20 00	100 00
7-6	89	Coupon 21, Receipt 38215			20 00	80 00

NAME ACCT. NO.

ADDRESS RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
8-[illegible]-89	Coupon 22 Receipt 38319			20 -	60 -
9-[illegible]-89	Coupon 23 Receipt 38495			20 00	40 00
12-27-89	Coupon 24, Receipt 38714			40 00	-0-

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7024 Creddt Lot

Ciara Jones
4964 Caroline Pl.
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

Amount Received $ 20 00

NAME Ciara L. Jones

ADDRESS 4964 Caroline Pl

CITY San Diego STATE Cal ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. e-7024 Credit Lot

Clara Jones
4964 Caroline Pl.
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 $ 20.00

NAME Clara Jones

ADDRESS 4964 Caroline Pl

CITY Sandiego 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. E-7024 Credit Lot

Clara Jones
4964 Caroline Pl.
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 Clara Jones

ADDRESS 4964 Carolina Pl

CITY San Diego STATE Cal ZIP 92102

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. e-7024 Credit Lot

Clara Jones
4964 Caroline Pl.
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 Clara Jones

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-7024 Credit Lot

Clara Jones
4964 Caroline Pl.
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. $ 20.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. e-7024 Credit lot

Clara Jones
4964 Caroline Pl.
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

$ _____

Amount Received $ _____

NAME Clara Jones

ADDRESS 4964 Caroline Pl

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-7024 Credit Lot

Clara Jones
4964 Caroline Pl.
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 $ _____

NAME Clara Jones

ADDRESS 4964 Caroline Pl

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-7024 Credit Lot

Clara Jones
4964 Caroline Pl.
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

$ _____

Amount Received $ _____

NAME Clara B Jones

ADDRESS 4964 Caroline Dr

CITY San Diego STATE Ca ZIP 92102

☐ check (✓) if this is new address

Send or bring only coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7024 Credit Lot

Clara Jonan
4964 Caroline Pl.
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

$ ____

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-7024 Credit Lot

Clara Jones
4964 Caroline Pl.
San Diego Ca 92102

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
	5			5							

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** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. e-7024 Credit Lot

Clara Jones
4964 Caroline Pl.
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 $ _____

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-7024 Credit Lot

Clara Jones
4964 Caroline Pl.
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

$ _____

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-7024 Credit Lot

Clara Jones
4964 Caroline Pl.
San Diego, Ca 92102

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	5			30							

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** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. e-7024 Credit Lot

Clara Jones
4964 Caroline Pl.
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

$ _____

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-7024 Credit Lot

Clara Jones
4964 Carolina Pl.
San Mateo, Ca 92102

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
	5										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 this coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. e-7524 Credit Lot

Clara Jones
4964 Caroline Pl.
San Diego, Ca 92102

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
		1									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 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7024 Credit Dec

Clara Jones
4964 Caroline Pl:
San Diego, Ca $2102

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
	5			5							20

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** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. e-702A Credit Lot

Clara Jones
4964 Caroline Pl.
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

$ _____

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. 1-7024 Credit Doc

Clara Jones
4964 Caroline Pl.
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 $ _____

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-7024 Credit Lot

Clara Jones
4964 Caroline Pl.
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

$ _____

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-7024 Credit Dot

Clara Jones
4964 Carolina Pl.
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

$ _____

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-7028 Credit Let

Clara Jonse
4364 Caroline Pl.
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.—

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. 2-7024 Credit Dec

Clara Jones
4964 Caroline Pl.
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 $ _____

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-7024 Credit Lot

Clara Jesus
4964 Catoline Pl.
San Diego, Ca 92122

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 ▶ $ 43.00

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

Burned Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/11/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Georgette Williams

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 106 Grave 3 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	1/2 space for Double Crypt	250 00
Additional spaces and care fund	none	
Opening/Closing & Setup	none paid or included as of 11/6/87	
Burial Container		
Handling Fees	1/2 space for Double Crypt only!	
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 # _____

Work Order # E 7025

Acct. # _____

PY-693 (REV. 8-85)

THE CITY OF
SAN DIEGO
3751 Market Street
San Diego, California 92102

OFFICE OF
MT. HOPE
CEMETERY

E7025

PRESORTED FIRST CLASS

SAN DIEGO MAR 19 '95 CA

U.S. POSTAGE 0 27 4

☐ FORWARDING ORDER EXPIRED
☒ INSUFFICIENT ADDRESS
☐ ATTEMPTED NOT KNOWN
☐ NO SUCH NUMBER
☐ OTHER
☐ ROUTE #

INITIALS

Georgett Williams
3548 Van Dyke Ave.
S.D., CA 92114

INSUFFICIENT
ADDRESS
RETURN TO SENDER

SAN DIEGO, CA 921 16 MAR 1995 PM

Printed on recycled paper

NAME Williams, Georgett ACCT. NO. E-7025

ADDRESS 3548 Van Dyke Avenue, San diego, Ca 92114 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
/11 87	Lot 106, Grave 3, Section 2, Division 11	250 00			250 00

AIGNER FORM NO. 25-204 Williams, Georgett PRINTED IN USA

Burned
Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/11/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Georgette Williams

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 106 Grave 3 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	Span for Double Crypt	250 00
Additional spaces and care fund	none	
Opening/Closing & Setup	none paid or included as of 11/6/87	
Burial Container		
Handling Fees	Span for Double Crypt only!	
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 # _____

Work Order # E 7025

Acct. # _____

PY-593 (REV. 8-85)

E-7025

This space maybe used for Double Crypt

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 11 day of November, 1987, between Georgette Williams, 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 106, Grave 3, 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 December, 1987; and the balance in installments of $ 10.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

Can be for Double Crypt. E 7025

WITNESS our hands this day and year above written.

Deed to be issued to:

Georgett Williams
Name

3548 Van Dyke
Address

San Diego - 92114

Phone - 284-5169

Payment book for
23 payment @ 10.00
1 pay. @ 20.00

PURCHASER

T. +

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Roger W Stelter

GWS:baa(2)62
2-14-86

E_7025

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Georgett Williams

Address 3548 Van Dyke Ave. 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 106, Grave 3, Row —, Section 2, ~~Block~~/Division 11 in Mt. Hope Cemetery, entered into on November 11, 1987, by and between Mt. Hope Cemetery and Georgett Williams that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michele L. Clark
Clerical Asst. II

GWS:baa(2)62
2-14-86

Pre need Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/11/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Wright

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 112 Grave 9 Row – Section 2 Division/~~Block~~ 11

Grave space & Care Fund Sp 9 can be Double Crypt if Would	250.00
Additional spaces and care fund Sp 8 reserved to 1/1/89	
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	

no deposit on Contract 11/11/87

Sp 8 no deposit just reserve Till 1/1/89

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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. L
Signature

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 7026

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

№ 35493

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-4, 1988

From: Mary Wright Address: 375 S. 49th SD

ten 00/ Dollars ($ 10.00)

In _____ Payment of Coupon #3 Credit Lot

Lot 112 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7026

BALANCE DUE 220.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

225-7311-163

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY ACCOUNTS
JAN 04 1988

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	10	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	—

OFFICIAL RECEIPT

№ 35655

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-4, 1988

From: Mary Wright Address: 375 S. 49th, S.D.

Ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Coupon #4 credit lot

Lot 112 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7026

BALANCE DUE 210.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

225-7312-462

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

FEB 08 1988

ISSUED BY Sandra Vera

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	10	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	10	—

№ 35371

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12 4, 1987

From: Mary Wright Address: 375 S. 49th Street, SD

Twenty 00/ Dollars ($ 20.00)

In _____ Payment of Coupon 1 & 2 Credit Lot

Lot 112 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7026

BALANCE DUE 230.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 225-5202-303

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

OFFICIAL RECEIPT

№ 35989-B

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-7, 19 88

From: Mary Wright Address: 275 S. 99th Street

ten dollars Dollars ($ 10.00)

In _____ Payment of Coupon 6 Credit Lot

Lot 112 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7026

BALANCE DUE 190.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

APR 14 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	—

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 35837

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-8, 1988

From: Mary Wright Address: 375 S. 49th Street, SD

Ten Dollars no/100 Dollars ($ 10.00)

In _____ Payment of Coupon #5 Credit Lot

Lot 112 Grave 9 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7026

BALANCE DUE 200.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

226-2438-608

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 11 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	10	—

OFFICIAL RECEIPT

№ 36109

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-5, 19 88

From: Mary Wright Address: 375 S. 19th Street, SD

Ten Dollars no/100 Dollars ($ 10.00)

In _____ Payment of Coupon 7 Credit Lot

Lot 112 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7026

BALANCE DUE 110.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

226-7277-60

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 11 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36258

Date: 6-6, 19 88

From: Mary Wright Address: 375 S. 49th St, SD, CA

Ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Coupon 8 Credit Lot

Lot 112 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7026

BALANCE DUE 170.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

296-9925-169

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 13 1988

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	10.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	10.00

OFFICIAL RECEIPT

№ 36386

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-7, 19 88

From: Mary Wright Address: 375 S. 49th St. #1

Ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Coupon #9 Credit Lot

Lot 112 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7026

BALANCE DUE 160.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 227-1580-026

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUL 13 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

No. 36526

Date: 8-8, 1988

From: [illegible] Address: 375 S 49th St

Ten dollars [illegible] Dollars ($ 10.00)

In payment Payment of Credit Lot [illegible]

Lot 112 Grave 9 Row 1457 Section 2 Division Block 4

Invoice No.

Acct. No.

W.O. E-7026

BALANCE DUE 150.00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 12 1988

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	10
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	10

AC-212 (Rev. 10-87)

227-2851-970

OFFICIAL RECEIPT

№ 36661

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-8, 19 88

From: Mary Wright Address: 375 S. 49th St SD

Ten dollars no/100 Dollars ($ 10.00)

In Payment of Coupon 11 Credit Lot

Lot 112 Grave 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 8-7026

BALANCE DUE 140.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

2275362781

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
SEP 14 1988

ISSUED BY Sandra Wural

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37046

Date: 12-5, 19 88

From: Mary Wright Address: 375 S. 49th Street S

Ten no/100 Dollars ($ 10.00)

In _____ Payment of Coupon B Credit Lot

Lot 112 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. S-7026

BALANCE DUE 120.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
DEC 9 1988

ISSUED BY Linda Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

AC-212 (Rev. 10-87) 327-7746-3M

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36948

Date: 11-9, 19 88

From: Mary Wright Address: 375 S 49th Street, SD

ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Coupon 12 Credit Lot

Lot 112 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7026

BALANCE DUE 130.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 21 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	10	00

AC-212 (Rev. 10-87)

227-8129-717

OFFICIAL RECEIPT

№ 37205

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-9, 19 89

From: Mary Wright Address: 375 S. 49th Street SD

Twenty-Two Dollars ($ 22.00)

In _____ Payment of Coupon 14215 Credit Lot

Lot 112 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7026

BALANCE DUE 98.00

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 Andy Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	22.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	22.00

CITY AUDITOR
JAN 11 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37328

Date: 2-7, 1989

From: Mary Wright Address: 375 S 49th, SD 92113

Ten and 10 Dollars ($ 10.00)

In _____ Payment of Coupon 16 Credit Lot

Lot 112 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7026

BALANCE DUE 88.00

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

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37462

Date: 3-7, 19 89

From: Mary Wright Address: 345 S. 49th Street #1 SD

Ten 70/100 Dollars ($ 10.00)

In _____ Payment of Coupon 17 Credit Lot

Lot 112 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7026

BALANCE DUE 76.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

228 3159 [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 10 1989

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
APR 07 1989

№ 37626

Date: 4-5 19 89

From: Mary Wright Address: 375 - S. 49th Street SD

Twenty no/100 Dollars ($ 20.00)

In _____ Payment of Coupon 12 & 19

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. 2-7026

BALANCE DUE 58.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

238 463 627

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Linda Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37771

Date: 5-5, 19 89

From: Mary Dricht Address: 375 S 49th Street SD

Ten 00/100 Dollars ($ 10.00)

In _____ Payment of Coupon 20 Credit Lot

Lot 112 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7026

BALANCE DUE 48.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

230 608-717

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	2.00
80% Sales of Lots	100 77184	8.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	10.00

CITY AUDITOR
MAY 12 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38374

Date August 7, 19 59

From Mary Wright Address 375 S. 49th Stut. S.D. CA.

Ten no/100 Dollars ($ 10.00)

In Payment of Coupon 22 Credit Lot

Lot 112 Grave 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E - 7026

BALANCE DUE 28.00

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 Sharon L Crain

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	10	00

CITY AUDITOR
AUG 7 2 1959

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38254

Date: 7-7, 19 89

From: Mary Wright Address: 375 S 49th Street, SD

Ten dollars 00/100 Dollars ($ 10.00)

In _____ Payment of One pan 21 Model Lot

Lot 112 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7026

BALANCE DUE 38.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

239-9449-510

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy

CREDIT 20% Sales Care	67007 77184	10	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

CITY AUDITOR
JUL 14 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37963

Date: 9-22, 1989

From: Mary Wright Address: 375 S. 49th Street, [illegible]

Tex Dollars [illegible] Dollars ($ 10.00)

In _____ Payment of Coupon 23 Credit Lot

Lot 112 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7026

BALANCE DUE 18.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☒

AC-212 (Rev. 10-87) 191-6750-131

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	10.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	10.00

CITY AUDITOR
OCT 02 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38627

Date: 12-4, 1989

From: Mary Wright Address: 375 S. 47th Fort St

twenty dollars and 00/100 Dollars ($ 21.00)

In _____ Payment of Coupon 24 Unit Lot

Lot 112 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7026

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 Linda Card

CREDIT 20% Sales Care	67007 77184	21 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	21 00

CITY AUDITOR
DEC 11 1989

AC-212 (Rev. 10-87) 192-0690-24

NAME Wright, Mary ACCT. NO. E-7026

ADDRESS 375 S. 49th Street, San Diego, Ca 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
N[redacted]11	87	Lot 112, Grave 9, Section 2, Division 11	250 00		30 00	220 00
2-4	88	Coupon #4, Receipt #35655			10 00	210 00
3-8	88	Coupon #5, Receipt #35837			10 00	200 00
4-7	88	Coupon 6 Receipt 35984-B			10 00	190 00
5-5	88	Coupon #7 Receipt 36109			10 00	180 00
6-6	88	Coupon #8 Receipt 36258			10 00	170 00
7-7	88	Coupon #9, Receipt 36386			10 00	160 00
9-6	88	Coupon 10 Receipt 36576			10 00	150 00
9-8	88	Coupon 11, Receipt 36661			10 00	140 00
11-4	88	Coupon 12, Receipt 36948			10 00	130 00
12-5	88	Coupon 13, Receipt 37046			10 00	120 00
1-9	89	Coupon 14 & 15, Receipt 37205			22 00	98 00
2-7	89	Coupon 16, Receipt 37328			10 00	88 00
3-7	89	Coupon 17 Receipt 37462			10 00	78 00
[redacted]	89	Coupon 18 & 19, Receipt 37626			20 00	58 00
5-5	89	Coupon 20, Receipt 37771			10 00	48 00
7-7	89	Coupon 21, Receipt 38254			10 00	38 00
8-7	89	Coupon 22, Receipt 38374			10 00	28 00
11-22	89	Coupon 23, Receipt 38963			10 00	18 00

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT 18.00

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
12-4	89	Receipt 38627 Coupon 24 Late charges			2100	<[illegible]0>

AIGNER FORM NO. 25-204

PRINTED IN USA

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7026 Credit Lot

Mary Wright
375 S. 49th 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

$ 11.00

Amount Received $ ____

NAME Mary Wright

ADDRESS 375 So 49 ST. (R.F.D.)

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-7026 Credit Lot

Mary Wright
375 S. 49th 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 Mary Wright

ADDRESS 375 So 49 ST (APT. 1)

CITY SAN DIEGO STATE CALIF ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7026 Credit Lot

Mary Wright
375 S. 49th Street
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 MARY WRIGHT

ADDRESS 375 So. 49 ST A.P.T. 1

CITY SAN DIEGO STATE CALIF 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-7026 Credit Lot

Mary Wright
375 S. 49th Street
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 MARY WRIGHT

ADDRESS 375 So 49. ST APT 1

CITY SANDIEGO STATE CAIF 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-7026 Credit Lot

Mary Wright
375 S. 49th Street
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

$

Amount Received $

NAME Mary Wright

ADDRESS 375 So 49th Apt 1

CITY San Diego STATE Calif 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-7026 Credit Lot

Mary Wright
375 S. 49th Street
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. $ 10.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME Mary Wright

ADDRESS 375 So 49th St. Apt. 1

CITY SAN DIEGO STATE CALIF 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. 2-7026 Credit Lot

Mary Wright-
375 S. 49th Street
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 Mary Wright

ADDRESS 375 So 49th St A.P.T. 1

CITY San Diego STATE Calif 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-7026 Credit Lot

Mary Wright
375 S. 49th Street
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 Mary Wright

ADDRESS 375 50.49 st A.P.T. 1

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

ACCOUNT No. 2-7026 Credit Lot

Mary Wright
375 S. 49th 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 Mary Wright

ADDRESS 375 So 49th St A.P.T. 1

CITY San Diego STATE Calif 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-7026 Credit Lot

Mary Wright
375 S. 49th Street
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 $ _____

NAME Mary Wright

ADDRESS 375 S. 49th St A.P.T. 1

CITY San Diego STATE Calif ZIP 92113

☐ check(✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7026 Credit Lot

Mary Wright
375 S. 49th Street
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

$

Amount Received $

NAME Mary Wright

ADDRESS 375 So 49th R.P.T.I

CITY San Diego STATE Cal 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-7026 Credit Lot

Mary Wright
375 S. 49th 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 ▶ $ 10.00

Amount due if paid more than ____ days after due date above ▶ $ 1.00

$ _____

Amount Received $ _____

NAME Mary Wright

ADDRESS 375 So 49th St 4-25-51

CITY San Diego STATE Calif 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-7026 Credit Lot

Mary Wright
375 S. 49th 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 Mary Wright

ADDRESS 375 So 49th Apt 1

CITY San Diego STATE Calif ZIP 92113

☐ check (✓) if this is new address

Send or bring this coupon with such remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7026 Credit Lot

Mary Wright
375 S. 49th Street
San Diego, Ca 92113

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											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

$ _____

Amount Received $ _____

NAME Mary Wright

ADDRESS 375 So 49th St A.P.T.

CITY San Diego STATE Calif 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-7026 Credit Lot

Mary Wright
375 S. 49th Street
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 Mary Wright

ADDRESS 375 So 49 st A. Pt. 1

CITY San Diego STATE Calif ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7026 Credit Lot

Mary Wright
375 S. 49th Street
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 Mary Wright

ADDRESS 375 S 49th St Apt. 1

CITY San Diego STATE Calif 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-7026 Credit Lot

Mary Wright
375 S. 49th Street
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

$ _____

Amount Received $ _____

NAME MARY WRIGHT

ADDRESS 375 So. 49. ST Ap. 71

CITY SAN DIEGO STATE CALIF 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-7026 Credit Lot

Mary Wright
375 S. 49th Street
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. $ 10.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME Mary Wright

ADDRESS 375 So 49th M.P.T.

CITY San Diego STATE Calif ZIP 9211 3

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7026 Credit Lot

Mary Wright
375 S. 49th Street
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 Mary Wright

ADDRESS 375 So 49 ST #1

CITY San Diego STATE Calif 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-7026 Credit Lot

Mary Wright
375 S. 49th Street
San Diego, Ca 9213

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 MARY WRIGHT

ADDRESS 375 So. 49. ST APT 1

CITY SAN DIEGO STATE CALIF ZIP 9213

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7026 Credit Lot

Mary Wright
375 S. 49th 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 MARY WRIGHT

ADDRESS 375 So. 49. ST A.P.T 1

CITY SAN DIEGO STATE CALIF ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7026 Credit Lot

Mary Wright
375 S. 49th Street
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 $ _____

NAME MARY WAIGHT

ADDRESS 375 SO 49 ST A.P.T. 1

CITY SAN DIEGO STATE CALIF 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-7026 Credit Lot

Mary Wright
375 S. 49th Street
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

$ _____

Amount Received $ _____

NAME MARY WRIGHT

ADDRESS 375 So. 49 ST. APT 1

CITY SAN DIEGO STATE CALIF 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. 2-7028 Credit Lot

Mary Wright
375 S. 49th 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: $ 20.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ _____

Amount Received $ _____

NAME MARY WRIGHT

ADDRESS 375 SO 49 ST APT 1

CITY SAN DIEGO STATE CALIF ZIP 92113

☐ check (✓) if this is new address

Pre Need Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/11/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Billie Stanley

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 107 Grave 4 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund Sp. 4 O.K. Double Cuppts 250.00

Additional spaces and care fund Sp. 5 reserved for Lovelace Till 1/1/89

Opening/Closing & Setup .....

Burial Container ..... none arranged for

Handling Fees ..... or Deposit made

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due Single Sp. 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 # _____

Work Order # E 7027

Acct. # _____

PY-593 (REV. 8-85)

E 7027

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Billie Stanley

Address 1746 Euclid. S.D. CA 92105

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 107, Grave 4, Row —, Section 2, ~~Block~~/Division 11 in Mt. Hope Cemetery, entered into on November 11, 1987, by and between Mt. Hope Cemetery and Billie Stanley that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michele L. Clark
Clerical Asst. II

GWS:baa(2)62
2-14-86

E_7027

On Med Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/11/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Billie Stanley

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 107 Grave 4 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund Sp 4 O.K. Double Crypts 250.00

Additional spaces and care fund Sp 5 reserved for Stanley Till 1/1/89

Opening/Closing & Setup .....

Burial Container ..... none arranged for or deposit made

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due Single Sp. 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 7027

PY-593 (REV. 8-85)

E-7027

E-7027

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 11 day of November, 1987, between Billie Stanley, 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 107, Grave 4, 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 December, 1987; and the balance in installments of $ 10.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

Reserve Lot 5 of Lot 107 for 12 mo or to Jan 1, 1989 See purchase if not done deposit 10% to purchaser if not done by 12/5 by 1/1/89 lot will be sold to purchaser at this price. Plus 18 mill

note statement on Page one about Sp 6

E-7027

WITNESS our hands this day and year above written.

Deed to be issued to:

Billie Stanley
Name

3032 Valle ave
Address

S.D. 92113

Phone 234-9718

23 payments of 10.00
1 payment of 20.00 or more ↑

Payment book to be issued.

PURCHASER

T. of

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: George W. Stella

GWS:baa(2)62
2-14-86

E-7027

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

Billie Stanley
3032 Valle Avenue
San Diego, Ca 92113

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 11-12-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alma Edwards

in a Bell Liner (Vault/Liner) Funeral, date, time 11/13 Fri 11am

Church, Chapel, Graveside Church/Grave Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 45 Grave 9 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number 35293	856.00
Balance due	0

PAID
NOV 12 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Pd by Chr from Church Via Ragsdale

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7028

PY-593 (REV. 8-85)

E_7028

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALMA NMN EDWARDS	Female	Jan. 11, 1903	Nov. 6, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Leanna Chapman - Friend 1525- 50th Street San Diego, California 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Riggsdale Mort.: 5050 Eed. Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED ON THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: NOV 12 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Gerald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/13/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

Steel Vault nonsealed Lenin

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 35293

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/12, 1987

From: Via Anderson/Ragsdale Address: 5050 Federal Blvd - SD 92102

Eight Hundred fifty six and no/100 Dollars ($ 856.00)

In full Payment of Interment fees for Alma Edwards - due

(Chg from 452 Janice Grinderson & Mt Zion M.B. Church -

Lot 45 Grave 9 Row — Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E 7028

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 9591 x 506

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	6	00
TOTAL PAID	$	856	00

Lot E-7022

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-12-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AAMIR M. SHABAZZ

in a ~~Liner~~ Vault (Vault/Liner) Funeral, date, time Fri 11-13 / 2 PM

(Church) Chapel, (Graveside) Church, S.S. ; Pagsdale Mortuary.

All Funeral cars must 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 . 530521431 ARMY

Lot 64 Grave 1 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1010.50
Paid receipt number 35287	1010.50
Balance due	-0-

PAID
NOV 12 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Marker received 2-16-88

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.

Catherine M Harris
Signature

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

2917 17TH ST.
Address

SAN DIEGO CA 92101
State Zip Code

696-9182
Telephone

Invoice # ____

Work Order # E 7029

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 35287

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-12, 1987

From: Catherine Harris Address: 27 17th Street SD 92101

One Thousand Ten Dollars 50/100 Dollars ($ 1010.50)

In _____ Payment of Cremir Storage Burial Service

Lot 64 Grave 1 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7029

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 Lindsey Ward

CREDIT 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77183	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	1010	50

AC-212 (Rev. 11-86)

E-7029

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA Aaron Darniell Bryant Aamir Muhammand Shabazz	Male	August 5, 1956	Nov. 10, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Catherine M. Harriw - Mother 27 N. 17th Street San Diego, CA 92101

NAME AND ADDRESS OF FUNERAL DIRECTOR	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, CA 92102	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery; 3751 Market Street San Diego, CA	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: ▶ [signature] DATE SIGNED: [signature]
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: NOV 12 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald E. Powers, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11-13-87 (ENTER DATE) 64/12/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ George W Stiltner	LICENSE 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 11-12-87

(X) You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains (X)

of Mildred Bertha Schmitz

in a Ash Vault (Vault/Liner) Funeral, date, time 11/24/87 - Ayp 8

Church, Chapel, Graveside Pacific Beach Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . Drop Off

Lot 67 Grave 3 Row _____ Section 4 Division/~~Block~~ 7

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 35289	242.40
Balance due	-0-

PAID
NOV 12 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the sister in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Margaret Soriso
Signature

4039 Jewell
Address

S. D. 92109
State Zip Code

272-7339
Telephone

Invoice # _____

Work Order # E 7030

Acct. # _____

PY-583 (REV. 8-85)

Paper Work completed

OFFICIAL RECEIPT

№ 35289

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-12 87

From: Margaret Hayes Address: 4435 Bryant St SD 92109

Two Hundred Forty-two 40/— Dollars ($ 242.00)

In Payment of Mildred E. Schmitz Service

Lot 67 Grave 3 Row Section 4 Division Block 7

Invoice No

Acct. No

W.O. E-7030

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 Sandy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	195 00
Burial Containers	100 77182	40 00
	100	60 00
Handling Fee	77183	
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	2 40
TOTAL PAID	$	242 40

E 7030

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MILDRED BERTHA SCHMITZ	FEMALE	JULY 4, 1907	FOUND OCT. 28, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	JOHN GARISS-NEPHEW 4039 JEWELL ST. SAN DIEGO, CA 92109

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
4710 CASS ST PACIFIC BEACH MORTUARY SAN DIEGO, CA 92109	815

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY-3751 MARKET ST., SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED CYPRESS VIEW CREMATORY-SAN DIEGO, CA	DATE CREMATED 10/30/87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Debbi Mullins
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Tanaya Barboza by: Pacific Beach Mortuary, Inc DATE SIGNED 10-29-87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED OCT 29 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powell M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/24/87 (ENTER DATE) 6/3/47	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geneva Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-13-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillie L. Jones (X)

in a Ash Vault Funeral, date, time 11/19/87
Vault/Liner

Church, Chapel, Graveside _____ Mail _____ Mortuary.

All Funeral cars must 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 32 1/2 Grave 1 Row _____ Section MAS Division/Block J

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 35296	242.40
Balance due	0

Per phone conversation with P. J. Montgomery

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Call when complete

See attached
Signature

Mrs. Montgomery
Address

State Zip Code

444-8928
Telephone

Invoice # _____

Work Order # E 7031

Acct. # _____

PY-583 (REV. 8-85)

E_7031

11-12-87

ENCLOSED IS THE INTERNMENT FEE FOR THE ASHES OF LETTY L. JONES TO BE PLACED IN THE SAME PLOT WITH HER BROTHER GEORGE ARTHUR JONES.

Mrs. Peggy J. Montgomery
694 MOUNTAIN VIEW RD.
EL CAJON, CA. 92021
444-8928

MHS -

32 1/2 1 - J

OFFICIAL RECEIPT

№ 35296

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-13, 19 67

From: J. J. Montgomery Address: 694 Mountain View Rd E.C.

two hundred & forty-two 40 Dollars ($ 242.40)

In _____ Payment of Letty F. Jones Services

Lot 32½ Grave 1 Row _____ Section MAS Division Block J

Invoice No. _____

Acct. No. _____

W.O. E-7031

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

833

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lindy Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77183	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

AC-212 (Rev. 11-86)

E_7031

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LETTY LEE JONES	Female	Nov. 25, 1899	Nov. 8, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Fresno	Fresno	Cindy Jensen (niece) 7265 S. Maple Fresno, Ca

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Chapel of the Light FResno, Ca	F-1423

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

[redacted]RMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery San Diego, Ca		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Chapel of the Light Fresno, Ca	DATE CREMATED: 11-10-87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: D. Pardini
BURIAL AT SEA OR [redacted]TION OTHER TH[redacted]N A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: [signature] DATE SIGNED: 11-10-87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: 11/10/1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donn R. Cobb M.D. by: CA
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/18/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: Fresno County Health Dept., P.O. Box 11800, Fresno, cA 93775		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/13/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To Install Marker for Billy R. Lamb

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 1428 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	Marker Installed 11/13/87
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	V.A. Bronze 35.00
Recording and filing fee	
Sales taxes	
Total Due	135.00
Paid receipt number 35298	135
Balance due	0

I hereby certify I am the Parents of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 262-5115 Zip Code
Telephone

Invoice # _____

Work Order # E 7032

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 35298

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/13/87, 19__

From: Jesse Daniels Address: 3502 Natave - SD. 92113

One Hundred Thirty five Dollars ($ 135.00)

In full Payment of Pre-Paid Setting of Billy R. Daniels -

Lot 14 28 Grave ____ Row ____ Section ____ Division ~~Block~~ 10

Invoice No. ____

Acct. No. ____

W.O. E 7032

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 11-86) 2435

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Scoyen Stith

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	135 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	135 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Winnie Mae Smith Date 11/16/87

1/19/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Winnie Smith

in a Liner (Vault/Liner) Funeral, date, time 11/16-MON- 2 P.M.

Church, Chapel, Graveside Chapel & Grove; 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 121 Grave 5 Row — Section 2 Division/Block 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number 35307	856.00
Balance due	-0-

PAID
labor
NOV 16 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Ragsdale to Bring Ck -

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

O.K. Via Ragsdale

I hereby authorize the interment in lot I hold under deed. ck #8715

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 7033

Acct. # _____

PY-593 (REV. 9-85)

E 7033

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WINNIE MAE SMITH	Female	Jahnary 19,1902	November 12,1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Johnnie M. Sanders -Great-niece 644 Porter Street San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: San Diego,CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

[redacted]ERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A 6/3 H.P. Wooden	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR [redacted]TION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Cloth - Linen		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED November 16, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 16 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Cannon, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/16/87 (ENTER DATE) 12/5/2/11	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

№ 35307

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/16/87, 19

From: Ragdale Chapel
Winnie Mae Smith
Address: 5050 Fed SD 92102

Eight hundred fifty six and no/100 Dollars ($ 856.00)

In full Payment of Interment of and for Winnie Mae Smith - dec

Lot 121 Grave 5 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 7033

BALANCE DUE —

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 11-86) 8715

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	6	00
TOTAL PAID	$	856	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-16-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Monique Smith

in a Bell Series Vault/Liner Funeral, date, time 11-16 11 Am 2pm

Church, Chapel, Graveside Chapel & Grave Forest Lawn Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot ____ Grave ____ Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
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

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7034

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-17-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY E. HARVEY

in a ASH VAULT (Vault/Liner) Funeral, date, time WHEN ARRIVES FRI 11-20

Church, Chapel, Graveside NONE ; TELOPHASE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 13 Grave 4 Row _____ Section 3 Division/~~Block~~ 5

Grave space & Care Fund ... preneed	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number 35308	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 # _____

Work Order # E 7035

Acct. # _____

PY-583 (REV 8-86)

E 7035

28037

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Mary Ellen Harvey	Female	5-27-1913	11-13-1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Martha L. Gulledge (Daughter) 6824 Wallsey Drive San Diego, CA 92119

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
TELOMASE SOCIETY 1333 Camino Del Rio S.#105, San Diego, CA	F-1272

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market Street, San Diego			COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS WILL BE CREMATED: CAEMAR CREMATORY, 2299 South Manchester Ave., Anaheim, CA		DATE CREMATED: 11-18-87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A			
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**			SIGNATURE OF APPLICANT: Martha L. Gulledge DATE SIGNED: 11-14-87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: NOV 16 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D. per
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/19/87 (ENTER DATE) 13-4-3-5	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: N/A			

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 35308

Date: 11-14-, 19 87

From: MARTHA L. CULLEDGE Address: 6524 WALLEY DR., S.D. CA 92119

TWO HUNDRED FORTY-TWO DOLLARS AND 40/100 Dollars ($ 242.40)

In FULL Payment of INURNMENT OF MARY E. HARVEY ®

Lot 13 Grave 4 Row Section 3 Division 5 Block

Invoice No.

Acct. No.

W.O. E 7035

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 1881

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. League

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	—
Burial Containers	100 77182	40	—
Handling Fee	100 77183	40	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

Granted

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-18-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James E Hertha Walsh

in a _____ (Vault/Liner) Funeral, date, time _____

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 45 Grave 7 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup 2 @ 320.00 =	640.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee 2 @ 25.00 =	70.00
Sales taxes	19.80
Total Due	1629.80
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

Hertha Walsh
Signature
450 E. Bradley Ave 153
Address
El Cajon, CA 92021
State Zip Code
448-8190
Telephone

Work Order # E 7036

Invoice # _____

Acct. # _____

PY-583 (REV. 9-85)

1629.80

12-3-87 35356 68.00

1561.80

1-6-87 35516 68.00

1493.80

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35516

Date: 1-6 1988

From: Hertha Walsh Address: 450 E. Bradley Sp 153, EC

Sixty-eight Dollars ($ 68.00)

In Payment of Coupon #2 Credit Lot

Lot 45 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7036

BALANCE DUE 1493.80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 0551

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JAN 11 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	68	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9023		
Sales Tax	60101 78390		
TOTAL PAID	$	68	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 35640

Date: 2-3, 19 88

From: Hertha Dahl Address: 450 E. Bradley Sp 153, EC

Sixty-seven 00/100 Dollars ($ 67.00)

In Payment of Coupon #3 Credit Lot 2 Block

Lot 45 Grave 7 Row Section 2 Division Block 11

Invoice No

Acct. No

W.O. E-7036

BALANCE DUE 142.50

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.

CITY AUDITOR

FEB 05 1988

ISSUED BY Hertha Dahl

CREDIT	67007	3	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	64	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	67	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35813

Date: 3-4, 1988

From: James Walsh Address: 450 E. Bradley, Space 153
Sixty - seven Dollars ($ 67.00)

In _____ Payment of Coupon #4 Credit Lot

Lot 45 Grave 7 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7036

BALANCE DUE 1359.80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0567

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 08 1988

ISSUED BY Sandra Varal

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	67.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	67.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 36006

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4 11 1988

From: Bertha Walsh Address: 450 E. Bradley, Sp 153, EC

Sixty-seven no/100 Dollars ($ 67.00)

In _____ Payment of Coupon 5 Pre-need Trust

Lot 45 Grave 7 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7036

BALANCE DUE 1292.80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

0573

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CITY AUDITOR

APR 14 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	67.00
Sales Tax	60101 78390	
TOTAL PAID	$	67.00

OFFICIAL RECEIPT

№ 35356

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-3, 1987

From: Hertha Walsh Address: 450 E. Bradley Sp 153, EC

Sixty - eight Dollars ($ 68.00)

In _____ Payment of Coupon 1, Credit Lot

Lot 45 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7036

BALANCE DUE 1561.80

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0541

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	68 —
Opening/ 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	$	68 —

OFFICIAL RECEIPT

No. 36056

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-28, 1986

From: Jones Walsh Address: 450 E. Bradley, Sp 153

Sixty-seven no/100 Dollars ($ 67.00)

In _____ Payment of Camp n 6 Credit Lot

Lot 45 Grave 7 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7036

BALANCE DUE 1225.80

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0580

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandra Ward

CREDIT	67007	22	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	45	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	67	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36221

Date: 6-1, 1988

From: Bertha Walsh Address: 450 E. Bradley Sp 153 E C

Sixty-seven no/100 Dollars ($ 67.00)

In _____ Payment of Coupon 7 Credit Lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. R-7036

BALANCE DUE 1156.80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

0593

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 7 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	67.00
Sales Tax	60101 78390	
TOTAL PAID	$	67.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36334

Date: 6-27, 19 88

From: Bertha Walsh Address: 450 E. Bradley Sp 153, EC

Sixty-seven no/100 Dollars ($ 67.00)

In _____ Payment of Preneed Trust Coupon #8

Lot 45 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7036

BALANCE DUE 1091.80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

0603

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 30 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	67	00
Sales Tax	60101 78390		
TOTAL PAID	$	67	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Trust

№ 36475

Date: 8-2, 1988

From: L C Walsh Address: 450 E. Bradley #153

Sixty-Seven Dollars Dollars ($ 67.00)

In payment Payment of Credit Lot Sales

Lot 45 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7036

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 09 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	67	00
Sales Tax	60101 78390		
TOTAL PAID	$	67	—

AC-212 (Rev. 10-87)

0613

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36603

Date: 8-31, 1988

From: James Walsh Address: 450 E. Bradley Sp 153, EC

Suite - Seven Dollars ($ 67.00)

In _____ Payment of Lawyer 10, Pre-need Trust

Lot 45 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-1036

BALANCE DUE 959.80

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 0626

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
SEP 6 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	67	00
Sales Tax	60101 78390		
TOTAL PAID	$	67	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36883

Date: 10-31, 1988

From: Hertha Walsh Address: 450 E. Bradley Sp 113, El Cajon

Sixty-seven Dollars ($ 67.00)

In _____ Payment of Coupon 12 Preneed Trust

Lot 45 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7036

BALANCE DUE 623.80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

0660

AG-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 8 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	67.00
Sales Tax	80101 78390	
TOTAL PAID	$	67.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37008

Date: 11-30, 1988

From: James & Hettie Dodd Address: 450 E Bradley SP#163 El Cajon

Sixty-seven no/100 Dollars ($ 67.00)

In _____ Payment of Cajon 13 Pursed Trust

Lot 45 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7037

BALANCE DUE 756.80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 0682

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
DEC 9 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	67	00
Sales Tax	60101 78390		
TOTAL PAID	$	67	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36771

Date: 10-5, 19 88

From: Hertha Walsh Address: 450 E. Bradley #153, El Cajon

Sixty-seven no/100 Dollars ($ 67.00)

In Payment of Coupon 11 Pre-need Trust

Lot 45 Grave 7 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. 2-7036

BALANCE DUE 890.80

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0647

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

OCT 7 1988

ISSUED BY: Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	67	00
Sales Tax	60101 78390		
TOTAL PAID	$	67	00 ✓

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37137

Date: 12-30 , 19 88

From: Hetta Walsh Address: 4502 Dudley St 152 El Cajon

Sixty-seven no/100 Dollars ($ 67.00)

In Payment of Coupon 14 Pooled Trust

Lot 45 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 2-7036

BALANCE DUE 67.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

693

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY TREASURER

JAN 09 1989

ISSUED BY Hetta Walsh

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	67 00
Sales Tax	60101 78390	
TOTAL PAID	$	67 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37405

Date: 2-28, 1989

From: Hertha Walsh Address: 450 E. Bradley, SP 153, El Cajon

Sixty-seven no/100 Dollars ($ 67.00)

In _____ Payment of Coupon 16 Pre-need Trust

Lot 45 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7036

BALANCE DUE 555.80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

725

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAR 06 1989

ISSUED BY Sandra Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	67	00
Sales Tax	60101 78390		
TOTAL PAID	$	67	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37296

Date: 2-2, 1989

From: [illegible] Address: 4502 [illegible] 53 [illegible]

[illegible] Dollars ($ 67.00)

In _____ Payment of [illegible] 15 [illegible]

Lot 45 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7036

BALANCE DUE 622.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☒

714

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 06 1989

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	67.00
Sales Tax	60101 78390	
TOTAL PAID	$	67.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 37589

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-3, 1989

From: Martha Walsh Address: 450 E. Bradley, #153, El Cajon

Sixty-seven Dollars ($ 67.00)

In _____ Payment of Coupon 17 + Invoice # 082145

for James Walsh's Interment ($200.00)

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7036

BALANCE DUE 288.00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

738

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 05 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	67.00
Sales Tax	60101 78390	
TOTAL PAID	$	67.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37712

Date: 4-27, 1989

From: Hertha Walsh Address: 450 E. Blakley Sp #153 EC

Sixty-seven Dollars ($ 67.00)

In _____ Payment of Coupon 18 Pre-need Trust

Lot 45 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7036

BALANCE DUE 67.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	67.00
Sales Tax	60101 78390	
TOTAL PAID	$	67.00

CITY AUDITOR
MAY 01 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37896

Date: 6-2, 1989

From: Hertha Walsh Address: 450 E. Bradley #153, SC

Sixty-seven miles — Dollars ($ 67.00)

In _____ Payment of Vaupan 17 Pre-need Trust

Lot 45 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7036

BALANCE DUE 154.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
770

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 77184	
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	67.00
Sales Tax	80101 78390	
TOTAL PAID	$	67.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38200

Date: 6-29, 1989

From: Martha Walsh Address: 450 E. Bradley #153, EC

Sixty-Seven no/100 Dollars ($ 67.00)

In _____ Payment of Caufin 20 Preneed Trust

Lot 45 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-4036

BALANCE DUE 87.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 794

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	67 00
Sales Tax	60101 78390	
TOTAL PAID	$	67 00

CITY AUDITOR
JUN 30 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38332

Date: July 31, 1989

From: Hertha Walsh Address: 450 E. Bradley Sp. 153

Sixty-Seven Dollars ($ 67.00)

In part Payment of Credit Preneed Trust Coupon 21

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7036

BALANCE DUE 50 —

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 02 1989

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	67 —
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	67
Sales Tax	60101 78390	
TOTAL PAID	$	67 —

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38444

Date: 8-22, 1989

From: [illegible] Address: 450 E. [illegible] #153 [illegible]

Sixty-seven [illegible] Dollars ($ 67.00)

In _____ Payment of [illegible] payment of [illegible]

Lot 45 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. [illegible]

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1026

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
AUG 28 1989

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	67.00
Sales Tax	60101 78390	
TOTAL PAID	$	67.00

NAME Walsh, James & Hertha ACCT. NO. E-7036

ADDRESS 450 E. Bradley Space 153, El Cajon, Ca 92021 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Nov 18	87	Lot 45, Grave 7, Section 2, Division 11	1629 80		136 00	149[redacted]0
		2 Opening/Closings, Double Crypt, 2 Recording				
2-3	88	Coupon # 3, Receipt # 35640			6700	142680
3-4	88	Coupon # 4, Receipt # 35813			6700	135980
4-11	88	Coupon # 5, Receipt 36006			6700	129280
4-28	88	Coupon # 6, Receipt 36056			6700	122580
6-1	88	Coupon # 7, Receipt 36221			6700	115880
		Lot is paid in full				
6-27	88	Coupon 8, Receipt 36334			6700	109180
8-2	88	Coupon 9, Receipt 36475			6700	102480
8-31	88	Coupon 10, Receipt 36603			6700	95780
10-5	88	Coupon 11, Receipt 36771			6700	89080
10-31	88	Coupon 12, Receipt 36883			6700	82380
11-30	88	Coupon 13, Receipt 37008			6700	75680
12-30	88	Coupon 14, Receipt 37137			6700	68[redacted]80
2-2	89	Coupon 15, Receipt 37246			6700	62[redacted]80
2-27	89	Coupon 16, Receipt 37405			6700	55580
4-3	89	Coupon 17, Receipt 37588			26780	28800
5-27	89	Coupon 18, Receipt 307712			6700	22180

AIGNER FORM NO. 25-204 Walsh, James & Hertha 45 - 7 - 2 - 11 [redacted]

NAME ACCT. NO.

ADDRESS RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
	Balance Forwarded				221 00
6-2 89	Coupon 19, Receipt 37896			67 00	154 00
6-29 89	Coupon 20, Receipt 38199			67 00	87 00
7-31-89	Coupon 21, Receipt 38332			67 -	20 -
8-22 89	Coupon 22, Receipt 38449			67 -	(47 00)
	one payment				
	Jane Walsh ($1028.10) from Trust, $355 is balance in pieced Trust Account				

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7036 Credit Lot & Trust

Hertha & James Walsh
450 E. Bradley, Sp 153
El Cajon, Ca 92021

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: $ 67.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ 68.00

Amount Received $ 68.00

NAME HERTHA & JAMES WALSH

ADDRESS 450 E. BRADLEY. SP. 153

CITY El Cajon STATE Ca ZIP 92021

☐ check (✓) if this is new address

P.O. BOX [illegible]
CHICAGO, IL [illegible]
PRINTED IN U.S.A. BY RAND MCNALLY REV. [illegible]

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7036

Credit Lot & Trust

Hertha & James Walsh
450 E. Bradley, Sp 153
El Cajon , Ca 92021

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. $ 67.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 68.00

Amount Received $ 68.00

NAME Hertha + James Walsh

ADDRESS 450 E. Bradley ave Sp 153

CITY El Cajon STATE Ca ZIP 92021

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7036 Credit Lot & Trust

Hertha & James Walsh
450 E. Bradley, Sp~153
El Cajon, Ca 92021

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. $ 67.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME Hertha & James Walsh

ADDRESS 450 E. Bradley ave Sp 153

CITY El Cajon STATE Ca ZIP 9202

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7036 Credit Lot & — Trust

Hertha & James Walsh
450 E. Bradley, Sp 153
El Cajon , Ca 92021

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. $ 67.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME Hertha James Walsh

ADDRESS 450 E Bradley Sp 153

CITY El Cajon STATE Ca ZIP 92021

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7036 Credit Lot & Trust

Martha & James Walsh
450 E. Bradley, Sp 153
El Cajon, Ca 92021

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 ▶ $ 67.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME Martha & James Walsh

ADDRESS 450 E. Bradley ave Sp 153

CITY El Cajon STATE Ca ZIP 92021

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7036 Credit Lot & Trust

Bertha & James Walsh
450 E. Bradley, Sp 153
El Cajon , Ca 92021

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. $ 67.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME Bertha + James Walsh

ADDRESS 450 E Bradley Ave Sp 153

CITY El Cajon STATE Ca ZIP 92021

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7036 Credit Lot & Trust

Hertha & James Walsh
450 E. Bradley, Sp 153
El Cajon, Ca 92021

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 ▶ $ 67.00

Amount due if paid more than _____ days after due date above: ▶ $ 1.00

$ _____

Amount Received $ 67.00

NAME Hertha & James Walsh

ADDRESS 450 E. Bradley Sp 153

CITY El Cajon STATE Ca ZIP 92021

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7036 Credit Lot 6 Trust

Bertha & James Walsh
450 E. Bradley, Sp 153
El Cajon , Ca 92021

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. $ 67.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ ____

NAME Bertha + James Walsh

ADDRESS 450 E. Bradley a-n Sp 153

CITY El Cajon STATE Ca ZIP 92021

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7036 Credit Lot 6

Ticket

Bertha & James Welch
450 E. Bradley, Sp 153
El Cajon, Ca 92021

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 ▶ $ 67.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ ____

Amount Received $ 67.00

NAME Alertha + James Welch

ADDRESS 450 E Bradley a.c. Sp 153

CITY El Cajon STATE Ca ZIP 92021

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7036 Credit Lot & Trust

Herbin & Janet Walsh
450 E. Bradley, Sp 153
El Cajon , Ca 92021

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. $ 67.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 67.00

Amount Received $ _____

NAME Herbin + Janet Walsh

ADDRESS 450 E Bradley Sp 153

CITY El Cajon STATE Ca ZIP 92021

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7036 Credit Lot & Trust

Bertha & James Walsh
450 E. Bradley, Sp 153
El Cajon, Ca 92021

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. $ 67.00

Amount due if paid more than ____ days after due date above. $ 1.12

$ _____

Amount Received $ _____

NAME Bertha + James E Walsh

ADDRESS 450 E Bradley Ave Sp 153

CITY El Cajon STATE Ca ZIP 92021

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7036 Credit Lot 6 Trust

Hertha & James Walsh
450 E. Bradley, Sp 153
El Cajon, Ca 92021

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. $ 67.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ 67.00

NAME Hertha & James Walsh

ADDRESS 450 E. Bradley ave Sp 153

CITY El Cajon STATE Ca ZIP 92021

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7036 Credit Lot & Trust

Bertha & James Walsh
450 E. Bradley, Sp 153
El Cajon, Ca 92021

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. $ 67.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ 67.00

NAME Bertha & James Walsh

ADDRESS 450 E. Bradley en Sp 153

CITY El Cajon STATE Ca ZIP 92021

Check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7036 Credit Lot 4 Trust

Bertha & James Walsh
450 E. Bradley, Sp 153
El Cajon , Ca 92021

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 ▶ $ 67.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME Bertha & James Walsh

ADDRESS 450 E. Bradley ave Sp 153

CITY El Cajon STATE Ca ZIP 92021

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7036 Credit Lot 6 Trust

Bertha & James Walsh
450 E. Bradley, Sp 153
El Cajon, Ca 92021

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 $ 67.00

Amount due if paid more than ____ days after due date above. $ 1.00

$

Amount Received $

NAME Bertha + James Walsh

ADDRESS 450 E Bradley ave Sp 153

CITY El Cajon STATE Ca ZIP 92021

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7036

Credit Lot & Trust

Hertha & James Walsh
450 E. Bradley, Sp 153
El Cajon , Ca 92021

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											16

Amount due when paid on, or before, due date above. $ 67.00

Amount due if paid more than ____ days after due date above. Month $ 2.50

$ _____

Amount Received $ _____

NAME Hertha & James Walsh

ADDRESS 450 E. Bradley Ave Sp 153

CITY El Cajon STATE Ca ZIP 92021

☐ Check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7036 Credit Lot 6 Trust

Bertha & James Walsh
450 E. Bradley, Sp 153
El Cajon, Ca. 92021

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. $ 67.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME Bertha Walsh

ADDRESS 450 E. Bradley ave Sp 153

CITY El Cajon STATE Ca ZIP 92021

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 1-7036 Credit Lot 4 Trust

Bertha & James Walsh
430 E. Bradley, Sp 153
El Cajon, Ca 92021

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 ▶ $ 67.00

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-7036 Credit Lot 6 Tract

Bertha & James Walsh
450 E. Bradley, Sp 153
El Cajon, Ca 92021

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 $ 67.00

Amount due if paid more than ____ days after due date above $ 1.00

$ _____

Amount Received $ _____

NAME Bertha Walsh

ADDRESS 450 E. Bradley Ave Sp 153

CITY El Cajon STATE Ca ZIP 92021

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7036

Credit Lot & Trust

Martha & James Walsh
450 E. Bradley, Sp 153
El Cajon , Ca 92021

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. $ 67.00

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-7036 Credit Lot & Trust

Bertha & James Welch
450 E. Bradley, Sp 153
El Cajon, Ca 92021

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 ▶ $ 47.00

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-7036

Credit Lot 4
Trust

Bertha & James Walsh
430 E. Bradley, Sp 153
El Cajon, Ca 92021

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. $ 67.00

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 11-19-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TOKINO, KOIKE

in a Top Seal Vault (Vault/Liner) Funeral, date, time 11-23-87 MON, 11 AM

Church, Chapel, Graveside GRAVESIDE ; Colla WAY-SMITH-COB Mortuary.

All Funeral cars must 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. 405 658 5455 Marlow, OK

Lot 5311 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre need -	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 35322	710.50
Balance due	0

PAID
NOV 23 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the r 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

Jane J. Reading
Signature

HC 64, Box 143A
Address

Marlow, OK 73055
State Zip Code

405 658-2427
Telephone

Invoice # _____

Work Order # E 7037

Acct. # _____

PY-593 (REV. 8-85)

TO Sandy

DATE _____ TIME _____

WHILE YOU WERE OUT

M Homer Cobb

OF Marlow Okl.

PHONE 1-405-658-5455 EXT. _____

TELEPHONED		PLEASE CALL	
RETURNED YOUR CALL		WILL CALL AGAIN	
WAS IN TO SEE YOU		WILL COME IN AGAIN	

MESSAGE

GS @ 11:00
Monday
want Seal Vault 10.50
606 Line
Marlow -

FORM BD-70 (Rev. 8-86) RECEIVED BY _____

~~Rokino~~

Tokino

Koike

Jap female

1965

plot

5311 — 10

SHIPPED IN FOR INTERMENT

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
TOKINO KOIKE	female	Sept 25, 1900	Nov 18, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Marlow	Oklahoma	Callaway-Smith-Cobb Funeral Home 415 W. Main St. Marlow, OK 73055

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery - San Diego, CA (3751 Market St.)		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a Batesville 20 ga Cherp	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a Sealed in a T.S. Vault Graveside		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Melinda M. Stewart for LCB DATE SIGNED 11/23/87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 23 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/23/87 (ENTER DATE) S5311/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Scoyen Stetter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH n/a		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT

№ 35322

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/23, 1987

From: W Homer Cobb Address: 415 W. Main Marlow OK. 73055

Seven Hundred Ten and 50/100 Dollars ($ 710.50)

In full Payment of Interment of and for Tokino Kocke - Inc

Lot 5311 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E7037

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

9607

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	—
20% Sales Care	77184	—
80% Sales of Lots	100 77184	—
Opening/ Closing	100 77181	320 00
Burial Containers	100 77182	175 00
Handling Fee	100 77183	170 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	10 50
TOTAL PAID	$	710 50

Make both inurnment in same Vault.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/19/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Francis A. Harvey ⊗ & Dorothy Remaley Harvey ⊗ in a Concrete Urn Vault (Vault/Liner) Funeral, date, time A.O.P. FRI 11-20

Church, Chapel, Graveside No Service Hour: Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO neither

Lot 2 Grave 1 Row ____ Section 1 Division/Block 4

Grave space & Care Fund	Pre Paid in G.B.S.	—
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	2 @ 35=	70.00
Sales taxes		2.40
	Total Due	* 277.40
	Paid receipt number 35312	277.40
	Balance due	0

PAID
OCT 19 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Margaret H. Dildine
Signature
Star Route 90 A
Address
Kaunakakai HI 96748
State Zip Code
(808) 553-3498
Telephone

Invoice # ____

Work Order # E 7038

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 35312

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/19/87, 19

From: Margaret H. Dildine Address: St. Rt 90A - Kaunakakai, HI 96748

Two Hundred Seventy Seven at 40/100 Dollars ($ 277.40)

In full Payment of Inurnment of and for Francis A Harvey - and Dorothy R Harvey. "Husband & Wife" in Un Vault together -

Lot 2 Grave 1 Row Section 1 Division Block 4

Invoice No. ~

Acct. No. ~

W.O. E 7038

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 Geoyen Stott

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77183	60	00
Recording & Misc. Fees	100 77183	70	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	40
TOTAL PAID	$	277	40

AC-212 (Rev. 11-86)

E-7038

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
DOROTHY	REMALEY	HARVEY	September 24, 1987	1250

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
female	white	NO XX	April 29, 1896	91 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Pennsylvania	Philip Allen Remaley - PA	Mary Jane Crusan - PA

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	19 --- TO 19 ---	567-66-9122	widowed	none

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER OF SELF-EMPLOYED, SO STATE	18. KIND OF INDUSTRY OR BUSINESS
College Professor	37	San Diego State University	Education

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
5801 Adelaide Ave.		San Diego

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Diego	CA	Margaret H. Dildine - daughter Star Route 90A Kaunakakai, HI 96748

21A. PLACE OF DEATH	21B. COUNTY
Alvarado Convalescent Hospital	San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
6599 Alvarado Road	San Diego

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE
(A) Carcinomatosis, Colloid
DUE TO, OR AS A CONSEQUENCE OF
(B) Ca Ventriculus, Gastric Hemorrhage
DUE TO, OR AS A CONSEQUENCE OF
(C)

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2hrs / years

24. WAS DEATH REPORTED TO CORONER? Yes
25. WAS BIOPSY PERFORMED? No
26. WAS AUTOPSY PERFORMED? No

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: Arteriosclerosis

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION? DATE: No

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 11/1/86
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 9/24/87

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Richard W. Mackey, M.D. | 28C. DATE SIGNED: 9/25/87 | 28D. PHYSICIAN'S LICENSE NUMBER: C33230

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Richard W. Mackey, MD 203 Travelodge Dr. El Cajon, CA 588-3805 92020

29. SPECIFY ACCIDENT, SUICIDE/ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	9/28/87	3953 Imperial Ave. Cypress View Crematory - San Diego, CA	not embalmed

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Lewis Colonial/Benbough	F-480	Donald L. Ramos, M.D.:mm	SEP 25 1987

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-11 (1-85)

COUNTY OF SAN DIEGO-DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY.
THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED.
REQUIRED FEE PAID.
DATE ISSUED: SEP 25 1987
Donald L. Ramos, M.D.:mm
REGISTRAR OF VITAL STATISTICS

Form FS-192
1-72

DEPARTMENT OF STATE
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

REPORT OF THE DEATH OF AN AMERICAN CITIZEN

American Embassy, Singapore
~~Republic of Singapore~~ (Place and date) ~~February 4, 197~~

Name in full Francis A. Harvey Occupation Retired

Native or naturalized born California, USA - Feb. 13, 1894 Last known address

in the United States 5801 Adelaide Ave., San Diego, California, USA

Date of death Feb. (Month) 2 (Day) 05 (Hour) 00 (Minute) 1977 (Year) Age 82 years (As nearly as can be ascertained)

Place of death Glenneagles Hospital (Number and street) or (Hospital or hotel) Singapore (City), Republic of Singapore (Country).

Cause of death Congestive Heart Failure due to Myocardial Infarction (Include authority for statement) and Renal Failure as certified by Dr. Wong Hon Yip, Medical Practitioner, Singapore.

Disposition of the remains Cremated and ashes returned to the United States

Local law as to disinterring remains N/A

Disposition of the effects in possession of wife - Mrs. D. Harvey

Person or official responsible for custody of effects and accounting therefor wife

Informed by telegram:

NAME	ADDRESS	RELATIONSHIP	DATE SENT

Copy of this report sent to:

NAME	ADDRESS	RELATIONSHIP	DATE SENT
Mrs. F.A. Harvey	5801 Adelaide Ave. San Diego, California	Wife	2/4/77

Traveling or residing abroad with relatives or friends as follows:

NAME	ADDRESS	RELATIONSHIP
Mrs. F.A. Harvey	5801 Adelaide Ave. San Diego, California	Wife

Other known relatives (not given above):

NAME	ADDRESS	RELATIONSHIP

Remarks: Mr. Harvey was the holder of US Passport #E942001 issued at Los Angeles on May 8, 1974 which has been cancelled and returned to Mrs. Harvey (wife). Social Security number is unknown. Mr. Harvey was visiting Singapore at the time of his death. (Continue on reverse if necessary.)

Ronnie D. Woody
Ronnie D. Woody
(Signature of all copies)

[SEAL]
No fee prescribed.

Vice Consul of the United States of America.

Buried in Plastic Bag as Came from Singapore & P.C.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-19-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rena Mae Chumbley

in a Ash Vault (Vault/Liner) Funeral, date, time Whenarrives

Church, Chapel, Graveside No Service ; Heath Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 355 Grave ____ Row ____ Section 10 Division/~~Block~~ 7

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 35475	242.40
Balance due	0

PAID 3/1/88 Dec MT. HOPE CEMETERY CITY of SAN DIEGO

Via phone from Heath Mort.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

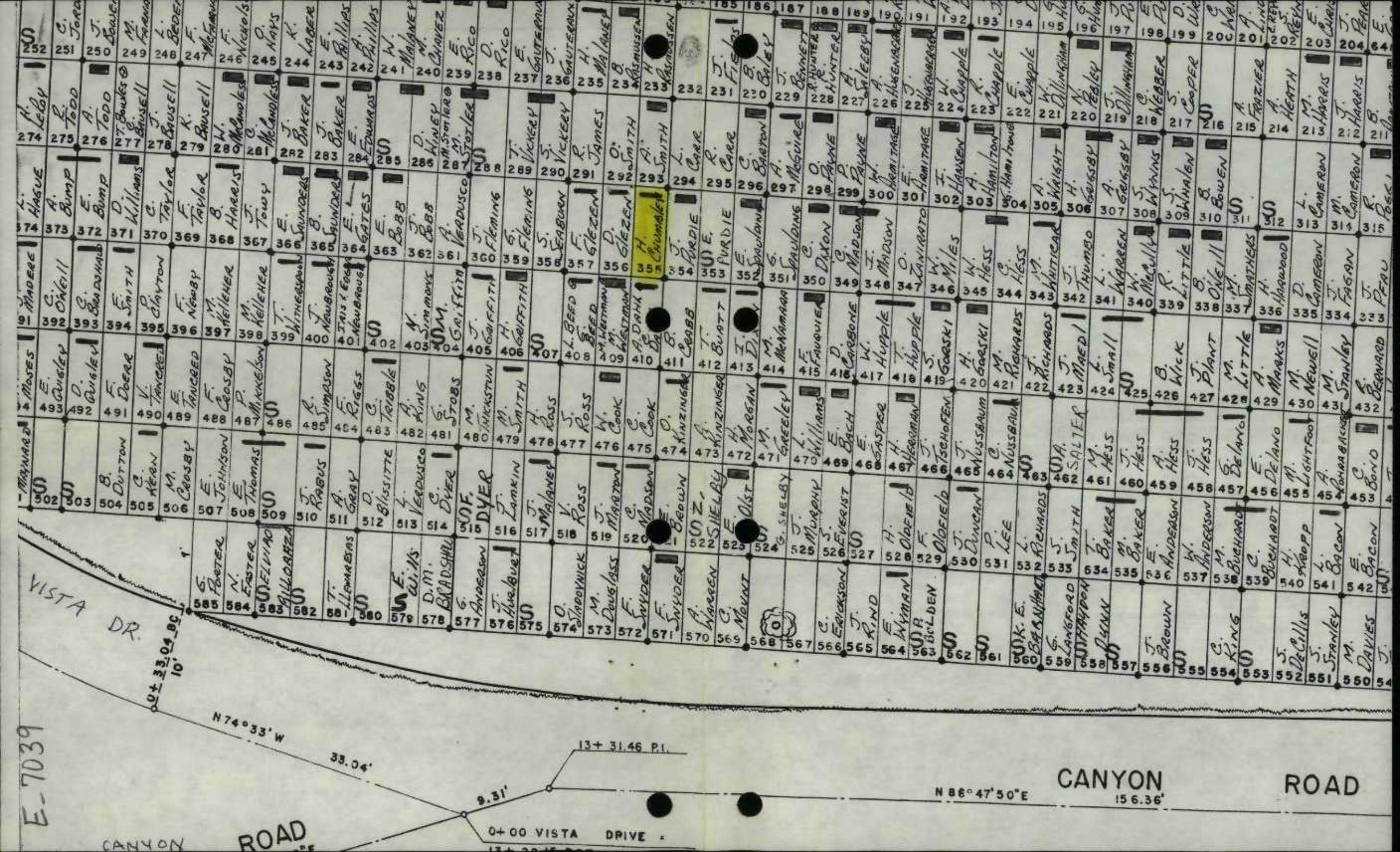
_____
Telephone

Invoice # _____

Work Order # E 7039

Acct. # _____

PY-593 (REV. 6-85)


VISTA DR.
0+33.04 BC
10'
N74°33'W
33.04'
9.31'
13+31.46 P.I.
0+00 VISTA DRIVE
N 86°47'50"E
156.36'
CANYON ROAD
CANYON ROAD
E-7039

E-7039

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
REVA MAE CHUMBLEY	FEMALE	DEC. 28, 1905	NOV. 18, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Donald A. Newberry - Brother 707 'F' Avenue National City, CA 92050

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Heath Funeral Home	807

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Loneda Crematory, 14065 Olde Highway 80 El Cajon, CA	DATE CREMATED Nov.23,1987	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Donald Heath DATE SIGNED November 19, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 19 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Powers, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-4-88 (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		

Plastic Box
Concrete Vault

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGNAL OF DUPLICATE PERMIT AFTER ONE YEAR

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35475

Date: 12 31, 19 87

From: Heath Funeral Home Address: 611 Highland Ave, Oakland Ave, Chicago

Two hundred forty-two 40/100 Dollars ($ 242.40)

In _____ Payment of Lena Mae Chumbley burial

Lot 355 Grave _____ Row _____ Section 10 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-7039

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2066

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

DEC 31, 1987

CITY AUDITOR

JAN 06 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need 11/23

Roberta M. Spouse

Date 11/19/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jean P. Veliquette

in a Double Crypt (Vault/Lin) Funeral, date, time 12-4 11am Fri

Church, Chapel, Graveside Graveside only ; Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Navy - WW2 -

Lot 155 Grave 7 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund — no —	
Opening/Closing & Setup	320.00
Burial Container Double Crypt —	330.00
Handling Fees Labor	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	1519.80
Paid receipt number 35313	500.00
Balance Due	1019.80
	135.00
	1154.80

2nd Burial - 320.00 of vcl
open note - 35.00 fee
$355.00

VA Marker

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

25941 (159.80)

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Bill Conrad

X Jeanne Woodard
Signature

X 18304 Lincoln St
Address

X Lemon Grove, Ca 92045
State Zip Code

X 697-1617
Telephone

Conrad Mortuary

Invoice # ____

Acct. # ____

Work Order # E 7040

PY-593 (REV. 8-85)

500.00 deposit on 11/19/87 [signature]

W.O. NO. E-7040

NOTE—STRAIGHT

1519.80 San Diego, California, 11/19/87, 19__

days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Fifteen hundred nineteen and 80/100 DOLLARS,

with interest from Dec 31, 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 Jeanne Woodard

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #

E 7040

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JEAN PERSHING VELIQUETTE	Male	Aug. 8, 1918	Dec. 1, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Lemon Grove	San Diego	Roberta Veliquette-Wife 8292 Lincoln Street Lemon Grove, CA 92045

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary 7387 Broadway-Lemon Grove, CA 92045	F 941

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA 92103	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED / DATE CREMATED N/A Undercut Silver #100	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A H.P. 20 ga Steel Double Cup	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: DEC 3 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramros, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/3/87 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gregory Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

№ 35313

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/19/87, 19

From: Betty Veliquette Address: 90 Lookfellow Dr. Moraga Ca 94556

Five Hundred and 00/100 Dollars ($ 500.00)

In Deposit Payment of Pre-need Interment of Jean H. Double Crypt - Roberta Spruce

Lot 155 Grave 7 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E 7040

BALANCE DUE 1019.80

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1404

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

Kor

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	99 00
80% Sales of Lots	100 77184	396 00
Opening/ Closing	100 77181	5 00
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	500 00

OFFICIAL RECEIPT

№ 35441

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: _____, 19__

From: Conrad Mortuary Address: 7387 Broadway, Lemon Grove
One Thousand One hundred fifty four Dollars ($ 1154.80)

In _____ Payment of Jean P. Veliquette Burial

Lot 155 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7040

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

5087

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

DEC 28 1987

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	315	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	170	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	19	80
TOTAL PAID	$	1154	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Nov 19, '87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stephen F. Allen

in a Liner (Vault/Liner) Funeral, date, time Sat 28, 1987 10:00 a.m.

Church, Chapel, Graveside Church, L.D.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 46 Grave 6 Row ____ Section 15 Division/~~Block~~ 7

Grave space & Care Fund	-0
Additional spaces and care fund Sat Service Charge	380.00
Opening/Closing & Setup	350.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	986.00
Paid receipt number 35314	986.00
Balance due	-0

PAID
NOV 19 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

12 chairs

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.

Steven F. Allen
Signature

4813 Mt. Casas
Address

CA 92117
State Zip Code

619-560-7038
Telephone

I hereby authorize the interment in lot I hold under deed.

Steven F. Allen
Signature of recorded holder of deed

Work Order # E 7041

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E_7041

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Stephen "F" Allen	Male	Aug. 25, 1907	Nov. 18, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Susie Marie Allen - Daughter 5376 Wightman St. San Diego, CA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT OR SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Burial on Lot Metal Casket & Concrete Vault Vault Betty Balwin Employ Father	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: NOV 23 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/28/87 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Stetter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

№ 35314

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Nov. 19, 1987

From: Steve Allen Address: 4813 Mt. Casas; SD

Nine hundred eighty six dollars and no/100 Dollars ($ 986.00)

In full Payment of Stephen F Allen - Sat. Service.

Lot 46 Grave 6 Row Section 15 Division 7 Block

Invoice No.

Acct. No.

W.O. E 7041

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 Dave Downey

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	320 00
Burial Containers	100 77182	100 00
Handling Fee	100 77183	145 00
Recording & Misc. Fees	100 77183	415 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	6 00
TOTAL PAID		$ 986 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

TRON Date 11-20-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Oscar D. Tron

in a Bill Leier Vault/Liner Funeral, date, time Mon 11-23 1:30

Church, Chapel, Graveside Chapel Goddard Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran 100. Drop-Off

Lot 2189 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	220.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number	
Balance due	

Paid 12/7/87

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Daniel O. Tron

Address 10083 HORTE MESA

State CA. Zip Code 92027

Telephone 460-5630

Invoice # 063259

Acct. # 024241

Work Order # E 7042

PY-593 (REV. 8-85)

W.O. NO. E-7042

NOTE—STRAIGHT

$606.00 San Diego, California, November 20, 1987

days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Six hundred six dollars 00/100 DOLLARS,

with interest from -0- 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 David O. Mon

10083 NORTE MESA DR.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # H0581590

12/14

OFFICIAL RECEIPT

№ 35375

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12/7/87, 19

From: Daniel Tron Address: 10083 Norte mesa Dr SV. 92077

Sex Hundred Six and no/100 Dollars ($ 606.00)

In full Payment of Interment fee on Oscar Tron - due

Lot 2189 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No.

W.O. E7042

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 11-86) 3398

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	606.00

E-7042

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
OSCAR BENJAMIN TRON	Male	October 21,1903	November 19, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Daniel Tron son 10083 Norte Mesa Drive Spring Valley, California 92077

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Goodbody Mort., 5027 El Cajon Blvd, San Diego,CA	F 790

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, California	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Linee - Rockie Ground Betty Baldwin - Eq op	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: 3.00 DATE PERMIT ISSUED: NOV 23 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/23/87 (ENTER DATE) 2189-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Sletten LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

063259	12/03/87	024241	DANIEL D TRON			12/07/87	CK 3398	606.00	606.00	0.00
			100 072	77181	000072			320.00		PAID IN FULL
			100 072	77182	000072			100.00		
			100 072	77183	000072			35.00		
			100 072	77185	000072			145.00		
			60101	78390				6.00		

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 1,631.00

E-7042

Machu from Riverside via Reynolds

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/20/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Mae Morgan

in a _____ Vault/Liner Funeral date/time Selby Weber

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 125 Grave 1 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 ..... Vase 15.90 - Selby fee 125.00 140.60

Recording and filing fee .....

Sales taxes ..... .30

Total Due 140.90

Paid receipt number 35318 140.90

Balance due -0-

Workorder issued 9ms

PAID
NOV 20 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Eugenia C. Lovett
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7043

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 35318

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/20/87, 19

From: Eugenia Lovett Address: 717-D' Meara St

One Hundred [redacted] Forty and 90/100 Dollars ($ 140 90)

In full Payment of Setting Marker & Flat Vase for

Willie mae Morgan

Lot 165 Grave 1 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-9043

BALANCE DUE

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 11-86) 185

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183	135	60
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		30
TOTAL PAID	$	140	90

[redacted]

Grenell

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-20-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of R. H. and Emma B. Neumann

in a Ash Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ Weekly 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 4 Grave 4 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund			215.00
Additional spaces and care fund			
Opening/Closing & Setup	2 @	105	210.00
Burial Container	2 @	40	80.00
Handling Fees	2 @	60	120.00
Flower vases - Marker setting fee			
Recording and filing fee	2 @	35	70.00
Sales taxes	2 @	2.40	4.80
		Total Due	699.80
		Paid receipt number 353.19	699.80
		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

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7044

Acct. # _____

PY-593 (REV. 8-85)

Deed # 11467

Merkley-Mitchell Mortuary
Established 1917
3655 Fifth Avenue
San Diego, California 92103
Telephone 295-2177

E-7044

November 19, 1987

To: Mount Hope Cemetery
3751 Market Street
San Diego, CA 92102

Dear Sir:

Enclosed is a check ($699.80) for the charges of a double ash interment for R. H. Neumann and Emma B. Neumann. Location is Lot 4, Plot 4, Section 1, Division 12. Please make the deed in the Name of Mr. and Mrs. Neumann but forwarded it to Merkley-Mitchell Mortuary for filing.

Sincerely,

Richard C. Mitchell

RICHARD C. MITCHELL, President
Mitchell Mortuaries

Independent NSM National

№ 35319

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-20, 1987

From: McKee-Mitchell Address: 3655 Fifth Ave, SD 92103

Six Hundred ninety-nine 80/- Dollars ($ 669.80)

In _____ Payment of Preneed Lot & Trust

Lot 4 Grave 4 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-1044

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

685

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	43	00
80% Sales of Lots	100 77184	172	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	484	80
Sales Tax	60101 78390		
TOTAL PAID	$	699	80

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/21/87

SCHNUG

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raynor Louis Schnug - (See Below)

in a Top Seal Vault Funeral, date, time Tues. 2 PM 11/24
Vault/Liner

Church, Chapel, Graveside No Lawn Graveside ; Hemphreis Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran —

Lot 130 Grave 6 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund Sp and Enc Care - for Cremains	300.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container T.S. Conte Vault	175.00
Handling Fees Labor + Lens placement	170.00
Flower vases - Marker setting fee	
Recording and filing fee Raynor-35.00 (3 Cremains @ 35.)	140.00
Sales taxes	10.50
Total Due	# 1115.50
Paid receipt number 35321	300.00
Balance due	815.50

Paid 11/30/87

Cremains of Gretchen Lena Hille - my sister
Albert C. Hilly - my Father
Minnie P. Hille - my Mother

I hereby certify I am the Wife - Spouse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Emma Schnug
Signature
x 3705 El Cajon Blvd
Address
x San Diego Ca. 92105
State Zip Code
x 280-5659
Telephone

Will be Cremated and Buried in upper level of grave with Family all in same T.S. Vault.

Work Order # E 7045

Invoice # 063258

Acct. # 024238

PY-593 (REV. 8-85)

W.O. NO. E-7045

NOTE—STRAIGHT

$ 815.50 San Diego, California, Nov 21, 1987

-60- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Eight Hundred fifteen and 50/100 DOLLARS,

with interest from Jan 20, 1988 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 Emma Schnug

3705 El Cajon Blvd. 92105

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Calif. Driver Lic. #

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 35321

Date: 11/21/87, 19

From: Emma Schnug Address: 3705 El Cajon Blvd - S.D. 92105

Three Hundred & 00/100 Dollars ($ 300.00)

In Part Payment of Interment of Raynor Schnug (dec'd) and
Inurnment of Stretcher, Albert, Minnie Helle

Lot 130 Grave 6 Row ~ Section 2 Division 11 Block

Invoice No. ~

Acct. No. ~

W.O. E 7045

BALANCE DUE $815.50

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

95

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

1

ISSUED BY Rozen Stetler

CREDIT	67007	60	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	300	00

Space (Back in full)

063258 12/03/87 024238 EMMA SCHNUG 12/30/87 CK 96 815.50 815.50 0.00

E-7044

100	072	77181	000072	320.00
100	072	77182	000072	175.00
100	072	77183	000072	140.00
100	072	77185	000072	170.00
60101		78390		10.50

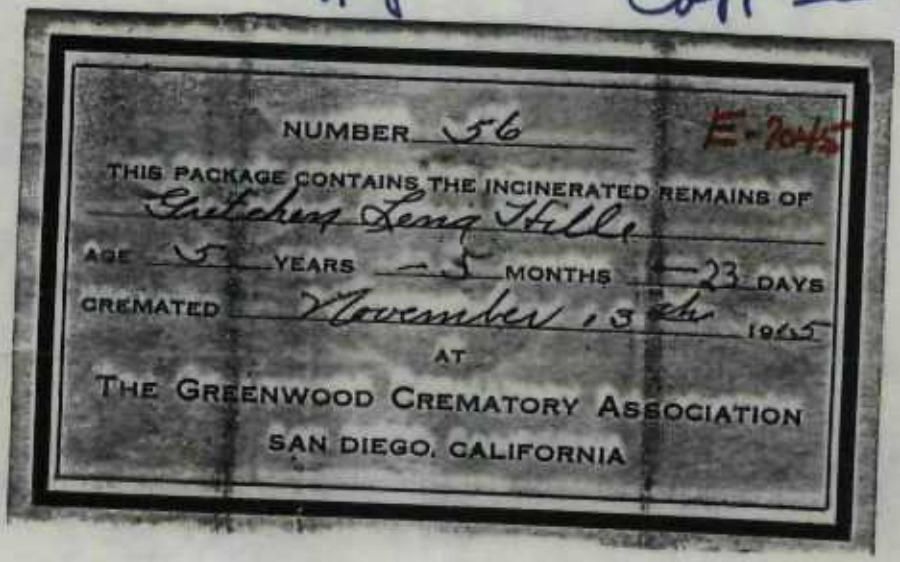
PAID IN FULL

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 915.50

E_7045

note Cremation
#56 in 11/13/15

Buried in vault of
Raynor Schnug in a
Copper urn.


NUMBER 56 E-7045

THIS PACKAGE CONTAINS THE INCINERATED REMAINS OF

Gretchen Lenz Hill

AGE 5 YEARS 5 MONTHS 23 DAYS

CREMATED November 13th 1915

AT

THE GREENWOOD CREMATORY ASSOCIATION

SAN DIEGO, CALIFORNIA

E-7045 - 11/24/87

E-7045

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RAYNOR LOUIS SCHNUG	Male	01-19-1901	11-21-1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Emma L. Schnug (Wife) 3705 El Cajon Blvd. San Diego, CA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary- 855 Broadway Chula Vista, CA	F-964

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Flat China Portical Board 3 Cremains are on Top of Flat China at foot Panel Sister in Copper Can Husband at Head Wedown at Center		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 24 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Pamros, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/24/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgew Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

E-7045

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Albert Christian Hille	Male	Oct. 3, 1861	Oct. 10, 1943

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Emma Schmug-Daughter 3705 El Cajon Boulevard San Diego, California 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort, I-805 & Imperial Ave., San Diego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☒ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hopp Cemetgery 3751 Makket street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY Redbond Caton Sytow Tops Lot T.S Vault
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY EXACT PLACE AND COUNTY OF DISPOSITION NA Casket of Raymishma Grandinneaut Hend of Vault.		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 23 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald A. Ramos, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION			
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH NA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E,7045

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Minnie Phillipina Hille	Female	Nov. 25, 1865	June 25, 1954

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San diego	San Diego	Emma Schnug-Daughter 3705 El Cajon Boulevard San Diego, California 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort. I-805 & Imperial Ave., San Diego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☒ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount HoppeCemetery, 3751 Market Street, San Diego, CA — COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA — DATE CREMATED — SIGNATURE OF PERSON IN CHARGE OF CREMATORY: Cremains in Cardboard Carton
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA — Set on top of Casket of Emma Schnug-Daughter-in Law Inside Top End Vault-Center footaway next to Offerman -
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA — Containing Cremains of Gretchen Hille age 5 mo.
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.** — SIGNATURE OF APPLICANT: ▶ — DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT — AMOUNT OF FEE PAID: $7.00 — DATE PERMIT ISSUED: NOV 23 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald E. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: 11/24/87 (ENTER DATE) — SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Joyce W. Slutz — LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE: 130-6-2-11
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: NA — Notice Burial & 3 Cremains all inside Vault.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-23-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rachael Shallow

in a T.S. Vault (Vault/Liner) Funeral, date, time 11/27 Fri 2pm

Church, Chapel, Graveside _____; L.A. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____. Drop off

Lot 127 Grave 3 Row _____ Section 6 Division/~~Block~~ 1

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.50
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 35334	710.50
Balance due	0

PAID NOV 27 1987 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7046

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 35334

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-27, 1987

From: Pierce Brothers Address: P.O. Box 3977, LA, CA

Seven hundred ten 50/- Dollars ($ 710.50)

In _____ Payment of Rachel Kaplan Burial Service

Lot 127 Grave 3 Row _____ Section 6 Division ~~Block~~ 1

Invoice No. _____

Acct. No. _____

W.O. E-7046

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

36588

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	215	00
Handling Fee	100 77183	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	710	50

AC-212 (Rev. 11-86)

E 7046

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RACHEL (NMN) KAHLOW	FEMALE	JAN 8, 1898	NOV. 22, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
LOS ANGELES	LOS ANGELES	RENE SERGHISON - NEPHEW 5801 CIMARRON ST. LOS ANGELES, CA. 90062

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PIERCE BROTHERS VALHALLA	F-916

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY - SAN DIEGO, CA.		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA Metal Casket	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA Concrete Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 27 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Robert S. Gates MS
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/27/87 (ENTER DATE) 12/3/87	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stetts	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

called

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/23/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rickie Howard Givens

in a Liner (Vault/Liner) Funeral, date, time Fri - 11/27 - 11 AM

Church, Chapel, Graveside Chapel & G.S. ; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 107 Grave 5 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1101.00
Paid receipt number 35330	1101.00
Balance due	0

PAID
NOV 24 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Flossie Givens
Signature
x 1536 70 48 St
Address
x San Diego Ca 92102
State Zip Code
x 262-1774
Telephone

Invoice # _____

Work Order # E 7047

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 35330

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/24/87, 19

From: Flossie Gwens Address: 1536 No. 48 St S.D. 92102

Eleven Hundred & One and no/100 Dollars ($ 1101.00)

In full Payment of Interment of & For Rickie Howard Gwens due

Lot 107 Grave 5 Row Section 3 Division Block 12

Invoice No. —

Acct. No. —

W.O. E 7047

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	6	00
TOTAL PAID	$	1101	00

AC-212 (Rev. 11-86)

E_7047

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RICKIE HOWARD GIVENS	Male	Feb. 8, 1957	Nov. 21, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Frank and Flossie Givens - Parents 1536 North 48th Street San Diego, California 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED ON THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: NOV 25 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. M.P.H.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/27/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/24/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maude Washington

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 _____ . 5 Spaces

Lot 88 Grave 7-8-9-10-11 Row = Section 2 Division/~~Block~~ 11

Grave space & Care Fund 5 @ 250.00 ..... 1250.00

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

none Paid at this Contract

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

T. J.
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7048

PY-583 (REV. 8-85)

12-4-87 35370

1-4-88 35492

1250.00
52.00
1198.00
52.00
1146.00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7048 Credit Lot

Maude Washington
4557 Logan Avenue, #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. $ 52.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ 53.00

Amount Received $ 52.00

NAME MAUDE WASHINGTON

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-7048 Credit Lot

Maude Washington
4557 Logan Avenue, #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. $ 52.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ 53.00

Amount Received $ 52.00

NAME MAUDE WASHINGTON

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** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7048 Credit Lot

Maude Washington
4557 Logan Avenue, #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. $ 52.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ 52.00

NAME MAUDE WASHINGTON

ADDRESS 4552 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** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7048 Credit Lot

Maude Washington
4557 Logan Avenue, #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. $ 52.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ 52.00

NAME MAUDE WASHINGTON

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** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7048 Credit Lot

Maude Washington
4557 Logan Avenue, #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 ▶ $ 52.00

Amount due if paid more than _____ days after due date above: ▶ $ 1.00

$ _____

Amount Received: $ 52.00

NAME MAUDE WASHINGTON

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-7048 Credit lot

Maude Washington
4557 Logan Avenye, #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. $ 52.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ 52.00

NAME MAUDE WASHINGTON

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** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7048 Credit Lot

Maude Washington
4557 Logan Avenue, #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. $ 52.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 52.00

NAME MAUDE WASHINGTON

ADDRESS 4557 Logan ave #D

CITY S. D. STATE CA. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7048 Credit Lot

Maude Washington
4557 Logan Avenue, #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: $ 52.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ 52.00

NAME MAUDE WASHINGTON

ADDRESS 4552, LOGAN AVE #D

CITY SAN DIEGO STATE CA, ZIP 9211 3

☐ check (√) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7048 Credit Lot

Maude Washington
4557 Logan Avenue, #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. $ 52.00

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 and coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7048 Credit Lot

Maude Washington
4557 Logan Avenue, #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. ▶ $ 52.00

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-7048 Credit Lot

Maude Washington
4557 Logan Avenue, #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 ▶ $ 52.00

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-7048 Credit Lot

Kaude Washington
4557 Logan Avenue, #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... $ 52.00

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-7048 Credit Lot

Maude Washington
4557 Logan Avenue, #D
San Diego, Ca 92113

Month and Day Due Indicated Below 12-1-6

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											10

Amount due when paid on or before due date above ▶ $ 52.00

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-7048 Credit Lot

Maude Washington
4557 Logan Avenue, #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: $ 52.00

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-7048 Credit Lot

Maude Washington
4557 Logan Avenue, #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. $ 52.00

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-7048 Credit Lot

Hugo Washington
4557 Logan Avenue, #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. ▶ $ 52.00

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-7048 Credit Loc

Neale Washington
4557 Logan Avenue, #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. $ 52.00

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-7048 Credit Lot

Neude Washington
4557 Logan Avenue, #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. $ 52.00

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-7048 Credit Lot

Maude Washington
4557 Logan Avenue, #9
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 $ 52.00

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-7043 Credit Lot

Maude Washington
4557 Logan Avenue, #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 ▶ $ 52.00

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. I-7048 Credit Lot

Wade Washington
4557 Logan Avenue, #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 ▶ $ 52.00

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. B-7048 Credit Lot

Heide Washington
4557 Logan Avenue, #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. $ 52.00

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-7048 Credit Lot

Wade Washington
4557 Logan Avenue, #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: $ 52.00

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-7048 Credit Lot

Hauda Washington
4557 Logan Avenue, #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. ▶ $ 54.00

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

№ 35492

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-4, 1988

From: Maude Washington Address: 455-7 Dogan D, SD

Fifty-Two Dollars ($ 52.00)

In Payment of Oregon #2 Credit Cut

Lot 88 Grave 7-8-9-13-11 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7048

BALANCE DUE 1146.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	52	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	52	—

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 35656

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-4, 19 88

From: Maude Washington Address: 4557 Logan Ave, Apt 10

One hundred four no/100 Dollars ($ 104.00)

In _____ Payment of Coupon # 3 & 4 Credit Lot

Lot 88 Grave 8-11 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7048

BALANCE DUE 1042.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1052

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

FEB 08 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	104 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	104 00

OFFICIAL RECEIPT

№ 36085

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-3, 19 88

From: Maude Washington Address: 4557 Logan D, SD

fifty-two dollars no/100 Dollars ($ 52.00)

In _____ Payment of Oregon 6 Credit Lot

Lot 88 Grave 7-11 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7048

BALANCE DUE 938.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1226

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 Care	77184		
80% Sales of Lots	100 77184	52	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

№ 35973

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-5, 19 88

From: Maude Wasliet Address: 4557 Logan D, SD 92113

Fifty-two Dollars ($ 52.00)

In _____ Payment of Coupon 5 Credit Lot

Lot 88 Grave 7-11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7048

BALANCE DUE 990.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67) 1177

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 8 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	52	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

№ 35370

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-4, 19 87

From: Wanda Washington Address: 4557 Logan Ave #D, SD

Fifty-Two Dollars ($ 52.00)

In _____ Payment of Canyon #1 Cremation

Lot 86 Grave 7, 9, 10, 11 Row _____ Section 2 Division 11 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7046

BALANCE DUE 1198.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 0990

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandy Wade

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	52 —
Opening/ 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	$	52 —

OFFICIAL RECEIPT

№ 36257

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

Date: 6-6, 1988

From: [illegible] Washington Address: 4557 [illegible] Ave H D SD

Fifty-two Dollars Dollars ($ 52.00)

In _____ Payment of Oregon 7 Credit Lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-1046

BALANCE DUE 866.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

227-1414 510

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 13 1988

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	52.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	52.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36365

Date: 7-5, 19 88

From: Maude Washington Address: 4557 - Logan Ave #D SD

fifty-two no/100 Dollars ($ 52.00)

In _____ Payment of Coupon 8 Credit Lot

Lot 88 Grave 7-11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7048

BALANCE DUE 834.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

227-2481-607

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUL 11 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	52	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

№ 36491

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

Date: 8 3, 19 88

From: [illegible] Address: 4557 Logan Ave #2

Fifty two dollars Dollars ($ 52.00)

In [illegible] Payment of Credit Lot

Lot 88 Grave 25 [illegible] Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7048

BALANCE DUE 784.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 227-4125-925 (M.O.)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 09 1988

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	52 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63093 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	52 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36637

Date: 9-6, 1988

From: Maude Washington Address: 4557 Logan Court D, SD

Fifty two Dollars ($ 52.00)

In Payment of Coupon 10 Credit Lot

Lot 22 Grave 7-11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7046

BALANCE DUE 732.00

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
SEP 13 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	52	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	52	00

AC-212 (Rev. 10-87) 18731800

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36772

Date: 10-5, 19 88

From: Maude Washington Address: 4557 Logan Avenue #D

Fifty two 00/100 — Dollars ($ 52.00)

In _____ Payment of coupon 11 Credit Lot

Lot 88 Grave 7-11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7046

BALANCE DUE 680.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1020632

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

OCT 7 1988

ISSUED BY: Lydia Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	52 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	52 00 ✓

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36934

Date: 11-7, 1988

From: Maude Washington Address: 4557 Logan Ave SD, SD

fifty-two & no/100 Dollars ($ 52.00)

In _____ Payment of Coupon 12 Credit Lot

Lot 88 Grave 7-11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7048

BALANCE DUE 628.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1953 3393

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	52.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	52.00

CITY [illegible]
NOV 15 1988

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37043

Date: 12-5, 1988

From: Maude Washington Address: 4557 Logan Ave #6 SD

Fifty-two no/100 Dollars ($ 52.00)

In ____ Payment of Coupon 13 Credit Lot

Lot 88 Grave 7-11 Row ____ Section 2 Division Block 11

Invoice No. ____

Acct. No. ____

W.O. E-748

BALANCE DUE $76.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 19876130

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
DEC 9 1988

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	52.00
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	52.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37172

Date: 1-4, 1989

From: Maude Washington Address: 4557 Logan Ave SD

Fifty-two Bs/100 Dollars ($ 52.00)

In _____ Payment of Coupon 14 Credit Lot

Lot 88 Grave 7-11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7002

BALANCE DUE 524.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

00312794

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JAN 09 1989

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	52.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	52.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

N2 38541

Date: 11-7, 1989

From: Maude Washington Address:

fifty-two 10/100 Dollars ($ 54.00)

In Payment of final payment on credit lot

Lot 88 Grave 7-11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7046

BALANCE DUE —

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

55-0435-6835

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT 20% Sales Care	67007 77184	54.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	54.00

CITY AUDITOR
NOV 13 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37318

Date: 2-6, 1989

From: Maude Washington Address: 4557 Logan Ave #D, SD

Fifty-two 00/100 Dollars ($ 52.00)

In _____ Payment of Coupon 15 Credit Lot

Lot 28 Grave 7-11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7048

BALANCE DUE 472.00

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	52.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	52.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37451

Date: 3-6, 1989

From: Maude Wishmeier Address: 4557 Logan Ave #D, SD

fifty-two no/100 Dollars ($ 52.00)

In _____ Payment of Canyon 16 Oriented Lot

Lot 88 Grave 7-11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7046

BALANCE DUE 420.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

55-0090293

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 10 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	52.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	52.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
APR 07 1989

№ 37616

Date: 4-11, 1989

From: Maude Washington Address: 4557 Logan Ave #D, S.D. 92113

Fifty-two 00/100 Dollars ($ 52.00)

In _____ Payment of Coupon 17 Credit Lot

Lot 88 Grave 7-11 Row _____ Section 2 Division/Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7046

BALANCE DUE 368.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

55-01404733

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 of Lots	100 77184	52	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37758

Date: 5-4, 1989

From: Maude Washington Address: 4557 Logan #D, SD

Fifty-two Rollers Dollars ($ 52.00)

In _____ Payment of Coupon 18 Credit Lot

Lot 88 Grave 7-11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7048

BALANCE DUE 316.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

55-01951844

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 of Lots	100 77184	52.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78290	
TOTAL PAID	$	52.00

CITY AUDITOR
MAY 02 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38115

Date: 6-5, 1989

From: Maude Washington Address: 457 Logan Ave AD

fifty-two no/100 Dollars ($ 52.00)

In _____ Payment of Coupon 19 Credit Lot

Lot 86 Grave 7-11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7046

BALANCE DUE 264.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

02103327

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 09 1989

ISSUED BY Sandra Wash

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	52	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38233

Date: July 6, 1989

From: Maude Washington Address: 4557 Logan Avenue Apt D

Fifty-two 00/100 Dollars ($ 52.00)

In Payment of Coupon 20 Credit Lot

Lot 88 Grave 7&9 10, 11 Row Section 2 Division 11 Block

Invoice No

Acct. No.

W.O. L-7048

BALANCE DUE $212.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007	38	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	14	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	JUL 10 1989	
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	52	00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 55-2053938

AC-212 (Rev. 10-67)

ISSUED BY Sharon L. Crain

Sa)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38359

Date: August 5 19 89

From: Maude Washington Address: 4557 Logan Ave. Apt D

Fifty-two 00/100 Dollars ($ 52.00)

In Payment of 8 Coupon 21. Credit Lot

Lot 88 Grave 7,8,9,1911 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-7048

BALANCE DUE $158.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1238

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sharon L Cray

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	52 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	52 00

CITY AUDITOR
AUG 07 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 38498

Date: 9-6, 1989

From: Maude Washington Address: 4557 Logan Ave, SD

Fifty-two Dollars — Dollars ($ 52.00)

In _____ Payment of Coupon 22, Credit Lot

Lot 28 Grave 7-11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7048

BALANCE DUE 106.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

55-0377135

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandy Ward

CREDIT	67007	52	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38005

Date: 10-4, 1989

From: Maude Washington Address: 4557 Logan Ave #D, SD

Fifty - two 00/100 — Dollars ($ 52.00)

In _____ Payment of Vaughn 23 Credit Lot

Lot 88 Grave 7-11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7046

BALANCE DUE 54.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 04055806

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [signature]

CREDIT	67007	52.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	52.00

CITY AUDITOR
OCT 10 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/24/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rose J. DeSouza

in a Double Crypt (Vault/Liner) Funeral, date, time 1 P.M. 11/30 / mon

Church, Chapel, Graveside Church + G.S. ; Featherengill Mortuary.

All Funeral cars must 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 3260 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	222.40
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due Trust	222.40
Paid receipt number	
Balance due	0

Pre need

See E-6059

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Paul T. Marcy
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7049

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed trust for

Date 7-28-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paul T. March & Rose J. De Souza

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside Rose - 11-24-87 Mortuary.

E 7049

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 3260 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund E 2434 Preneed ~

Additional spaces and care fund .....

Opening/Closing & Setup E-2435 ($230.00) 2 @ $320 ..... 410.00

Burial Container Double Crypt (572.40) + ... 97.40

Handling Fees (~~E 3817 + E 2435~~) .....

Flower vases - Marker setting fee .....

Recording and filing fee 70.00

Sales taxes .....

PAID
AUG 18 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 577.40

Paid receipt number 33662 577.40

Balance due -0-

355-2

222.40 - F.B.

Transfer to Burial Con. #

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Bal in Trust

Signature of recorded holder of deed

$355.00

Paul T. March
Signature

4142-42nd, St. #1008
Address

San Diego 92105
State Zip Code

584-4543
Telephone

Invoice # _____

Work Order # E 6059

Acct. # _____

PY-583 (REV. 8-86)

E_6059

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Rose Josephine De Souza	Female	3/3/1902	11/24/1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Paul T. March, Executor 4142 42nd. Street, Apt. 1008, San Diego, Calif.

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Featheringill Mortuary	1083

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED			COUNTY
	Mt. Hope Cem. 3751 Market St. San Diego, CA			San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
	n/a		▶	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION			
	n/a			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS			
	n/a			
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶	DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED NOV 24 1987 ▶	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/30/87 (ENTER DATE) 3260-10		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Royce Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

NAME Washington, Maude ACCT. NO. E-7048

ADDRESS 4557 Logan Avenue, Apt D, San Diego, Ca 92113 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Nov 24 87	Lot 88, Graves 7,8,9,10,11, Sec 2, Division 11	1250 00		104 00	1146 00
2-4 88	Coupon # 384 Receipt # 35656			104 00	1042 00
4-5 88	Coupon 5, Receipt 35973			52 00	990 00
5-3 88	Coupon 6, Receipt 36085			52 00	938 00
6-6 88	Coupon 7, Receipt 36257			52 00	886 00
7-5 88	Coupon 8, Receipt 36365			52 00	834 00
8-3 88	Coupon 9, Receipt 36491			52 00	782 00
9-6 88	Coupon 10, Receipt 36637			52 00	730 00
10-5 88	Coupon 11, Receipt 36772			52 00	678 00
11-7 88	Coupon 12, Receipt 36934			52 00	626 00
12-5 88	Coupon 13, Receipt 37043			52 00	574 00
1-4 89	Coupon 14, Receipt 37172			52 00	522 00
2-6 89	Coupon 15, Receipt 37318			52 00	470 00
3-6 89	Coupon 16, Receipt 37457			52 00	418 00
4-5 89	Coupon 17, Receipt 37616			52 00	366 00
5-4 89	Coupon 18, Receipt 37758			52 00	314 00
6-5 89	Coupon 19, Receipt 38115			52 00	262 00
7/6 89	Coupon 20, Receipt 38233			52 00	210 00
8/3 89	Coupon 21, Receipt 38359			52 00	158 00

SIGNER FORM NO. 25-204 Washington, Maude 88 - 7,8,9,10,11 - 2 - 11 PRINTED IN USA

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT 150.00

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
9-6	89	Coupon 22, Receipt 38498			52.00	100.00
10-4	89	Coupon 23, Receipt 38005			52.00	54.00
11-9	89	Coupon 24, Receipt 38542			54.00	-0-

AIGNER FORM NO. 25-204

PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/24/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Violet Kelly

in a _____ Funeral, date, time _____

Vault/Liner

Church, Chapel, Graveside Cemetery ; 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 984 Grave _____ Row _____ Section _____ Division/Block 10

Void

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... Paid _____

Opening/Closing & Setup ..... _____

Burial Container ..... See _____

Handling Fees ..... E-6972 _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

See

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____

Signature of recorded holder of deed

_____

Signature

_____

Address

_____

State Zip Code

_____

Telephone

Invoice # _____

Work Order # E 7050

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Nov. 24, '87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Freddie James Richardson

in a Liner (Vault/Liner) Funeral, date, time Mon 11Am - 11/30

Church, Chapel, Graveside Church & GS ; Rayndale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran USN

Lot 83 Grave 5 Row — Section 1 Division/Block 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup Setup at Grave	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1101.00
Paid receipt number 35335	1101.00
Balance due	0

PAID NOV 10 1987 MT. HOPE CEMETERY SAN DIEGO, CALIF.

marker received 2 16 88

Ch from Rayndale Via Phone Leslie

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7051

PY-593 (REV. 8-85)

E_7051

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Freddie James Richardson	Male	Aug. 8, 1944	Nov. 22, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Ruth Richardson - Wife 3142 Island Ave. San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: NOV 25 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Lamos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/30/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

0

№ 35335

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

005351

Date: Nov 30, 1987

From: Anderson-Pagsdale Mortuary Address: 5050 Fed Blvd - SD 92102

Eleven hundred One and no/100 Dollars ($ 1101.00)

In full Payment of Interment of cmd for Freddie James Richardson, Jr. Including Land & fees —

Lot 83 Grave 5 Row — Section 1 Division Block 11

Invoice No. —

Acct. No. —

W.O. E 7051

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

8782

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

DEC 4 1987

ISSUED BY Georgen Stetler

CREDIT 20% Sales Cars	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	6	00
TOTAL PAID	$	1101	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37192

Date: 1-6, 19 87

From: Mrs D Richardson Address: 2142 Island Ave, SD

One hundred Thirty-five no Dollars ($ 135.00)

In Payment of Freddie Richardson's marker installation fee

Lot 23 Grave 5 Row Section 1 Division Block 44

Invoice No.

Acct. No.

W.O. 2-7351

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

01773

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Linda (illegible)

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	135	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	135	00

AUDITOR JAN 13 1988

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego.

P.A County

Date 11/24/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leonard Greenberry

in a NONE (Vault/Liner) Funeral, date, time Tues 12/1 Am

Church, Chapel, Graveside Dispoff ; 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 135 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

Friday

Case # 1040995
Jc me.
Adg. Burial officer

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 063466

Acct. # 000952

Work Order # E 7052

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E_7052

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LEONARD NMN GREENBERRY	Male	July 5, 1943	Nov. 18, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Public Administrator Records 5201-A Ruffin Road San Diego, California 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT

NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemeteryt 3751 Market St.; San Diego, California

COUNTY: San Diego

CREMATION

NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A

DATE CREMATED:

SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS

ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A

SCIENTIFIC USE

NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A

ACKNOWLEDGMENT OF APPLICANT

This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.

SIGNATURE OF APPLICANT: ▶

DATE SIGNED:

LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT

AMOUNT OF FEE PAID: 3.00

DATE PERMIT ISSUED: DEC 2 1987

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald L. Davis, M.D. mtn

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/4/87 (ENTER DATE)

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE:

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY

INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/24/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marion Foster

in a Liner (Vault/Liner) Funeral, date, time Mon - 2PM - 11/30

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 Army - 1954 disc.

Lot 105 Grave 7 Row — Section 3 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund Res - 104-10-3-12 (@ 15.00) D.C.	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1101.00
Paid receipt number	
Balance due	

note - Payable on 26th -

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Shirley Flannery
Signature

x 8018 Gribble St
Address

x San Diego 92114 CA
State Zip Code

x 470-8275
Telephone

Invoice # 063256

Acct. # D24237

Work Order # E 7053

PY-593 (REV. 8-85)

W.O. NO. E7053

NOTE—STRAIGHT

$ 1101.00 San Diego, California, November 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 One Thousand One Hundred One 00/100 DOLLARS,

with interest from Jan 1, 1988 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 Shirley Flannagan

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Pay at least $100.00 /mo on 26th /mo. Calif. Driver Lic. # C0248082

E_7053

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARION FOSTER	Male	July 22, 1932	Nov. 20, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Willie Mae Foster - Wife 239 N. 28th Street San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St.: San Diego, CA	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: ▶ DATE SIGNED:
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: NOV 30 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald G. Romero M.E.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/30/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ George W Stellar	LICENSE 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 11/25/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thelma L. Fielder

in a _____ Vault/Liner Funeral, date, time Dropoff - 11/27

Church, Chapel, Graveside NONE ; Rose Hills Mortuary.

All Funeral cars must arrive 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 9 Row _____ Section 15 Division/~~Block~~ 7

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup ..... PA - ashes - 29

Burial Container ..... Indigent -

Handling Fees ..... #1040367

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Poured in Plastic

Total Due 29

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 # 062263

Work Order # E 7054

Acct. # 000952

PY-593 (REV. 8-85)

E-7054

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
THELMA LEE FIELDS	Female	Aug. 31, 1915	Nov. 6, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Public Administrator Records 5201-A Ruffin Road San Diego, California 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 MarKleanStreet; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Inc.: 14065 Olde Highway 80; El Cajon, Ca.	DATE CREMATED 11/19/87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Center of grave Redwood box - Welfare - PA Redwood box plaque about box Rose Crypte Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED NOV 17 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/23/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 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.

COPY 3 — STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Nov 25, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lawrence Mitchell

in a TopSeal Vault (Vault/Liner) Funeral, date, time Fri 2 P.M. 11/27

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 118 Grave 10 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1205.50
Paid receipt number	
Balance due	

12/3/87 Paid

1205.50

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.

Ouelia M. Moore
Signature of recorded holder of deed

Ouelia M. Moore
Signature
6758 Rio Plato Ct.
Address
CA 92114
State Zip Code
264-5262
Telephone

Work Order # E 7055

Invoice # 063261

Acct. # 024242

PY-593 (REV. 8-85)

W.O. NO. E-7055

NOTE—STRAIGHT

$ 1205.50 San Diego, California, November 25, 1987

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Twelve Hundred five and 50/100 DOLLARS,

with interest from Jan 1, 1988 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 Orelia M. Moore

6758 Rio PLA TO CT. SD 92114

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Calif. Driver Lic. X# E0781803

E-7055

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LAWRENCE JAMES MITCHELL	Male	Sept. 12, 1947	Nov. 21, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Laritha Mitchell - Sister 3677 45th Street San Diego, California 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Metal Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: NOV 25 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/27/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

1/6

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 35474

Date: 12-31, 1987

From: Orelia Moore Address: 6758 Rio Plata Ct SD 92114

Four hundred twenty-five 50/ Dollars ($ 425.50)

In _____ Payment of Lawrence Mitchell's Service

Lot 118 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. 063261

Acct. No. 024242

W.O. E-7055

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

195

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

DEC 31, 1987

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	425 50

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 35390

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-7 , 19 81

From: SAN DIEGO LDS CHURCH OF CHRIST-5072 SANTA MARGARITA Address: -6758 RIO RANCHO CT-S.D. 92114

SEVEN HUNDRED EIGHTY DOLLARS & 00/100 Dollars ($ 780 00)

In PART Payment of INTERMENT OF LAWRENCE MITCHELL

Lot 118 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-7025

BALANCE DUE 42550

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007	90	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	346	00
Opening/ Closing	100 77181	285	00
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	780	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
#280 @ 113
500 @ 180

ISSUED BY

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-25-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lena P. Lantz

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 794 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	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 35332	355.00
Balance due	0

Proceed

PAID
NOV 25 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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 7056

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Nov 25 '87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Crawford Anderson Sr. War

in a Vault Liner Funeral, date, time 12-2-87, 11 A.M.

Church, Chapel, Graveside Chapel & G.S. ; Rosedale Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Yes.

Lot 149 Grave 9 Row ____ Section 1 Division/Block 11

Grave space & Care Fund	495 00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container Liner	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1101 00
Paid receipt number 35357	1101 00
Balance due	0

PAID
DEC 03 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address 753 Barron Ave.

State Compton Ca. Zip Code 90220

Telephone 213 631-0270

Work Order # E 7057

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

W.O. NO. E 7057

NOTE—STRAIGHT

$ 1101 00/100 San Diego, California, Nov. 25, 1987

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Eleven hundred One and no/100 DOLLARS,

with interest from Jan 2, 1988 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

PAID DEC 03 1987 MT. HOPE CEMETERY SAN DIEGO

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

X Theresa Dawson

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # E0243013

E-7057

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Crawford Anderson, Sr.	Male	Oct. 10, 1914	Nov. 23, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Ni Gustl Gautier - Daughter 753 Barron Street Compton, CA 90220

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: NOV 30 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGNAL OF DUPLICATE PERMIT AFTER ONE YEAR.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35736

Date: 2-18, 1988

From: [illegible] Address: 753 Barton Ave

One hundred twenty-five [illegible] Dollars ($ 125.00)

In _____ Payment of [illegible] installation fee for [illegible] Anderson, Jr.

Lot 149 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7057

BALANCE DUE 6

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1098

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 23 1988

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	125 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 35357

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12/3/87, 19

From: Mi Gusti Gautier Address: 753 Barron St Compton, Ca

Eleven Hundred One and no/100 Dollars ($ 1101 00 00220)

In full Payment of Interment of and for Crawford Anderson, Sr Veteran

Lot 149 Grave 9 Row Section 1 Division ~~Block~~ 11

Invoice No. —

Acct. No. —

W.O. E 7057

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

Cashier Ch #
02630283

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	6	00
TOTAL PAID	$	1101	00

OFFICIAL RECEIPT

№ 35332

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-25, 19 87

From: Lena Leonte Address: 4577 Dwight St. SD 92105

Three hundred fifty five Dollars ($ 355.00)

In Payment of Funeral Trust

Lot 740 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7056

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Cindy Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	355 00
Sales Tax	60101 78390	
TOTAL PAID	$	355 00

Pre need
Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/30/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Castor C. Torres

in a Liner (Vault/Liner) Funeral, date, time 12/1/Tues 1:15PM

Church, Chapel, Graveside Chapel & G.S. ; Goodbodies Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW 1+2

Lot 94 Grave 2 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	0

Pre need
E-5659
Paid in full

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

[signature]
Signature
332 Sweetwood St
Address
SD, Calif 92114
State Zip Code
619-264-1143
Telephone

Invoice # _____

Work Order # E 7058

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Time Pending

Date 11/30/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fumie Murakami

in a Sealed Vault (Vault/Liner) Funeral, date, time Fri - 10AM 12/4

Church, Chapel, Graveside [illegible]; Pinibo Mortuary.

All Funeral cars must 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. (Chapel Thurs. Eve)

Lot 4609 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	OK to Have Single Depth + Cremai	695.00
Additional spaces and care fund	none	
Opening/Closing & Setup		320.00
Burial Container	Top Seal Concrete 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	1405.50

30 day note

Paid 12/21/87

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

Ron Murakami
Signature

1035 HANOVER ST
Address

SAN DIEGO 92114
State Zip Code

2645087
Telephone

Invoice # 063464

Acct. # 024304

Work Order # E 7059

PY-583 (REV. 8-85)

W.O. NO. E7059

NOTE—STRAIGHT

$ 1405.50 San Diego, California, Nov 30, 1987 19

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Fourteen Hundred Five and 50/100 DOLLARS,

with interest from January 2, 1988 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 [illegible]

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # P0290274

E 7059

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FUMIE MURAKAMI	female	Jan 1, 1927	Nov 28, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Tsuyoshi Murakami - husband 1035 Hanover Street San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery - San Diego, CA (3751 Market St.)		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED: Black Out Ballsoll 1892	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER LOCATION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a Sealer - Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/3/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Georgen Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: n/a		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

12/28

№ 35443

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-21, 1987

From: Jane R Wada Address: 1035 Hanover St. S.D. 92114

One thousand four hundred five dollars + 50/100 ~ Dollars ($ 1405.50)

In full Payment of Internment of Fumii Murakami

Lot 4609 Grave ~ Row ~ Section ~ Division ~~Block~~ 10

Invoice No. 063464

Acct. No. 024304

W.O. E-7059

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 Dora A. Black

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	695	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	1,405	50

AC-212 (Rev. 10-87)

102

E 7059

063464 12/10/87 024304	RON MURAKAMI			12/21/87 CK #102		1,405.50	1,405.50	0.00
	100	072	77181	000072		320.00		PAID IN FULL
	100	072	77182	000072		175.00		
	100	072	77183	000072		35.00		
	100	072	77184	000072		556.00		
E-7059	100	072	77165	000072		170.00		
	60101		78390			10.50		
	67007		77184			139.00		

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 2,110.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Credit Sale Date 11/30/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mrs Willie Thornton Boykins

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 111 Grave 5 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	425.00
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	425.00
Paid receipt number 35340	25.00
Balance due	470.00

not arranged for at this time
Paid in full
12-1-88

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 *Willie Boykins
Address 3566 Ocean View
State San Diego, Ca 92113 Zip Code
Telephone 619-234-9430

Invoice # 016

Work Order # E 7060

Acct. #

PY-593 (REV. 8-86)

12/29/87 20.00

470.00
20.00
450.00

5026 Balin Street

NAME Thornton-Boykin, Willie ACCT. NO. E-7060

ADDRESS ~~3566 Ocean View Blvd.~~, San Diego, Ca 92113 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
N[redacted]30 87	Lot 111, Grave 5, Section 2, Division 12	495 00		45 00	450 00
JAN 29 88	Receipt #35617 Coupon 2			20 00	430 00
2-26 88	Coupon #3 Receipt # 35774			20 00	410 00
3-25 88	Coupon #4 Receipt # 35916			20 00	390 00
4-29 88	Coupon #5 Receipt #36060			20 00	370 00
6-2 88	Coupon #6 Receipt # 36232			20 00	350 00
7-6 88	Coupon #7 Receipt 36379			20 00	330 00
8-2 88	Coupon #8 Receipt 36470			20 —	310 00
9-1 88	Coupon 9-12, Receipt 36606			80 00	230 00
10-3 88	Coupon 13 & 14 Receipt 36754			40 00	190 00
11-1 88	Coupon 15 — 20, Receipt 36890			120 00	70 00
12-1 88	Coupons 21 — 24, Receipt 37013			70 00	00

AIGNER FORM NO. 25-204 Thornton-Boykin, Willie 111 - 5 - 2 - 12 PRINTED IN USA

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37013

Date: 12-1 19 88

From: Willie Thornton-Barker Address: ~~[illegible]~~ 5026 Palm Street, San Diego CA 92113

Seventy no/100 Dollars ($ 70.00)

In _____ Payment of Coupon 21 - 24 Credit Lot

Lot 111 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 8-7060

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1915

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
DEC 9 1988

ISSUED BY Sandra Ward

CREDIT	67007	70	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	70	00

OFFICIAL RECEIPT

№ 35461

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-29, 1987

From: Mrs Willie Boykins Address: 3566 Ocean View Bl

Twenty Dollars 00/— Dollars ($ 20.00)

In _____ Payment of Coupon #1 Credit lot Sales

Lot 111 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7060

BALANCE DUE 450.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1710

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

DEC 31 1987

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35617

Date: 1-29, 19 88

From: [illegible] Address: 3566 Ocean View Blvd, SD

Twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of Oxygen #2 Credit Lot

Lot 111 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7060

BALANCE DUE 430.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1724

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 03 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35774

Date: 2-26, 19 88

From: [illegible] Address: 3366 Ocean View Blvd
[illegible], Dallas 20100 Dollars ($ 20.00)

In _____ Payment of Coupon # 3 Crest Lot

Lot 111 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7060

BALANCE DUE 410.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1742

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAR 03 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

OFFICIAL RECEIPT

№ 35916

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-25, 1988

From: Willie D. Boyle Address 3566 Ocean View Blvd. SD

Twenty no/100 Dollars ($ 20.00)

In _____ Payment of Cap Pn #4 Cust Lot

Lot 111 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7060

BALANCE DUE 30.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1755

AC-212 (Rev 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 4 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

№ 35340

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11/30, 1987

From: Mr Willie Thornton-Boykin Address: 3566 Ocean View Blvd SD 92113

Twenty five 00/100 Dollars ($ 25.00)

In Deposit Payment of Credit Sale -

Lot 111- Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7060

BALANCE DUE 470.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) # 1117

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Geogen Dutt

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	25.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	25.00

OFFICIAL RECEIPT

№ 36060

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-29, 19 88

From: Willie Thornton-Bryken Address: 3566 Oceanview Blvd

twenty dollars & no/100 Dollars ($ 20.00)

In _____ Payment of Origin #5 Credit Lot

Lot 111 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7060

BALANCE DUE 390.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1780

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 04 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 36232

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-2, 1988

From: Willie [illegible] Address: 3566 [illegible] Blvd

twenty [illegible] Dollars ($ 20.00)

In _____ Payment of Coupon 6 Credit Lot

Lot 111 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7060

BALANCE DUE 350.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1800

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUN 7 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36379

Date: 7-6, 1988

From: Willie Shrenten Sanchez Address: 3566 Ocean View Blvd
twenty [illegible] Dollars ($ 20.00)

In _____ Payment of Coupon - 7 Credit Lot

Lot 111 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7060

BALANCE DUE 330.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1822

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUL 11 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36470

Date: 8-2-, 19 88

From: Mrs. Willie D. Boykin Address: 5026 Palin St. San Diego CA 92113

Twenty dollars and xx/100 Dollars ($ 20.00)

In Part Payment of Credit Lot

Lot 111 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 7060

BALANCE DUE 310.00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

1837

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 09 1988

ISSUED BY W.J. Teague

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36606

Date: 9-1, 19 88

From: Willie Larkin Address: 5026 Palm Street, SD

eighty 80/00 Dollars ($ 80.00)

In _____ Payment of Credit Lot Sale, Coupons 9-12

Lot 111 Grave 5 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No _____

W.O. E-7060

BALANCE DUE 230.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1854

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
SEP 6 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184	80	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	80	00

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7060 Credit Lot

Willie Thorton-Boykin
3566 Ocean View Blvd.
San Diego, Ca 92113

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: $ 20.00

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-7060 Credit Lot

Willie Thorton-Hopkin
3566 Ocean View Blvd.
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 $ _____

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-7060 Credit Lot

Willie Thorton-Boykin
3566 Ocean View Blvd.
San Diego, Ca 92113

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. $ 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 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7060 Credit Lot

Villie Thorton-Joyita
3566 Ocean View Blvd.
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 (number) ____ 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

№ 36759

Date: 10-3, 19 88

From: Willie Baylin Address: 3566 - Ocean View Blvd SD

forty 20/100 Dollars ($ 40.00)

In _____ Payment of Coupon - 13 & 14 Credit Lot

Lot 111 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 2-7060

BALANCE DUE 190.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1850

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

OCT 7 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	40	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	40	00 ✓

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36890

Date: 11-1, 19 88

From: Willie D. Boykin Address: 5026 Palm Street San Diego

one hundred twenty no/100 — Dollars ($ 120.00)

In _____ Payment of Coupons 15 - 20 Credit Lot

Lot 111 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7060

BALANCE DUE 70.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
NOV 8 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	29	00
80% Sales of Lots	100 77184	71	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	120	00

AC-212 (Rev. 10-87) 1892

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7060 Credit Lot

Willie Thorton-Boykin
3566 Ocean View Blvd.
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 $ _____

NAME Willie Thornton Boykin

ADDRESS 3566 Ocean View Blvd

CITY S. D. 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-7060 Credit Lot

Willie Thornton-Boykin
3566 Ocean View Blvd.
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 $ _____

NAME Willie Thornton-Boykin

ADDRESS 3566 Ocean View

CITY S. D. STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7060 Credit Lot

Willie Thorton-Boykin
3566 Ocean View Blvd.
San Diego, Ca 92113

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
10											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-7060 Credit Lot

Willie Thornton-Boykin
3566 Ocean View Blvd.
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 $ ____

NAME WILLIE THORNTON-BOYKIN

ADDRESS 5026 PALM ST.

CITY S.D. 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-7060 Credit Lot

Willie Thorton-Boykin
3566 Ocean View Blvd.
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 $ _____

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-7060 Credit Lot

Willie Thorton-Boykin
3566 Ocean View Blvd.
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 $ _____

NAME Willie O. Boykin

ADDRESS 5026 Paline St.

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-7060 Credit Lot

Willie Thorton-Boykin
3566 Ocean View Blvd.
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 $ _____

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-7060 Credit Lot

Willie Thofton-Boykin
3566 Ocean View Blvd.
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

$ 20.00

Amount Received $

NAME Willie Thornton/Boykin

ADDRESS 5026 Palin St.

CITY S.D. STATE Cal. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7060 Credit Lot

Willie Thorton-Boykin
3566 Ocean View Blvd.
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

$ ____

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-7060 Credit Lot

Willie Thorton-Boykin
3566 Ocean View Blvd.
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 $ ____

NAME Mrs Willie M. Boykin - Thornton

ADDRESS 5026 Fulton St.

CITY S.D. STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring this coupon with each remittance. COUPON 11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7060 Credit Lot

Willie Thorton-Boykin
3566 Ocean View Blvd.
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 $ _____

NAME _____

_____

_____ 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-7060 Credit Lot

Willie Thorton-Boykin
3566 Ocean View Blvd.
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 $ _____

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-7060 Credit Lot

Willie Thorton-Boykin
3566 Ocean View Blvd.
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 $ _____

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-7060 Credit Lot

Willie Thorton-Soyish
3366 Ocean View Blvd.
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 $ _____

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. J-7060 Credit Lot

Millie Thorton-Boykin
3566 Ocean View Blvd.
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 $ _____

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-7060 Credit Lot

Willie Thorton-Boykin
3566 Ocean View Blvd.
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 $ _____

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-7060 Credit Lot

Willie Thorton-Boykin
3566 Ocean View Blvd.
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 $ _____

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-7060 Credit Lot

Willie Thorton-Boykin
3566 Ocean View Blvd.
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 $ _____

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-7060 , Credit lot

Willie Therton-Boykin
3966 Ocean View Blvd.
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 $ _____

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-7060 Credit Lot

Willie Thorton-Boykin
3566 Ocean View Blvd.
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 $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/1/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris Broady

in a Concrete Vault (Vault/Liner) Funeral, date, time Thur-11Am/12-3

Church, Chapel, Graveside Bethel Memorial Hill ; 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 115 Grave 4 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees 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	
Balance due	

Paid 1-13-88

30 day note

I hereby certify I am the Spouse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X. Henry E Broady
Signature
7034 Kelton Rd
Address
San Diego Ca - 92114
State Zip Code

Telephone

Invoice # 063465

Acct. # 024306

Work Order # E 7061

PY-593 (REV. 8-85)

D0674414

W.O. NO. E 7061

NOTE—STRAIGHT

$ 1205.50 San Diego, California, Dec 1, 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 Five and 50/100 DOLLARS,

with interest from Jan. 2, 1988 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 Jerry L. Brady

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # D0674414

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E_7061

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DORIS LOUISE BROADY	Female	April 22, 1921	Nov. 27, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	George Broady - Husband 1034 Kelton Road San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
AL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED DEC 2 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Ramos, M.D. M.P.H.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/3 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

PY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE EMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

№ 35480

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-4, 1988

From: Catherine Sullivan Address: 5565 Clemira SD
Fifteen 90/

Dollars ($ 15.90)

In _____ Payment of Flower Vase for Doris Swaab

Lot 115 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7061

BALANCE DUE —

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 06 1988

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		30
TOTAL PAID	$	15	90

AC-212 (Rev. 10-87)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/22/88

DATE: 01/22/88
TIME: 201934
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
063465	12/10/87	024306	GEORGE BROADY					01/13/88	CK	5396	1,205.50	1,205.50	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				175.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				396.00		
			100	072		77185	000072				170.00		
			60101			78390					10.50		
			67007			77184					99.00		

E-7061

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

2-11

Date 12-2-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Irene [redacted] Lackey

in a Vault (Vault/Liner) Funeral, date, time Thurs 12/3 2pm

Church, Chapel, Graveside ____; Calif Burial Chapel Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO. Witness Only

Lot 103 Grave 7 Row ____ Section 2 Division/Block 17

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	70.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	960.50
Paid receipt number 35360	960.50
Balance due	0

Calif - to bring check

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

Gladys L Enid
Signature
8000 University #103
Address
La Mesa, Ca 92041
State Zip Code
461-12877
Telephone

Work Order # E 7062

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E-7062

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Archie Evelyn Lackey	Female	Nov. 27,1911	Nov. 28,1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Audie D. Gibson (Sister) 812 Huckleberry El Paso, CA 79903

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery- 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Per Authorization by: Karen Grosekemper DATE SIGNED 12-2-87
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 2 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/8 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

№ 35360

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-3, 1987

From: Andre Gibson Address: 812 Huckleberry El Paso TX
nine hundred sixty 50/ Dollars ($ 960.50)

In _____ Payment of Archie Lockey Service

Lot 103 Grave 7 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7062

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

12296

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77183	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	960	50

AC-212 (Rev. 11-88)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-2-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Murphy Brisco Sr.

in a Bell Liker Vault/Liner Funeral, date, time Fri 12/4 1 p.m.

Church, Chapel, Graveside Graveside ; Calif Burial Mortuary. Chapel

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 142 Grave 11 Row ____ Section 1 Division ~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1101.00
Paid receipt number 35478	1101.00
38042 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

Daniel L. Brisco
Signature

4974 Logan Ave. #B
Address

Calif 92113
State Zip Code

266-1564
Telephone

[redacted]
Invoice #

Work Order # E 7063

Acct. #

PY-593 (REV 8-85)

E_7063

CALIFORNIA BURIAL CHAPEL

P.O. BOX 3277
SAN DIEGO, CA. 92103-0080

619-234-3272

5602 EL CAJON BLVD.
SAN DIEGO, CA 92115

December 4, 1987

Mt. Hope Cemetery
3751 Market Street
San Diego, CA

RE: Briscoe, Murphy

California Cremation & Burial Chapel guarantees payment for the plot for Murphy Briscoe. You will receive payment within seven working days. Payment will be for the amount of $1,101.00.

Thank you for your consideration in this matter.

Sincerely,

Elliott V. Mitchell-Owner
California Cremation & Burial Chapel

E_7063

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Murphy Briscoe, Sr.	Male	8-6-1916	12-1-1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Edmonia Briscoe (Wife) 5103 Coban Street San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
CALIFORNIA CREMATION & BURIAL CHAPEL 5602 El Cajon Blvd. San Diego, CA	5F-1357

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market Street San Diego, CA	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: Per Authorization by: DATE SIGNED: 12-1-1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: DEC 3 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/3/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35478

Date: 12 31, 1987

From: [illegible] Burial Address: P.O. Box 3277 San Diego Ca

One Thousand One dollars 00/ Dollars ($ 1001.00)

In _____ Payment of Murphy Brisco, Inc Burial Service

Lot 142 Grave 11 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7063

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

JAN 06 1988

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182		
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	1001	00

AC-212 (Rev. 10-87)

E_7063

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38042

Date: 10-10, 1989

From: Calif. Burial Ward Address: 2602 El Cajon Blvd. SD

Thirteen hundred twenty seven Dollars ($ 1327.00)

In _____ Payment of Bill Van Stallsworth, Albert Wright and Murphy & Dresser accounts paid in full

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-8258/E-7063

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 553

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	400	00
Handling Fee	100 77185	149	00
Recording & Misc. Fees	100 77183	160	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	00
TOTAL PAID	$	1327	00

CITY AUDITOR
OCT 16 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-2-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gordon A. Heckel

in a Bell Liner (Vault/Liner) Funeral, date, time Mon 12/7 12:30

Church, Chapel, Graveside Graveside Lakeside Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 56 Grave 2 Row _____ Section MAS Division/~~Block~~ S

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 35380	606.00
Balance due	0

PAID
DEC 07 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Leon Lahusiti

Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7064

PY-593 (REV. 8-86)

E-7064

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Gordon Anthony Heckel	Male	8/17/1901	12/2/1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Hobe Sound	Martin, FL	Violetta Heckel - wife 2775 S.E. La Palma Stuart, FL 33494

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON)	CALIFORNIA LICENSE NUMBER
Lakeside-Santee Funeral Chapel, 9840 Maine Ave. Lakeside, CA	F-997

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☒ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Metal 20ga Sealer	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Liner		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 4 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/7/87 (ENTER DATE) 56/2/MAS/5	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stetter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT

№ 35380

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12/7/87, 19

From: Lakeside-Santee F.C. Address: 9840 Main Lakeside, Ca. 92040

Six Hundred Six and no/100 Dollars ($ 606.00)

In full Payment of Interment of and for Gordon Anthony Heckel-dec

Lot 56 Grave 2 Row Section MAS Division Block S

Invoice No. —

Acct. No. —

W.O. E-7064

BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY George Stelton

CREDIT	67007	—	—
20% Sales Care	77184	—	—
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77183	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	6	00
TOTAL PAID	$	606	00

Ayscoh #43377-355.00
Lakeside F.C. #01948-251.00

AC-212 (Rev. 11-86)

4-0 1:45

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-2-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edwan J. Mejia

in a _____ Vault/Liner Funeral, date, time Thurs. 12/3 2pm.

Church, Chapel, Graveside Graveside Fieldom-Mitchell (Kevin) Mortuary.

All Funeral cars must arrive 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	48 + 8 = 56"
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

PA 1041665

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7065

PY-593 (REV. 8-85)

Permit Re Late

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-2-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesse E. Owens

in a Std Vault (Vault/Liner) Funeral, date, time 12-5 Sat 2pm

Church, Chapel, Graveside Graveside Dilday Brothers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 93 Grave 1 Row ____ Section 1 Division ~~Block~~ 11

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	105.00
Burial Container	70.00
Handling Fees	60.00
Flower vases, Marker setting fee	____
Recording and filing fee	4.15
Sales taxes	2.40
Total Due	622.40
Paid receipt number 353701	622.40
Balance due	0

PAID
DEC 04 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Fountain Valley
714-964-6003

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of dead

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 7066

Acct. # ____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7066

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Besse Elizabeth Downs	Female	May 19, 1919	Dec. 1, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Fountain Valley	Orange	Cathy L. Ellerbee 10042 Edye Drive Huntington Beach, CA 92646

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Dilday Brothers Mortuary 17911 Beach Blvd. Huntington Beach, CA	F1193

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

ERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery 3751 Market St. San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Loma Vista Memorial Park Crematory 701 S. Bastanchury Rd. Fullerton, CA	DATE CREMATED: 12-3-87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: C. Rayner
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: ----------		----------
ENTIFIC 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: Cathy L. Ellerbee DATE SIGNED: December 2, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID: 3.00 DATE PERMIT ISSUED: DEC 3 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: [illegible]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: 12/5/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: [illegible] cm	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: Orange County Health Dept. P.O. Box 355 Santa Ana, CA 92702		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 35817

Date: 3-7 , 19 88

From: Whittier Monument Address: 9515 Santa Fe Springs Rd.

One hundred twenty-five and 00/100 Dollars ($ 125.00)

In Payment of Marker Installation fee for Lease Hold

Lot 93 Grave 1 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-7066

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
5000

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAR 08 1988

ISSUED BY: Sandra Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

OFFICIAL RECEIPT

№ 35374

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-5, 1987

From: [illegible] Address: 9925 [illegible]

Six hundred twenty two 40 — Dollars ($ 622.40)

In _____ Payment of Bessie Davis Service

Lot 93 Grave 1 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-1066

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1083

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
DEC 04 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	—
Burial Containers	100 77182	40	—
Handling Fee	100 77183	60	—
Recording & Misc. Fees	100 77183	415	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	40
TOTAL PAID	$	622	40

Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/3/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel Matthew & Ethel Pollard

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 4 Grave 5+6 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	2 Sp C 250 each	500.00
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	500.00
	Paid receipt number	
	Balance due	Ø

12-12-1989 paid in full R-[illegible]

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # _____

Work Order # E 7067

Acct. # _____

PY-593 (REV. 8-85)

1-6-87 35510

500.00
20.00
480.00

NAME Matthis, Ethel & Pollard, Ethel ACCT. NO. E-7067

ADDRESS 5564 San Onofre Terrace, San Diego, Ca 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Dec 3	87	Lot 4, Graves 5 & 6, Section 2, Division 11	500 00		20 00	4[redacted]0
2-4	88	Coupon #2, Receipt #35657			20 00	460 00
3-4	88	Coupon #3, Receipt #35811			20 00	440 00
4-6	88	Coupon #4, Receipt 35979			20 00	420 00
5-3	88	Coupon #5, Receipt 36083			20 00	400 00
6-1	88	Coupon #6, Receipt 36220			20 00	380 00
7-1	88	Coupon #7, Receipt 36349			20 00	360 00
8-3	88	Coupon #8, Receipt 36487			20 00	340 00
9-6	88	Coupon #9, Receipt 36634			20 00	320 00
10-6	88	Coupon #10, Receipt 36803			20 00	300 00
11-7	88	Coupon #11 Receipt 36925			20 00	280 00
12-9	88	Receipt 37090			20 00	260 00
1-10	89	Receipt 37243			20 00	240 00
2-10	89	Receipt 37353			20 00	220 00
3-10	89	Receipt 3499			40 00	18[redacted]0
4-10	89	Receipt 37644			20 00	160 00
5-12	89	Receipt 37829			20 00	140 00
6-9	89	Receipt 38143			20 00	120 00
7-10	89	Receipt 38207			20 00	100 00

NAME ACCT. NO.

ADDRESS RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
8 0 89	Receipt # 38411	[illegible]		20 —	80 —
9/12 89	Receipt # 37937			20. —	60 —
10/ 9 89	Receipt # 38028			20 —	40 —
11-14 89	Receipt 38573			20 00	20 00
12-12 89	Receipt #38681			20 00	— 0 —

AIGNER FORM NO. 25-204 PRINTED IN USA

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 35510

Date: 1-6 19 88

From: Ethel Watts Address: 5564 San Onofre Dr, SD

twenty 20/100 Dollars ($ 20.00)

In Payment of Coupon #1 Credit Ad

Lot 40 Grave 5 & 6 Row Section 2 Division Block 11

Invoice No.

Acct: No.

W.O. E-2067

BALANCE DUE 480.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

2676

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JAN 11 1988

ISSUED BY Sandra Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35657

Date: 2-4, 1988

From: Ethel Pollard Address: 5564 San Andres Terrace

Twenty dollars no 100 Dollars ($ 20.00)

In _____ Payment of Coupon #2 Credit Lot

Lot 4 Grave 5 & 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7067

BALANCE DUE 460.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2694

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

FEB 08 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35811

Date: 3-4, 1988

From: Ethel Pollard Address: 5564 San Onofre Terrace
Twenty dollars no 1150 Dollars ($ 20.00)

In _____ Payment of coupon #3 Credit Lot

Lot 4 Grave 5 & 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7067

BALANCE DUE 440.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2740

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 08 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

OFFICIAL RECEIPT

№ 35979

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-6, 1988

From: Ethel L Pollard Address: 5564 San Onofre Dr, SD
Forest, Ne 100 Dollars ($ 20.00)

In _____ Payment of Coupon 4 Credit Lot

Lot 4 Grave 5 & 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7067

BALANCE DUE 420.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2944

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 8 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

OFFICIAL RECEIPT

№ 36082

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-3, 1988

From: Ethel Pollard Address: 5564 San Onofre Terrace, SD

Twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of Coupon 5 Credit Lot

Lot 4 Grave 5 & 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7067

BALANCE DUE 400.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2981

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 06 1988

ISSUED BY [signature]

CREDIT	67007		
70% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

№ 36220

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

(Mathis)

Date: 6-1, 1988

From: Thel Pollard Address: 5564 Jan Oxford Ave SD

Twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of Coupon 6 Credit Lot

Lot 4 Grave 5 & 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7067

BALANCE DUE 30.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2956

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 7 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	20.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36349

Date: 7-1, 19 88

From: Ethel Matthis Address: 5564 San Onofre Dr, SD

Twenty Dollars 00/100 Dollars ($ 20.00)

In Payment of Coupon 7 Cedar Lot

Lot 4 Grave 576 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7067

BALANCE DUE 360.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2774

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUL 11 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77185		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36487

Date: 8-3, 19 85

From: [illegible] Address: 534 San Carlos Terrace

Twenty dollars Dollars ($ 20.00)

In payment Payment of Credit Lot

Lot 4 Grave 5-6 Row Section 2 Division Block 1

Invoice No.

Acct. No.

W.O. E-7067

BALANCE DUE 340.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 09 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	—

AC-212 (Rev. 10-87)

2827

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36634

Date: 9-6 19 88

From: Hal Pollard Address: 5564 San Onofre Way SD

Twenty and no/100 Dollars ($ 20.00)

In Payment of Opening & Vault Int

Lot 4 Grave 576 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7067

BALANCE DUE 320.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2662

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR SEP 13 1988

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36803

Date: 10-6, 1988

From: Ethel Pollard Address: 5564 San Onofre Terrace San Diego Ca 92114

Twenty dollars & 00/100 Dollars ($ 20.00)

In part Payment of Coupon #10 credit sales

Lot 4 Grave 5&6 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7067

BALANCE DUE 300.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3182

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lora Black

CREDIT	67007	~~20~~	~~00~~
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36929

Date: 11-7 19 88

From: Thel Mathis Address: 5564 San Onofre Ter SD

Twenty dollars no/100 Dollars ($ 20.00)

In Payment of Coupon 11 Vested Lot

Lot 4 Grave 576 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7067

BALANCE DUE 20.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 0205646

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Linda Reed

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100 77184	20 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

CITY AUDITOR
NOV 15 1988

OFFICIAL RECEIPT

№ 37090

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-9, 1988

From: Ethel Pollard Address: 5564 San Onofre Ter, SD

twenty no/00 Dollars ($ 20.00)

In _____ Payment of Credit Lot

Lot 4 Grave 5&6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7067

BALANCE DUE 260.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	20.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

CITY AUDITOR
DEC 14 1988

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37213

Date: 1-10, 1989

From: Ethel Pollard Address: 5564 San Onofre Dr SD

twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of Credit Lot

Lot 4 Grave 5 & 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7067

BALANCE DUE 240.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandra Wald

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

CITY AUDITOR
JAN 13 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37353

Date: 2-10, 1989

From: Ethel Pollard Address: 5564 San Onofre Ter, SD

Twenty Dollars no/100 Dollars ($ 20.00)

In: Payment of Credit Lot

Lot 4 Grave 5 & 6 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 8-7067

BALANCE DUE 220.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

228-4142-83

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20.00

CITY AUDITOR
FEB 16 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37499

Date: 3-10, 1989

From: [illegible] Address: 5564 [illegible]

[illegible] Dollars 10 [illegible] Dollars ($ 40.00)

In: _____ Payment of [illegible]

Mathis

Lot 4 Grave 5 & 6 Row _____ Section 8 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 3-7067

BALANCE DUE 100.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 3052

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	40.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	40.00

CITY AUDITOR
MAR 16 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37644

Date: 4/10, 1989

From: Ethel Gallard Address: 5564 San Onofre Terr

Twenty and 00/100 Dollars ($ 20.00)

In Deposit Payment of Credit Sale -

Lot 4 Grave 5+6 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 7067

BALANCE DUE 160.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 17 1989

George

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37821

Date: 5-12, 1989

From: Uel Pollard Address: 5564 San Onofre Ave SD

Twenty no/100 Dollars ($ 20.00)

In _____ Payment of Credit Lot

Lot 4 Grave 5-6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7067

BALANCE DUE 140.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 3123

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

CITY AUDITOR
MAY 19 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38143

Date: 6-9, 1989

From: Ethel Pollard Address: 5564 San Onofre Ave.

twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of Credit Lot

Lot 4 Grave 5&6 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7067

BALANCE DUE 20.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	20 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

CITY AUDITOR
JUN 15 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38267

Date: 7-10, 1989

From: Ethel Pollard Address: 5561 San Onofre, Sn.

Twenty no/100 Dollars ($ 20.00)

In _____ Payment of _____

Lot 4 Grave 5 & 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7067

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

ISSUED BY Sandra Wa[illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

CITY AUDITOR
JUL 14 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38411

Date: Aug 10, 1989

From: Ethel Matthias Address: 5561 San Onofre Ser.
Sweeney 44 Dollars ($ 20 —)

in Cert Payment of Credit Lot

Lot 4 Grave 556 Row — Section 12 Division Block 11

Invoice No.

Acct. No.

W.O. 5-7067

BALANCE DUE 120 —

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY R. Lowen

CREDIT 20% Sales Care	67007 77184	16 —
80% Sales of Lots	100 77184	4 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 —

CITY AUDITOR
AUG 21 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37937

Date: 9-12, 19 89

From: Ethel Pollard Address: 5564 San Onofre Terrace SD 92114

Twenty Dollars + no/100 Dollars ($ 20.00)

In PART Payment of PLOT FOR Ethel MATHIS + ETHEL POLLARD

Lot 4 Grave 596 Row — Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O E-7067

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4026

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Kelly Grant

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185	SEP 18 1989	
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38028

Date: 10-9- , 19 89

From: Ethel Pollard Address: 5564 SAN ONOFRE Terrace, S.D. CA 92114

Twenty dollars and XX/100 Dollars ($ 20.00)

In part Payment of Credit lot

Lot 4 Grave 5/6 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 7067

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

9

ISSUED BY W.J. Teague

CREDIT 20% Sales Care	67007 77184	20 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

CITY AUDITOR
OCT 16 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38573

Date: 11-14, 1989

From: Ethel Pollard Address: 5564 Van Dorpe Ter SD

twenty dollars no/100 Dollars ($ 20.00)

In - Payment of Credit Lot

Lot 4 Grave 5&6 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7067

BALANCE DUE 20.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT	67007	20	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

CITY AUDITOR
NOV 20 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38681

Date: 12-12-, 19 89

From: Ethel Pollard Address: 5564 San Onofre San Diego, CA 92114

Twenty dollars and xx/100 Dollars ($ 20.00)

In Full Payment of credit lots

Lot 4 Grave 5+6 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 7067

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 W. J. Teague

CREDIT	67007	20 —
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 —

TO AUDITOR
DEC 18 1989

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7067 Credit Lot

Ethel Matthis & Ethel Pollard
5564 San Onofre Terrace
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 $ 20.00

NAME E Matthis + Ethel Pollard

ADDRESS 5564 San Onofre Ter.

CITY San Diego STATE Calif 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-7067 Credit Lot

Ethel Matthis & Ethel Pollard
5564 San Onofre Terrace
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

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-7067 Credit Lot

Ethel Matthis & Ethel Pollard -
5564 San Onofre Terrace
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 Ethel L. Pollard + Ethel Matthis

ADDRESS 5564 San Onofre Ter.

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

PRINTED IN U.S.A. BY RAND McNALLY REV. 3-66

Send or bring one coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7067 Credit Lot

Ethel Matthis & Ethel Pollard
5564 San Onofre Terrace
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

$ ____

Amount Received $ 20.00

NAME Ethel Pollard + Ethel Matthis

ADDRESS 5564 San Onofre Ter.

CITY San Diego STATE Calif. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7067 Credit Lot

Ethel Matthis & Ethel Pollard
5564 San Onofre Terrace
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 Ethel Pollard - Ethel Matthis

ADDRESS 5564 San Onofre Ter.

CITY San Diego STATE Calif. 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-7067 Credit Lot

Ethel Matthis & Ethel Pollard
5564 San Onofre Terrace
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

$ 20.00

Amount Received $

NAME Ethel M. Pollard & Ethel Matthis

ADDRESS 5564 San Onofre Ter.

CITY San Diego STATE Calif. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7067 Credit Lot

Ethel Hatthis & Ethel Pollard
5564 San Onofre Terrace
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 Ethel Hatthis and Ethel Pollard

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-7067 Credit Lot

Ethel Matthis & Ethel Pollard
5564 San Onofre Terrace
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 Ethel Matthis + Ethel Pollard

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-7067 Credit Lot

Ethel Matthis & Ethel Pollard
5564 San Onofre Terrace
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 Ethel Matthis + Ethel Pollard

ADDRESS 5564 San Onofre Ter.

CITY San Diego STATE Calif. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7067 Credit Lot

Ethel Matthis & Ethel Pollard
3564 San Onofre Terrace
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 Ethel Matthis + Ethel Pollard

ADDRESS 3564 San Onofre Ter.

CITY San Diego STATE Calif. 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. E-7067 Credit Lot

Ethel Matthis & Ethel Pollard
5564 San Onofre Terrace
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 $ 20.00

NAME Ethel Matthis + Ethel Pollard

ADDRESS 5564 San Onofre Ter.

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

~~12~~ Date 12/3/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Amy Marie C. Stevens

in a _____ (Vault/Liner) Funeral date, time _____

Church, Chapel, Graveside Transfer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 58 Grave 2 Row _____ Section 16 Division/Block 7

Grave space & Care Fund	
Additional spaces and care fund Deed # 10855 attached	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee Transfer fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 3535	35.00
Balance due	0

PAID
DEC 03 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Amy-Marie C. Stevens
Signature

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 7068

Acct. # _____

PY-593 (REV. 8-85)

DUPLICATE
CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

3/29/1982 E 7068

DEED

Nº 10855

OWNERSHIP AND INTERMENT PRIVILEGES

TO Heriberta Pruit for the sum of $ 120.00 (DOLLARS)

LEGAL DESCRIPTION Lot 58 Gr 2 Sec 16 Div 7

AS DESCRIBED ON PURCHASE ORDER NUMBER C-8882

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only

Robert M. Sutton
Cemetery Manager

Martin Brulen
Property Director

FY-884

We the undersign being the only devit aire of Samuel &/or Heriberta Druit do wish the Space deeded to

Amy Marie C. Stevens

for her or his use.

Amy Marie C. Steven
x Rel.

[illegible]
x Rel.

Transferee is $3[illegible]c

E 7068 № 35351

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12/3/87, 19

From: Amy Marie C Stevens Address: SD

Thirty five and no/100 Dollars ($ 35.00)

In full Payment of Transfer of Ownership

Lot 58 Grave 2 Row Section 16 Division Block 7

Invoice No.

Acct. No.

W.O. E-7068

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35.00

AC-212 (Rev. 11-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/3/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nelson L. Sawyer

in a ash vault Vault/Liner Funeral, date, time AO P 12/9/87

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 YES - Marine - Non Combat 1922-26

Lot 12½ Grave 1 Row Section MAS Division/Block A

Grave space & Care Fund ..... Re used Rec #11102 -	—
Additional spaces and care fund ..... None	
Opening/Closing & Setup	105.00
Burial Container ..... Comb Vault	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number 35352	242.40
Balance due	0

PAID DEC 03 1987 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.

Goat foot Vault

I hereby certify I am the Nelson of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Kenneth K Baron
Signature

Address

State Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # _____

Work Order # E 7069

Acct. # _____

PY-593 (REV. 8-85)

E-7069

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#56176

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

Cypress View/Bonham Brothers

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Nelson Sanderson Sawyer	Male	March 1, 1900	Dec. 2, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Kenneth K. Bacon - Stepson P.O. Box 66 Alpine, CA. 92001

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers 3353 Imperial Ave. San Diego, CA.	670

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Cypress View Crematory 3353 Imperial San Diego, CA.	DATE CREMATED: DEC 3 1987	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: DEC 03 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald S. Carroll, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/9/87 (ENTER DATE) 12-7-MAS-FF	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ George Slatter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: N/A		

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGNAL OF DUPLICATE PERMIT AFTER ONE YEAR.

OFFICIAL RECEIPT

№ 35352

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12/3/87, 19

From: Kenneth Bacon Address: PO Box 66 - Alpine Ca 92001

Two Hundred forty Dollars ($ 242.40)

In full Payment of In full for Inurnment of Nelson S. Sawyer in Mt Hope - no marker

Lot 12½ Grave 1 Row Section MAS Division Block A

Invoice No. —

Acct. No. —

W.O. E-7060

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	—
80% Sales of Lots	100 77184	—
Opening/ Closing	100 77181	105.00
Burial Containers	100 77182	40.00
Handling Fee	100 77183	60.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	2.40
TOTAL PAID	$	242.40

AC-212 (Rev. 11-86)

MT. HOPE [illegible]METERY

INTERMEN[illegible] ORDER

City of San Diego

Date 12-3-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Colleen J. Wiese

in a Double Crypt (Vault/Liner) Funeral, date, time Mon 12/7 10:30

Church, Chapel, Graveside Chapel & Grove 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 1047 (1047) Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund Double Crypt Space	595.00
Additional spaces and care fund Mr. is Vet - WW2 -	
Opening/Closing & Setup	320.00
Burial Container Double Crypt	330.00
Handling Fees Very Deep -	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	1619.80
Paid receipt number 35358	500.00
Balance due	1119.80

1ST BURIAL PAID IN FULL 1-5-88

Deposit of $500.00 Bal in 30 days

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

Otto H. Wiese
Signature

3614 Budd St.
Address

S. D. Cal. 9211'
State Zip Code

2773173
Telephone

Invoice # 063463

Acct. # 024303

Work Order # E 7070

PY-593 (REV. 8-85)

E 7070

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
COLLEEN JOSEPHINE WIESE	Female	July 17, 1924	Dec. 2, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Otto H. Wiese - Husband 3614 Budd St. San Diego, CA 92111

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary -4094 University Ave.-San Diego	69

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery - 3751 Market St. - San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Steel Seal on Bottom of extra deep Crypt 3+ ft to top of Lid!		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $ 3.00	DATE PERMIT ISSUED: DEC 4 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. MHP
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/7 (ENTER DATE) 1047-18	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/08/88

DATE: 01/08/88
TIME: 234226
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
063463	12/10/87	024303	OTTO H. WIESE					01/05/88	CK	P/C5388	1,119.80	1,119.80	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				330.00		
			100	072		77183	000072				35.00		
			100	072		77185	000072				320.00		
			60101			78390					19.80		
			67007			77184					95.00		

E-7070

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,119.80

№ 35358

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12/3/87, 19__

From: Karen Kummerathie Address: Escondido Ca 92025

Sum of Five Hundred and no/100 Dollars ($ 500.00)

In Part D Payment of Interment of + For Colleen Wiese - see

35358

Lot 1047 Grave ____ Row ____ Section ____ Division Block 10

Invoice No. —

Acct. No. —

W.O. E-7070

BALANCE DUE 1119.80

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	381	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

AC-212 (Rev. 11-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-3-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Timothy Stone (X)

in a Ash Vault (Vault/Liner) Funeral, date, time Fri 11/26 3:30

Church, Chapel, Graveside — Lakeside Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ Wilness

Parents are bringing Ashes

Lot 1521 Grave ____ Row ____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee Recording Fee $35	
Recording and filing fee Marker Installation	160.00
Sales taxes $125	2.40
Total Due	367.40
Paid receipt number 35359	367.40
Balance due	0

Will be burying other ashes in grave later

I hereby certify I am the Grandmother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Donna J. Stone
Signature

11830 Rocoso Rd.
Address

Lakeside, Ca 92040
State Zip Code

(619) 443-6796
Telephone

Invoice # ____

Acct. # ____

Work Order # E 7071

PY-593 (REV. 8-85)

E 7071

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Timothy Richard Stone	Male	10/13/1987	12/1/1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	SanDiego	Kevin & Terri Stone-parents 12168 Laurel St., #C Lakeside, CA 92040

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
9840 Maine Ave. Lakeside-Santee Funeral Chapel, Lakeside, CA	F-997

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XXX 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St.,. San Diego, CA	COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Greenwood Crematory, 7805 S. Imperial Ave. San Diego, CA	DATE CREMATED DEC 4 1987	SIGNATURE OF PERSON IN CHARGE OF CREMATORY Robert Garcia
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 2 - 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/26/88 (ENTER DATE) 1521-1-8	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Lenore Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 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.

№ 35359

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-3, 1987

From: Richard Stone Address: 11830 Lacaze Road, Lakeside

Three hundred sixty seven.60 Dollars ($ 367.60)

In _____ Payment of Thirty Stone Service

Lot 1521 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-7071

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2118

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	—
Burial Containers	100 77182	40	—
Handling Fee	100 77183	60	—
Recording & Misc. Fees	100 77183	160	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	40
TOTAL PAID	$	367	40

AC-212 (Rev. 11-86)

E7071

December 4, 1987

Mt. Hope Cemetary

To Whom It May Concern:

I hereby authorize the burial of Timothy Richard Stone in my cemetary lot #1521, Section 1, Division 8, located in Mt. Hope Cemetary. I also authorize the placement of a marker at this grave site.

Nellie G. Barbe

Nellie G. Barbe

E-7071

THE CITY OF
SAN DIEGO
MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY
DEPARTMENT

August 29, 1988

Donna Stone
11830 Rocaso Road
Lakeside, Ca 92040

Dear Mrs. Stone:

On December 3, 1987 you came into Mt. Hope Cemetery's office to make arrangements for the inurnment of Timothy R. Stone. As of this date the urn has not been received at Mt. Hope. Please contact the cemetery office so the records can be updated. Mt. Hope Cemetery's staff is ready to assist you pending your instructions.

Sincerely,

George W Stelter

George W. Stelter
Cemetery Manager

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/4/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of R H Newham (X) Mon. 12/7 AYP

in a Ash vault Vault/Liner Funeral, date, time

Church, Chapel, Graveside Mackey Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be ~~applied~~ and billed to undersigned. War time veteran _____ . Disp. OFF

Lot 4 Grave 4 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	0
Paid receipt number	
Balance due	

Grinned E-7044

Transfer completed

I hereby certify I am the _____ of the above named decedent *and this is your authority to make disposition of remains as above indicated. I certify and represent* that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7072

Acct. # _____

PY-593 (REV. 8-85)

E 7072

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RUDOLPH H. NEUMANN	MALE	APR 26, 1894	DEC 2, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	EMMA NEUMANN, WIFE 1614 CYPRESS AVENUE SAN DIEGO, CA 92103

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XEX 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

ERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA — COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: GREENWOOD CREMATORY, I-805 & IMPERIAL AVENUE, SAN DIEGO, CA — DATE CREMATED: DEC 4 1987 — SIGNATURE OF PERSON IN CHARGE OF CREMATORY: Robert Garcia
BURIAL AT SEA OR SITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Copper Urn in Cornuta Vault
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.** — SIGNATURE OF APPLICANT: ▶ — DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT — AMOUNT OF FEE PAID: $3.00 — DATE PERMIT ISSUED: DEC 03 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Conrad, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/7/87 (ENTER DATE) — SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ — LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE: N/A
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGNAL OF DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/4/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward L Jackson

in a Bell liner (Vault/Liner) Funeral, date, time Friday 12/4 11AM

Church, Chapel, Graveside Church & Gene Mayesdale Mortuary.

All Funeral cars must arrive 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 _____ Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number	
Balance due	

Paid 12/30/88

Preceed D-47 15 7/5/1974

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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

282-8244
Telephone

Invoice # 063462

Acct. # 024302

Work Order # E 7073

PY-583 (REV. 8-85)

E 7073

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDWARD LEE JACKSON	Male	July 24, 1912	Nov. 29, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Maudell Jackson - Wife 3322-40th Street San Diego, California 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, California 5050 Federal Blvd.	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: 3.00 DATE PERMIT ISSUED: DEC 1 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/3/87 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W. Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

Metal Sealer
Held Service at V.A. Mon.
Buried in Lenie after Same.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-7073

HEAVENS GROCERY STORE

I was walking down life's highway a long time ago.
One day, I saw a sign that read "Heaven's Grocery Store."
As I got a little closer, the door came open wide.
And when I came to myself, I was standing inside.
I saw a host of angels - that were standing everywhere.
One handed me a basket and said, "My child, shop with care."
Everything a Christian needed was in that Grocery Store -
And all you couldn't carry, you could come back the next day for more.

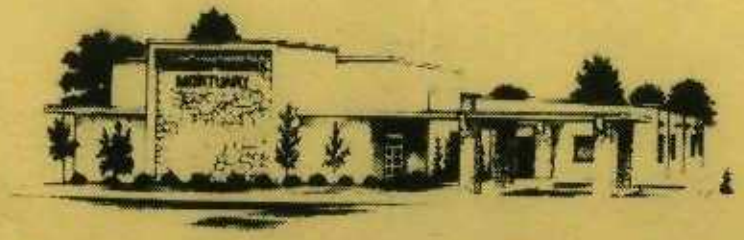
First, I got some Patience; Love was in the same row;
Further down was Understanding, you need that wherever you go.
I got a box or two of Wisdom, a bag or two of Faith
I just couldn't miss the Holy Ghost, for it was all over the place.
I stopped to get some strength and Courage to help me run this race;
By then, my basket was getting full, but I remembered I needed some Grace.
I didn't forget Salvation for Salvation - that day was free.
So. . . I tried to get enough of that to have for both you and me.

Then I started up to the counter to pay my Grocery bill.
For I thought I had everything to do my Master's will.
As I went up the aisle, I saw Prayer and I just had to put that in.
For I know when I stopped outside, I would run right into sin.

Peace and Joy were plentiful; They were on the last shelf
Son and Praises were hanging near, so I just helped myself.
Then, I said to the Angel, "Now, how much do I owe?"
He just smiled and said, "Just take them wherever you go."
Again, I smiled at him and said, "How much do I really owe?"
He smiled again and said, "MY CHILD, JESUS PAID YOUR BILL A LONG TIME AGO."

Author unknown

Dedicated to their brother, Jimmie
From his brother Cyrus and sisters Lucille, Bertha, Thelma, Alma,
Addie, Ellie, Mary, and Virginia



Anderson-Ragsdale Mortuary

"Third Generation In The Mortuary Profession"

5050 FEDERAL BLVD SAN DIEGO CALIF 92102

PHONE (619) 263-3141

Memorial Service

For

EDWARD LEE "JIMMIE" JACKSON



FRIDAY, DECEMBER 4, 1987 – 11:00 AM

LOGAN TEMPLE AME ZION CHURCH

302 S. 32nd St. San Diego, Calif.

REV. AARON MOORE, OFFICIATING

Obituary

Edward Lee "Jimmie" Jackson was born in Satin, Texas to Cyrus and Virginia Jackson. He received his formal education in the public schools of Texas. Upon graduation from high school, he moved to San Diego, California.

In 1949 he met and was united in holy matrimony to Maudell Watson. No children were born to this union. He was employed by Marvin K. Brown Cadillac of San Diego for twenty years. He then went to work for Rohr Aircraft for ten years before retirement.

Mr. Jackson was a long standing member of Logan Temple A.M.E. Zion. He served on the Board of Stewards for twenty years.

Edward Jackson was a loving and devoted husband, brother and christian friend. He exerted a positive influence upon all who came to know and to love him. He will be greatly missed.

Edward Lee "Jimmie" Jackson departed this life on Sunday, November 29, 1987 at a local hospital.

Survivors include his loving and devoted wife of thirty-eight years, Maudell Jackson. Brother, Cyrus Jackson, Jr. of San Francisco, California. Eight loving sisters, Lucille Brown of Oakland, California, Bertha M. Washington of San Francisco, California, Thelma Black of Houston, Texas, Alma Hibbler of Los Angeles, California, Addie Sterling of Waco, Texas, Ellie B. Taylor of Waco, Texas, Mary Harris of Houston, Texas and Virginia Meadros of San Francisco, California. Three brothers-in-law, Lenwood Brown, Andrew Harris and Leanzer Black. A host of nieces, nephews, cousins, other relatives and many friends to mourn his passing.



ACKNOWLEDGMENTS

The family wishes to acknowledge with gratefulness each act of kindness and every expression of sympathy you have shown.
May God bless you.

Order of Service

PROCESSIONAL.....''ABIDE WITH ME''.....#599

HYMN.....''MY HOPE IS BUILT''.....#251

SCRIPTURE READING
OLD TESTAMENT.....PSALM 90
NEW TESTAMENT.....1 COR. 15:51-58

PRAYER.....BRO. FLOYD PERRY
PREACHER STEWARD

SONG

RESOLUTIONS.....BRO. ROBERT NOBLE
SEC., STEWARD BOARD

REMARKS.....REV. REUBEN A. WINSTON
PRESIDING ELDER, RET.

ACKNOWLEDGEMENT OF CONDOLENCE.....BRO. ROBERT NOBLE

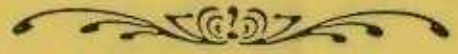
OBITUARY

SOLO.....BRO. ROBERT NOBLE

EULOGY.....REV. AARON MOORE

PARTING VIEW

RECESSIONAL.....#561



INTERMENT

MOUNT HOPE CEMETERY

San Diego, Calif.

PALLBEARERS

JULIOUS LOGAN
WILLIAM PRESSLEY
FADIE LOGAN
JOSEPH HAMILTON
OREAL BELCHER
J.T. LAMBERT

063462 12/10/87 024302 MAUDELL JACKSON 12/30/87 CK 0102 35.00 35.00 0.00
E-7073 100 072 77183 000072 35.00 PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/7/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lena L. Baker

in a Sealed Vault (Vault/Liner) Funeral, date, time Thurs - 1 P.M. / 12/10

Church, Chapel, Graveside Graveside ; Ray 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 21 Grave 11 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Pd Mud E-1001	—
Additional spaces and care fund ..... none	—
Opening/Closing & Setup	320.00
Burial Container ... Concrete 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	710.50
Paid receipt number 35382	710.50
Balance due	0

12:30 Set up - P.B.

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.

Signature

3042 Roadrunner Rd.
Address

Vista, CA 92083
State Zip Code

598-9148
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 7074

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E 7074

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LENA L. BAKER	Female	March 3, 1913	Dec. 6, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Mr. Jerry Baker - Son 3042 Roadrunner Rd. Vista, CA 92083

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
BERGE-ROBERTS MORTUARY 607 National City Blvd. National City, CA	F-284

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Pink Arlington Wooden Cloth Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 08 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/11/2/12 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A 12/10/87		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS 9

OFFICIAL RECEIPT

№ 35382

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12/7/87, 19

From: Henry Baker Address: 1871 Klauber Dr. 92114

Seven Hundred Ten and 50/100 Dollars ($ 710.50)

In full Payment of Interment of and for Lena L. Baker - dec

Lot 21 Grave 11 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-7074

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

#871

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77183	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	710	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-8-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bertha L. Nunn

in a Ash Vault (Vault/Liner) Funeral, date, time 12/11 Fri 1PM

Church, Chapel, Graveside —; Telaghose Mortuary.

All Funeral cars must 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

Lot 680 Grave _____ Row _____ Section 5 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number 35420	242.40
Balance due	0

1 P.M.

Mr. Dudley will call for time

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

Gerald E. Dudley
Signature

8201 MESA RD. SP # 122
Address

SANTEE CA. 92071
State Zip Code

448-4706
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7075

PY-593 (REV. 8-86)

E7075 28271

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BERTHA LOUISE NUNN	Female	04-28-1898	12-07-1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	PRENEED TELOPHASE: 622 South Anza El Cajon, CA 92020

NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE	CALIFORNIA LICENSE NUMBER
TELOPHASE SOCIETY, 1333 Camino del Rio South, Ste. 105, San Diego, CA	F-1272

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt.Hope Cemetery 3751 Market Street San Diego,CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: CREMAR CREMATORY, 2299 South Manchester Ave., Anaheim, CA	DATE CREMATED: 12-8-87	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: Joe Boyett
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		-------
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		

ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: PRENEED TELOPHASE BY: Lou M. Munoz DATE SIGNED: December 7, 1987
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 — DATE PERMIT ISSUED: DEC 07 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Ronald L. Camas, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/11/87 (ENTER DATE) 680-5-8	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Joyce Stokes	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: N/A		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

OFFICIAL RECEIPT

№ 35525

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-7, 1988

From: Gerald Dudley Address: 8701 Mesa Rd, Sp 122 Santee

Fifteen 90/100 Dollars ($ 15.90)

In _____ Payment of Flower Vase Cyn, Bertha Munn

Lot 660 Grave _____ Row _____ Section 5 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-7075

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 13 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		30
TOTAL PAID	$	15	90

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35420

Date: 12-11, 19 87

From: Mr. Dudley Address:

two hundred forty-two 40/— Dollars ($ 242.40)

In Payment of Bertha Kunz's Service

Lot 680 Grave Row Section 5 Division Block 8

Invoice No.

Acct. No.

W.O. E-70 F

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

132

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Andrea L. Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-8-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Zenovia B. Edwards in a Bell liner (Vault/Liner) Funeral, date, time Fri 12/18 11am Church, Chapel, Graveside Chapel & Grave Lorraine Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 121 Grave 11 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number _____	
Balance due _____	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7076

Invoice # _____

Acct. # _____

PY-593 (REV. 8-88)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-9-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leila F. Williams

in a Bell liner Vault/Liner Funeral, date, time Tues. 12/15 11-1

Church, Chapel, Graveside ——— Emerson-Bowley Mortuary

All Funeral cars must 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 57 Grave 8 Row ——— Section Mas Division/~~Block~~ S

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 35433	606.00
Balance due	-0-

PAID
DEC 15 1987
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the ——— of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ———

Work Order # E 7077

Acct. # ———

PY-883 (REV. 8-85)

E 7077

INTERMENT ORDER

No._____

TO Mount Hope Cemetery, San Diego, California

Dated December 9, 19 87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the _____ remains of

Leila Frances Williams

in Grave 8 Masonic Section Lot 57 Div. _____ Plot _____

Niche _____

Crypt _____

Relation to Owner _____ Notation _____

I/we hereby certify that I am/we are the Son of the above-named decedent and this is your authority to make disposition of the remains of said decedent as above indicated. I/we hereby certify and represent that I/we have the right to make this authorization, and I/we agree to hold the Inglewood Park Cemetery harmless from any liability on account of said authorization and interment.

I/we hereby certify that I am/we are the owner of the said grave, crypt or niche, and hereby authorize the above interment.

x William R. Williams

(Grave, Crypt or Niche Owner must sign here if not a relative)

Relative's Name William R. Williams

Address 633 Los Altos

Redlands, California 92373

(714)792-7462

IOM FORM 52 10-68 ING. BK.

E7077

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Leila Frances Williams	Female	Feb. 23, 1886	Dec. 8, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Loma Linda	San Bernardino	William R. Williams - Son 633 Los Altos Redlands, California 92373

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Emmerson-Bartlett Yucaipa	822

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED N/A	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ N/A
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Ref Records Delivered By Mortuary		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED Dec. 10, 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ George R Patterson, M.D./mg
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/15/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W Stelter, Supt	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 351 Mt. View Avenue, San Bernardino, CA 92415		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 35432

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12/15/87, 19

From: William R Williams Address: Redlands -

Six Hundred Six and no 100 Dollars ($ 606.00)

In full Payment of Interment of and for Leila Williams dec

Lot 57 Grave 8 Row Section MAS Division Block 5

Invoice No. —

Acct. No. —

W.O. E7077

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1051

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lorgen Stetter

CREDIT 20% Sales Care	67007 77184	—	—
80% Sales of Lots	100 77184	—	—
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	6	00
TOTAL PAID	$	606	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/9/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Geraldine McCrea

in a Top Seal Conute Vault (Vault/Liner) Funeral, date, time Fri 2PM 12/11

Church, Chapel, Graveside Chapel - G.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 60 Grave 5 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Conute 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	
Balance due	

Paid 2/26/88

Guaranteed by Mr. Ragsdale 30 days or less Have Ins.

I hereby certify I am the Hilda Neville of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I 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

Hilda Neville
Signature

4066 Chamoune Ave. #Pt 2
Address

San Diego CA 92105
State Zip Code

(619) 283-5080
Telephone

Invoice # 066480

Acct. # 025404

Work Order # E 7078

PY-593 (REV. 8-85)

E 7078

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GERALDINE NMN McCREA	Female	Nov. 10, 1904	December 8, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Hilda Neville - Daughter 4066 Chamoune Ave. Apt. 1 San Diego, CA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A (Vault)	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ / DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT / AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: DEC 11 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/11/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 7078

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
December 29, 1987	E-7078

TO: Mrs. Hilda Neville
4066 Chamoune Avenue, Apt 2
San Diego, Ca 92105

DESCRIPTION OF CHARGE	AMOUNT
Geraldine McCrea Interment Service	
Lot 60, Grave 5, Section 2, Division 12	$ 495.00
Opening/Closing	320.00
Top Seal Vault	175.00
Handling Fee	170.00
Tax on Vault	10.50
Recording Fee	35.00
Total Due	$1,205.50

Inv # 066480
Acct # 025404
Inv. date 2/18/88

FORM PR-955 (10/64)

066480 02/18/88 025404	MRS. HILDA NEVILLE			02/26/86 CK	9143	1,205.50	1,205.50	0.00
	100	072	77181	000072		320.00		PAID IN FULL
	100	072	77182	000072		175.00		
	100	072	77183	000072		35.00		
	100	072	77184	000072		396.00		
	100	072	77185	000072		170.00		
	60101		78390			10.50		
	67007		77184			99.00		

E-7078

OK

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 2,310.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/12/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard Wynne

in a Concrete Vault (Vault/Liner) Funeral, date, time Fri 12/11 at 10:30

Church, Chapel, Graveside Graveside : Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

✓ Lot 62 Grave 6 Row 2 Section MAS Division/Block 5

Grave space & Care Fund ..... Pr Need - Pd. .....

Additional spaces and care fund ..... - no - .....

Opening/Closing & Setup ..... Pr Paid .....

Burial Container ..... Paid. .....

Handling Fees 85.00

Flower vases - Marker setting fee .....

Recording and filing fee 35.00

Sales taxes .....

PAID
DEC 09 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due ..... $ 120.00

Paid receipt number 35409 120.00

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.

Joanne Coplin
Signature

1472 Helmont Dr.
Address

El Cajon CA 92020
State Zip Code

469907
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # _____

Work Order # E 7079

Acct. # _____

PY-593 (REV. 6-85)

E 7079

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Richard H. Wynne	Male	Mar. 18, 1909	Dec. 8, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Joanne Coplin-Daughter 1472 Hillsmont Drive El Cajon, California 92020

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mort, I-805 & Imperial Ave., San Diego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 10 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Romas, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12-6-87 (ENTER DATE) 12/11/87	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Joyce Wade	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH NA		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 35409

Date: 12/9/87, 19

From: Joanne Coplin Address: 3646 Alabama St. SD 92104

One Hundred Twenty only 100 Dollars ($ 120.00)

In full Payment of Interment Fee for Richard Wynne -
Upgrade to Vault Incl Rec. fee -

Lot 62 Grave 6 Row Section MAS Division Block S

Invoice No. —

Acct. No. —

W.O. E-7079

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1317

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Geoyen Slatts

CREDIT	67007	
20% Sales Care	77184	—
80% Sales of Lots	100 77184	—
Opening/ Closing	100 77181	—
Burial Containers	100 77182	—
Handling Fee	100 77185	85.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	—
TOTAL PAID	$	120.00

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/9/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roscoe Neely – USN 718032637

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : Featherhill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW-2-Korea.

Lot 73 Grave 5 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number 35410	495.00
Balance due	0

Birth Date Jan 19, 1931

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

Roscoe Neely
Signature

3150 Martin Ave
Address

Calif San Diego 92113
State Zip Code

234-1738
Telephone

Invoice # _____

Work Order # E 7080

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35410

Date: 12/9/87, 19 87

From: Roscoe Neely Address: ~~Neely~~ 3150 Martin Ave - S.D. 92113

Four Hundred Ninety five and no/100 Dollars ($ 495.00)

In full Payment of Single grave - Veterans Plot - Mt Hope

Lot 73 Grave 5 Row Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E 7080

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 3483

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY: [signature]

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	495	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need Trust

Date 12/9/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roscoe Neely

in a Top Seal Vault (Vault/Liner) Funeral, date, time

Church, Chapel, Graveside ; Featherwell Mortuary.

All Funeral cars must 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 - WW2 -

Lot 73 Grave 5 (See E-7080) Row Section 2 Division/~~Block~~ 11

Grave space & Care Fund	See E-7080	PD
Additional spaces and care fund		none
Opening/Closing & Setup	Trusted & Paid	320 00
Burial Container	Sealed Casket	175 00
Handling Fees	Labor fee Setting	170 00
Flower vases - Marker setting fee		—
Recording and filing fee		35 00
Sales taxes		10 00
Total Due		710 00
Paid receipt number	35411	710 00
Balance due		0

PAID
DEC 09 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and agree to hold Mt. Hope Cemetery harmless from any liability 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 Roscoe Neely
Signature

Address

State Zip Code

Telephone

Work Order # E 7081

Invoice #

Acct. #

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35411

Date: 12/9, 1987

From: Roscoe Needy Address: 3150 Martin Ave. SD 92113

Seven Hundred Ten and no/100 Dollars ($ 710.00)

In full Deposited Payment of for Interment Fees for Roscoe Needy -

Lot 73 Grave 5 Row Section 2 Division ~~Block~~ 1

Invoice No.

Acct. No.

W.O. E-7081

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 Joyce Stella

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	710.00
Sales Tax	60101 78390	
TOTAL PAID	$	710.00

AC-212 (Rev. 10-87) 3484

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-10-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Erwin Henry Kramer

in a Vault (Vault/Liner) Funeral, date, time 12/14 Mon 10:00

Church, Chapel, Graveside Chapel & Grove Lewis Colonial (Jerry) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 457 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 35438	710.50
Balance due	-0-

Will bring check next week 12/10 Sec

Wife

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

PAID
DEC 18 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Hattie M. Kramer
Signature

4210 - 46th St
Address

San Diego, Calif 92115
State Zip Code

281-2969
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7082

PY-583 (REV. 8-85)

E7082

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
[redacted] ERWIN HENRY KRAMER	male	Aug 10, 1911	Dec 9, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Hattie M. Kramer - wife 4210 - 46th St. San Diego, CA 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd, San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED		COUNTY
	Mount Hope Cemetery - 3751 Market St. San Diego, CA		San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	n/a		▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
	n/a Solid Coffin Counter Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
	n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: DEC 11 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D. mtw
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/14/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W Slater	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
	n/a		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

NO. 35438

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12/18/87, 19

From: Lottie B. Kramer Address: 4310 - 46th St SD 92115

Seven Hundred Ten 50/100 Dollars ($ 710.50)

In Gold Payment of Interment of Erwin Henry Kramer - due

Lot 457 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-7082

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 2035

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

DEC 28 1987

ISSUED BY

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	320 00
Burial Containers	100 77182	175 00
Handling Fee	100 77185	170 00
Recording & Misc. Fees	100 77183	125 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	10 50
TOTAL PAID	$	710 50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/10/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YOSHIYUKI FRANK YONEKURA - Ø

in a Ash Vault (Vault/Urn) Funeral, date, time Fri 1:00 5/6 LEWIS-COLONIAL Bonita

Church, Chapel, Graveside [redacted], [redacted] Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No. Witness Only

Lot 4969 Grave — Row — Section — Division/Block 10

Grave space & Care Fund O.K. for 2 burials	695.00
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container Cremains Bonita Vault	40.00
Handling Fees labor	60.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	937.40
Paid receipt number 35413	937.40
Balance due	-0-

PAID
DEC 10 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

× Ray A. Yonekura
Signature
× 670 FORESTER LANE
Address
× BONITA CA 92002
State Zip Code
× (619) 482-0275
Telephone

Invoice # _____

Work Order # E 7083

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35413

Date: 12/10, 1987

From: Toyoko Yonekura Address: 1095-5th Chula Vista - (90-49)

Nine Hundred Thirty-Seven and 40/100 Dollars ($ 937 40)

In full Payment of Incurnment & fund for Y. Frank - Yonekura - dec

Lot 4969 Grave ~ Row ~ Section ~ Division Block 10

Invoice No. ~

Acct. No. ~

W.O. E-7083

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 9986

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY: Lorgen Stetto

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	2	40
TOTAL PAID	$	937	40

Zp-9201

E.7083

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#56217

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES Lewis Colonial/Benbough Mortuary

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
YOSHIYUKI FRANK YONEKURA	male	July 20, 1907	Dec 9, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Roy Yonekura - son 670 Forester Lane Bonita, CA 92002

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XX 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery - San Diego, CA (3751 Market St.)		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED 3953 Imperial Ave. Cypress View Crematory - San Diego, CA	DATE CREMATED Dec 16, 1987	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Julie B. Smith
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a Urn in Comite Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a At Center Head of grave		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 11 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramras, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/6/88 (ENTER DATE) 4969-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Doyen Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH n/a		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Burial Credit

Date 12-10-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward 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 73 Grave 1 Row _____ Section 4 Division ~~Block~~ 6

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	8
Sales taxes	
Total Due	595.00
Paid receipt number 35607	595.00
Balance due	0

Paid 12-27-87

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7084

Acct. # _____

PY-593 (REV 8-85)

E 7084

P. O. Box 637
Hydesville, Calif.
Dec. 7, 1987

Mount Hope Cemetery
Barbara Lang:

I would like to start a Pre-need purchase of a grave site for my brother, Edward Tate. I understand that I can pay this at $25.00 per month, to be paid in full in two years.

Members of our family are buried in the vicinity of our mother's (Florimel Ruth Burke) grave site. A member of your staff indicated to me that Lot 73-1 Sec. 4 Div. 6, is available. This is near the road, near where our mother is buried. It isvery unlikely that any one else would want this site, but for reasons stated it would suit the fami

Edward Tate, is a Veteran, an invalid in a wheel chair. Could you inform me if there is any program (Veteran's Assoc.) which furnish any part of the expenses?

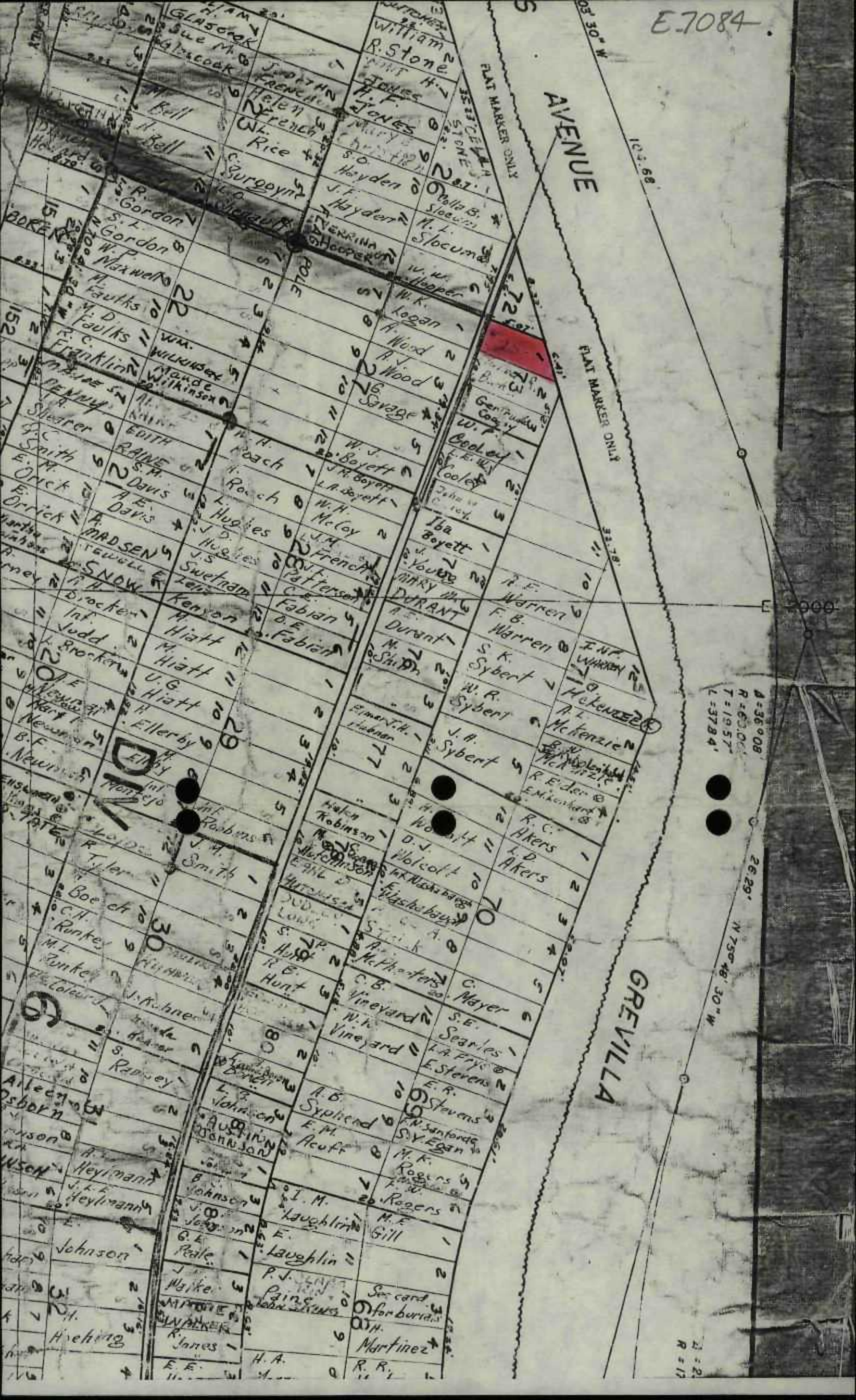
I would appreciate hearing from you on this matter. Would you send me the necessary form to start the payments?

Flat Marker only / 395

Very Sincerely

Martha Walashek

P. S. Grave site of Florimel Ruth Burke (mother)
is: Lot 73-1-Sec. 4 Div. 6.


E.7084.
AVENUE
FLAT MARKER ONLY
FLAT MARKER ONLY
GREVILLA
2000'
2629.
N 75° 48' 30" W
Δ 39° 08'
R = 1°00'
T = 191.57'
L = 378.4'
Glascock
Sue M. Glascock
J. Smith
French
Helen French
W. L. Rice
Bell
A. Bell
Howard
C. Surgoyne
Stewart
R. Gordon
S. L. Gordon
W. P. Maxwell
M. Faulks
M. D. Faulks
Wm. Wilkinson
Claude Wilkinson
R. C. Franklin
Mrs. Penny
Sheerer
Smith
E. Orick
A. Madsen
Snow
Brockett
Inf. Judd
L. Brockett
Hiatt
U. G. Hiatt
Ellerby
Inf. Robbins
Tyler
Smith
Boeck
C. H. Runtey
M. L. Runtey
J. Kuhner
S. Rapney
Allen
Osborn
Heylmann
Johnson
Peale
Mathe
Hoehing
R. Jones
E. E.
H. A.
R. R.
William R. Stone
Stone
H. F. Jones
Mary E. Christian
S. O. Hayden
J. F. Hayden
Rollo B. Slocum
M. L. Slocum
Verrina Hooper
W. K. Hooper
W. K. Logan
A. Wood
A. J. Wood
G. Savage
W. J. Boyett
J. R. Boyett
L. A. Boyett
N. H. Roach
H. Roach
W. H. McCoy
L. Hughes
J. D. Hughes
L. J. M. French
J. T. Patterson
J. S. Swetnam
C. E. Fabian
O. E. Fabian
Kenyon
Raine
S. M. Davis
A. E. Davis
Edith
Gertrude Cooley
W. F. Cooley
L. E. Wilson
Johnson
Iba Boyett
J. Young
Mary M. DuRant
A. E. DuRant
N. Shipp
Elmer T. H. Hobson
Helen Robinson
Mc Johnson
E. Mc Hutchison
Inf. Robbins
J. H. Smith
R. E. Lee
E. M. Kennard
R. C. Akers
L. D. Akers
D. J. Holcott
E. Hutchinson
C. A. Mayer
R. McPherters
C. B. Vineyard
W. K. Vineyard
S. E. Searles
L. A. Fry
E. Stevens
E. R. Stevens
J. N. Sanford
S. V. Egan
M. K. Rogers
T. W. Rogers
A. B. Syphard
E. M. Acuff
S. Johnson
Austin Johnson
L. T. Johnson
I. M. Laughlin
M. E. Gill
E. Laughlin
P. J. Paine
Inf. Paine
Sec card for burials
H. Martinez
Warren
F. B. Warren
S. K. Sybert
W. R. Sybert
J. A. Sybert
McKenzie
A. L. McKenzie
B. W. McKenzie
Inf. Warren
Gertrude Cooley
Johnson
Durant
Shipp
Hutchinson
Vineyard
Rogers
Gill
Laughlin
Paine
Martinez
Johnson
Peale
Mathe
Hoehing
Heylmann
Osborn
Allen
Rapney
Runtey
Boeck
Tyler
Smith
Robbins
Hiatt
Judd
Brockett
Orick
Madsen
Snow
Sheerer
Penny
Franklin
Wilkinson
Faulks
Maxwell
Gordon
Glascock
Bell
Howard
Surgoyne
Stewart
Rice
French
Hooper
Logan
Wood
Savage
Boyett
Roach
McCoy
Hughes
Patterson
Swetnam
Fabian
Kenyon
Davis
Raine
Cooley
Iba Boyett
Young
DuRant
Shipp
Hobson
Robinson
Hutchinson
Kennard
Lee
Akers
Holcott
Mayer
McPherters
Searles
Fry
Stevens
Sanford
Egan
Rogers
Syphard
Acuff
Johnson
Austin Johnson
Laughlin
Gill
Paine
Martinez
Sybert
Warren
McKenzie
Johnson
Peale
Mathe
Hoehing
Heylmann
Osborn
Allen
Rapney
Runtey
Boeck
Tyler
Smith
Robbins
Hiatt
Judd
Brockett
Orick
Madsen
Snow
Sheerer
Penny
Franklin
Wilkinson
Faulks
Maxwell
Gordon
Glascock
Bell
Howard
Surgoyne
Stewart
Rice
French
Hooper
Logan
Wood
Savage
Boyett
Roach
McCoy
Hughes
Patterson
Swetnam
Fabian
Kenyon
Davis
Raine
Cooley
Iba Boyett
Young
DuRant
Shipp
Hobson
Robinson
Hutchinson
Kennard
Lee
Akers
Holcott
Mayer
McPherters
Searles
Fry
Stevens
Sanford
Egan
Rogers
Syphard
Acuff
Johnson
Austin Johnson
Laughlin
Gill
Paine
Martinez
Sybert
Warren
McKenzie

E 7084

Martha Walashek
P. O. Box 637
Hydesville, Cal.
95547

FORTUNA, CA
AM
DEC 7,
1987
95540

USA 22
New England Neptune

Mount Hope Cemetery
Attn. Barbara Lang
3751 Market Street
San Diego, Calif.
92102

E-7084

P. O. Box 637
Hydesville, Calif.
Ja. 25, 1988

Sandra Ward:

I thank you for your quick reply to my letter. I have decided to pay cash for the grave sight , for Edward Tate, my brother. I amenclosing a money order for the amount $595.00.

Lot 73, grave 1, sec. 4 Div. 6. (Near Florimel Burke).

If you could mail me additional information on the charges for lining, and opening and closing of the plot I would appreciat it.

Very sincerely

Martha Walaskek

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35607

Date: 1-27, 1988

From: Martha Walasek Address: P.O. Box 637 Hyla Mills, CA

five hundred ninety-five 00/100 Dollars ($ 595.00)

In _____ Payment of Preneed Cat for Edward Tate

Lot 73 Grave 1 Row _____ Section 4 Division Block 6

Invoice No. _____

Acct. No. _____

W.O. E-7084

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 03 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	595	00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-14-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANNIE ORREN BURNSIDE

in a LINER (Vault or Liner) Funeral, date, time 12/17/87 10:30A.M.

Church, Chapel, Graveside GRAVESIDE ; FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 34 Grave 2 Row ~ Section MAS Division/Block K

Grave space & Care Fund ..PRENEED	~
Additional spaces and care fund	NONE
Opening/Closing & Setup ..PRE-ARRANGED	
Burial Container ..PAID	
Handling Fees ..E-2162	
Flower vases - Marker setting fee	
Recording and filing fee ..AT TIME OF USE	35.00
Sales taxes	
GUARANTEED BY MORTUARY Total Due	35.00
Paid receipt number 35-431	35.00
Balance due	

PAID

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 7085

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E7085

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ORREN ANNIE BURNSIDE	Female	Jan. 28, 1890	Dec. 12, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Claude B. Burnside, son 6941 Amherst St. San Diego, Ca.

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY	1083

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt.Hope Cemetery, 3751 Market St., San Diego, Ca. 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 14 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/17/87 (ENTER DATE) 34/2/MAS/K	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Goyen Statter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

Doelkin State
Simple - grey
Bell Liner - Rain

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 35436

Date: 12-17-87, 19

From: Irene Burnside Address: 6944 Winchester Dr 92114

Thirty five 00/100 Dollars ($ 35 00)

In Full Payment of Reinstated filing fees

Annie O Burnside

Lot 34 Grave 2 Row Section MAS Division Block K

Invoice No.

Acct. No.

W.O. E7085

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AO-212 (Rev. 10-87) 0692

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Peggy Stella

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-12-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of INFANT MALE NUHAILY (6 MOS FETUS)

in a NO LINER OR CASKET (Vault/Liner) Funeral, date, time 12/12/87 10 AM

Church, Chapel, Graveside GRAVESIDE ; ~~M~~ FAMILY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

upper Right Muslim

Lot 56 Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	100 ~~00~~
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35 ~~00~~
Sales taxes	
Total Due	135
Paid receipt number 35734	135.00
Balance due	0

Bill Muslim Organization Infant Burial

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Muslim Organization
Signature
P.O. BOX 261058
Address
SAN DIEGO, CA
State Zip Code
92126
Telephone

Invoice # _____

Work Order # E 7086

Acct. # _____

PY-593 (REV. 8-85)

Sandy: Do Not process
until we get data on
Work order — 8:30 to 10:30
and you make copy for
file —

56 copper right Museum 12/12

E 7086

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
NUHAILY — "Infant"	MALE	12-9-87	12-9-87

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
CHULA VISTA	SAN DIEGO	DEAN M. NUHAILY 500 E. "H" ST. #12 CHULA VISTA, CA 92010

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
ABDUL 5222 Trojan Ave. #313 ZOUBY S.D. CA 92115	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market St. San Diego		COUNTY: SAN Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
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: DEC 11 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/12/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W Stetter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

№ 35734

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-78, 1988

From: Muslim Organization Address: P.O. Box 261058

One hundred thirty-five no Dollars ($ 135.00)

In _____ Payment of Retainment of Mutually Infant

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7086

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

115

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
FEB 23 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	100	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	135	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-12-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

* of Lula Mae Gillian THURSDAY

in a Seville Vault Funeral, date, time 12/17 2:00 p.m.
Vault/Liner

Church, Chapel, Graveside Church, 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 ____ .

Lot 734 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	Pre-need
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Seville Vault	500.00
Handling Fees labor	169.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	30.00
Total Due	1054.00
Paid receipt number 35433	1054.00
Balance due	0

PAID
DEC 15 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called in By Mr. Rapdale

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7087

Acct. # _____

PY-583 (REV. 8-85)

E 7087

710.50 – 84.00
1054.00 – 250.00
Noted add
166 + cont
~~348.00~~
324.00
166
$158.00 more due

Sirville Vault

JUDGE EARL B. GILLIAM
940 FRONT ST. 293-6625
SAN DIEGO, CA 92189

258

12/14 1987

16-4/1220

Pay to the order of Mt Hope Cemetery $ 1,054.00

One-Thousand and Fifty-Four and 00/100 Dollars

SECURITY PACIFIC NATIONAL BANK
San Diego Main Office #0411
1200-3rd Avenue
San Diego, CA 92101

Memo E-7087-35433

Earl B. Gilliam

⑆122000043⑆0258⑈411⑈063184⑈

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35433

Date: 12/15/87 19

From: Judge Earl B. Gilliam Address: 940 Front St - San Diego Ca 92189

One Thousand fifty four and no/100 Dollars ($ 1054.00)

In full Payment of Interment of and for Lula Mae Gilliam - dec.

Lot 734 Grave ~ Row ~ Section ~ Division Block 10

Invoice No. —

Acct. No. —

W.O. E7087

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67) 258

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY George W. Stetter

CREDIT 20% Sales Care	67007 77184	~
80% Sales of Lots	100 77184	~
Opening/Closing	100 77181	320.00
Burial Containers Sirville	100 77182	500.00
Handling Fee	100 77185	169.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	~
Sales Tax	60101 78390	30.00
TOTAL PAID	$	1054.00

E7087

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lula Mae Gilliam	Female	Sept. 14, 1909	Dec. 12, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Earl B. Gilliam - Son 3121 Paradise St. San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED Sealed Casket - Returnable
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: DEC 16 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/17/87 (ENTER DATE) 734-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W. Stelter LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

Solid 32° Copper Sealed Casket - Returnable

Seville Vault

Judges Earl

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35433

Date: 12/15/87 19

From: Judge Earl B. Gilliam Address: 940 Front St - San Diego Ca 92189

One Thousand Fifty four and 00/100 Dollars ($ 1054.00)

In full Payment of Interment of and for Lula Mae Gilliam - dec.

Lot 734 Grave ~ Row ~ Section ~ Division 10 Block

Invoice No ~

Acct. No ~

W.O. E7087

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

258

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Georgia Litton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Liners Containers	100 77182	500	00
	100	169	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	30	00
TOTAL PAID	$	1054	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/14/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harold Lee Bailey

in a T.S. Concrete Vault (Vault/Liner) Funeral, date, time 12/17 1:00 P.M.

Church, Chapel, Graveside CHURCH, 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 91 Grave 3 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	395.00
Additional spaces and care fund 91-4/5/6 + 92-1/2/3/4 for 30 Day at 2x Mt Hope.	320.00
Opening/Closing & Setup	175.00
Burial Container Sealed Concrete Vault	170.00
Handling Fees	—
Flower vases - Marker setting fee	35.00
Recording and filing fee	10.50
Sales taxes	1105.50
Total Due	
Paid receipt number	
Balance due	

30 days acc

Paid 1/20/88

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Bailey
Signature
2935 39th St
Address
San Diego, CA 92105
State Zip Code
282-8204
Telephone

Invoice # 064419

Acct. # 024544

Work Order # E 7088

PY-593 (REV. 8-86)

064419 12/31/87 024544 DOROTHY BAILEY 01/20/88 CA 1,105.50 1,105.50 0.00

E-7088

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
60101		78390		10.50
67007		77184		79.00

PAID IN FULL

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 2,311.00

W.O. NO. E 7088

NOTE—STRAIGHT

$ 1105 50/100 San Diego, California, December 14, 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 & 50/100 DOLLARS.

with interest from January 15 1988 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 Dorothy Bailey

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35584

Date: 1-20, 19 88

From: Dorothy Bailey Address: 2935 39th Street

Eleven hundred five 50/100 Dollars ($ 1105.50)

In _____ Payment of Interment of Harold Lee Bailey

Lot 91 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. 064419

Acct. No. 029544

W.O. E-7086

BALANCE DUE E

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Wright

CREDIT 20% Sales Care	67007 77184	79	00
80% Sales of Lots	100 77184	316	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	60033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	1105	50

AC-212 (Rev. 10-87)

E-7088

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Harold Lee Bailey	Male	Jan. 15, 1958	Dec. 12, 1987 Found

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Dorothy M. Bailey - Mother 2935 N. 39th St. San Diego, CA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Steel H.P. non Sealer 20 ga. Concrete Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 16 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramras, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/17/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Stetter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/14/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~[illegible]~~ Armanda H. Flores

in a Vault (Vault/Liner) Funeral, date, time Wed - 12/16 - 11AM

Church, Chapel, Graveside Ch - GS ; Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 3763 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	Bal of Preneed Trust 500
Sales taxes	
Total Due	500
Paid receipt number 35429	500
Balance due	0

See E-6640

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Evelia F. Alvarez
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7089

PY-593 (REV. 8-85)

E 7089

Pickup Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ENRIQUETA

Date 5/4/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Enriqueta H. FLORES

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed-12/ 11Am

Church, Chapel, Graveside Chapel - GS ; Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ Burial of Armando Flores

Lot 3763 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	—
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.00
Total Due	710.50
Paid receipt number 34629	30.00
Balance due	680.50

Trust

Pae need

Time Payment @ 30.00 mo starting 6/10/87

6-1-87

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Bal due $500.50 - 12/14/87

x Aida F. Villegas
Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 6640

Acct. # ____

PY-683 (REV. 6-85)

Payment book sent 5-7-87

E 7089

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Armando Hernandez Flores	Male	July 23, 1944	Dec. 13, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Evelia F. Alcaraz - Sister 975 Gal Drive San Diego, CA. 92154

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON)		CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers	3953 Imperial Ave. San Diego, CA.	670

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

XX

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY EXACT PLACE AND COUNTY OF DISPOSITION: N/A Flat outgas — Plastic Handle (L)		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A Sealed Vault		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: DEC 16 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/16/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/14/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Enriqueta H. Flores

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 3765 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund 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	595.00
Paid receipt number 35430	20.00
Balance due	575.00

none arranged for at this time.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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
46

23 @
1 @

Evelia F. Alcaraz
Signature

1020 So. 3 Lot St SD
Address

92113
State Zip Code

Telephone

Invoice # _____

Work Order # E 7090

Acct. # _____

PY-593 (REV. 8-85)

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7090 Credit Lot

Enriqueta H. Flores
1020 S. 31st 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. $ 23.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ 24.00

23.00
Cash 1/4/88

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7090 Credit Lot

Flores, Enriqueta H.
1020 S. 31st 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. $ 23.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ 24.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send us bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7090 Credit Lot

Enriqueta Ñ. Flores
1020 S. 31st Street
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. $ 23.00

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-7090 Credit Lot

Flores, Enriqueta H.
1020 S. 31st Street
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. $ 23.00

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-7090 Credit Lot

Enriqueta H. Flores
1020 S. 31st Street
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 ▶ $ 23.00

Amount due if paid more than _____ days after due date above ▶ $ 1.00

23.00
Cash
[illegible] 6/8/88

$ _____

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-7090 Credit Lot

Flores, Enriqueta H.
1020 S. 31st Street
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 ▶ $ 23.00

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-7090 Credit Lot

Enriqueta H. Flores
1020 S. 31st Street
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 ▶ $ 23.00

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** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7090 Credit Lot

Flores, Enriqueta H.
1020 S. 31st Street
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. $ 23.00

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-7090 Credit Lot

Enriqueta H. Flores
1020 S. 51st 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 ▶ $ 23.00

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-7090 Credit Lot

Flores, Enriqueta H.
1020 S. 31st Street
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. $ 23.00

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. Z-7090 Credit Lot

Enriqueta H. Flores
1020 S. 31st Street
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. $ 23.00

Amount due if paid more than ____ days after due date above. $ 1.00

23.00
12/1/88

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Mail or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7090 Credit Lot

Flores, Enriqueta E.
1020 S. 31st 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. $ 23.00

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. B-7090 Credit Lot

Enriquet[illegible] H. Flores
1020 S. 31st 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 ▶ $ 23.00

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-7090 Credit Lot

Flores, Enriqueta H.
1020 S. 31st 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: $ 23.00

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

...or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-2090 - Credit Lot

Enriqueta E. Flores
1020 S. 31st Street
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. $ 21.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Use this coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7090 Credit Lot

Flores, Enriqueta H.
1020 S. 31st Street
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 ▶ $ 23.00

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-7890, Credit Lot

Enriqueta H. Flores
1020 S. 31st Street
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 ▶ $ 23.00

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

...g one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7090 Credit Lot

Flores, Dariquata H.
1020 S. 31st Street
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 ▶ $ 23.00

Amount due if paid more than ___ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7090 Credit Lot

Enriqueta G. Flores
1020 S. 31st Street
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. $ 23.00

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-7090 Credit Lot

Flores, Enriqueta H.
1020 S. 11st Street
San Diego, Ca 92113

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
	10		F								

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 $ _____

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-7090 Credit Lot

Enriqueta R. Flores
1020 S. 31st Street
San Diego, Ca 9211[illegible]

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. $ 23.50

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-7050 Credit Lot

Flores, Enriqueta H.
1020 S. 31st 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 ▶ $ 23.00 ~~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

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7090 Credit Lot

Enriqueta R. Flores
1020 S. 31st Street
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 ▶ $ 23.00

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-7050 Credit Lot

Flores, Enriqueta H.
1020 S. 31st Street
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. $ 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

№ 35489

Date: 1-4, 1988

From: Enriqueta Flores Address: 1020 S. 31st Street, SD
twenty Three Dollars ($ 23.00)

In _____ Payment of Oxygen #1 Outlet Lot

Lot 3765 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7090

BALANCE DUE 552.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JAN 06 1988

ISSUED BY Lindy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	23	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	23	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35649

Date: 7-4, 19 88

From: Enriquetta Arias Address: 1020 S. 31st Street

twenty-three 00/100 Dollars ($ 23.00)

In _____ Payment of Coupon # 2 Cuttel Lot

Lot 2765 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7090

BALANCE DUE 529.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 05 1988

ISSUED BY Linda Weed

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	23.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	23.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35430

Date: 12/14/87 19

From: Enriqueta N. Flores Address: SD

Twenty dollars 00/100 Dollars ($ 20.00)

In Deposit Payment of Credit Sale - 24 Mo. Contract @ 25.00 mo.

Lot 3765 Grave ~ Row ~ Section ~ Division ~ Block 10

Invoice No. ~

Acct. No. ~

W.O. E-7090

BALANCE DUE 57.50

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

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35866

Date: 3-11, 19 86

From: Enriqueta Flores Address: 1020 S. 31st St, 92113

Forty-three 20/100 Dollars ($ ~~43.20~~ 23.00)

In Payment of Overpaid 3 Credit Lot

Lot 3765 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7090

BALANCE DUE 506.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAR 16 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	23.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	23.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 36142

Date: 5-10, 19 88

From: [illegible] Address: 1020 S. 31st Street

[illegible] Dollars ($ 23.00)

In Payment of [illegible]

Lot 3765 Grave Row Section Division / Block 10

Invoice No.

Acct. No.

W.O. E-7090

BALANCE DUE 483.00

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 of Lots	100 77184	23	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	50101 78390		
TOTAL PAID	$	23	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36272

Date: 6-8, 19 88

From: Virginia Flores Address: 1020 S. 31st, Street, SD

Twenty three ne/100 — Dollars ($ 23.00)

In _____ Payment of Cougar 5, Credit Lot

Lot 3765 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-1090

BALANCE DUE 460.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUN 13 1988

ISSUED BY Sandra Vard

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	23 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	23 00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36381

Date: 7-6, 19 88

From: Nicuesta Flores Address: 1020 S 21st St, SD

twenty three no/100 — Dollars ($ 23.00)

In _____ Payment of Coupon #6 Credit Lot

Lot 3765 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7090

BALANCE DUE 437.00

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

JUL 13 1988

ISSUED BY Sandra Varal

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	23	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	23	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36480

Date: 2, 1988

From: [illegible] Address: 1030 S 31st Street

Twenty-three dollars Dollars ($ 23.00)

In [illegible] Payment of Credit Lot Sales

Lot 3765 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. C-7090

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

AUG 09 1988

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	23 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	23 —

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36639

Date: 9-7, 19 88

From: [illegible] Address: 1020 S. 21st Street, SD

[illegible] Dollars ($ 23.00)

In _____ Payment of [illegible] #8 [illegible]

Lot 3765 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7090

BALANCE DUE 371.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
SEP 13 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	23	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	23	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36762

Date: 10-3, 1988

From: Enriqueta Flores Address:

Twenty-three Na 1100 Dollars ($ 23.00)

In Payment of Canyon 9 Pre-Set Lot

Lot 3765 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7090

BALANCE DUE 368.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

OCT 7 1988

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	23.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	23.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36895

Date: 11-2, 1988

From: [illegible] Address: 1020 S. 31st Street, SD

Twenty-three no/100 Dollars ($ 23.00)

In _____ Payment of Coupon 10 Credit Lot

Lot 3765 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7070

BALANCE DUE 345.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 8 1988

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	23.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	23.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37017

Date: 12-1, 1988

From: Enriqueta Fines Address: 7020 E 31st Street SP
Twenty-three 10/100 Dollars ($ 23.00)

In _____ Payment of Coupon 11 Credit Lot

Lot 3765 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 8-7070

BALANCE DUE 322.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
DEC 9 1988

ISSUED BY SW

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	23	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	23	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37156

Date: 1-4 1989

From: Enriqueta Flores Address: 1020 S. 31st Fact D
West Three

Dollars ($ 23.00)

In _____ Payment of Coupon 12, Credit Lot

Lot 5765 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 8-7070

BALANCE DUE 299.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JAN 09 1989

ISSUED BY Lady Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	23.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	23.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37345

Date: 2-9 19 89

From: Virginia Ahrens 1020 S 31st Street, SD
Twenty-three 00/100 Dollars ($ 23.00)

In _____ Payment of Coupon B credit lot

Lot 3765 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 8-1010

BALANCE DUE 276.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	23.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	23.00

CITY AUDITOR
FEB 16 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37466

Date: 3-7, 1989

From: Enriqueta Ihres Address: 1020 S 31st Street, SD
Cache, Thru no/100 Dollars ($ 23.00)

In _____ Payment of Coupon 14 Credit Lot

Lot 3765 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 2-7090

BALANCE DUE 253.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAR 10 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	23.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	23.00

AC-212 (Rev. 10-87)

CITY AUDITOR

APR 07 1989

№ 37611

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-4, 1989

From: Mercedes Flores Address: 1020 S 31st Street SD

Twenty - three no/100 Dollars ($ 23.00)

In _____ Payment of Coupon 15 Credit Lot

Lot 3765 Grave _____ Row _____ Section _____ Division Block 0

Invoice No. _____

Acct. No. _____

W.O. 8-7090

BALANCE DUE 230.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Andrea Wick

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	23	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	23	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37773

Date: 5-5, 1989

From: Enriqueta Flores Address: 1020 S 31st, San Diego
Twenty, Three 20/100 Dollars ($ 23.00)

In _____ Payment of Crypt 16 Credit Lot

Lot 3765 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7090

BALANCE DUE 207.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Vail

CREDIT 20% Sales Care	87007 77184	
80% Sales of Lots	100 77184	23.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	23.00

CITY AUDITOR
MAY 12 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38403

Date: Aug 9, 1989

From: Enriqueta Flores Address: 1030 S. 31st Street

Twenty-three Dollars ($ 23.00)

In part Payment of Credit Lot, Crypt 19

Lot 3765 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 50-7090

BALANCE DUE $138.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	23.00
Opening/ Closing	100 77181	
Burial Containers	100 77162	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	23.00

CITY AUDITOR
AUG 12 1989

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

ISSUED BY R. [illegible]

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38486

Date: 9-6, 1989

From: [illegible] Address: 1020 S 31st St SD

Twenty-three [illegible] Dollars ($ 23.00)

In _____ Payment of [illegible] 20 [illegible]

Lot 3765 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. [illegible] 7090

BALANCE DUE 115.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	4	00
80% Sales of Lots	100 77184	19	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	23	00

CITY AUDITOR
SEP 11 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38016

Date: 10-5, 1989

From: Enriqueta Flores Address: 1020 S. 31st Street, SD

Twenty three nos/100 Dollars ($ 23.00)

In Payment of Canyon 21 Crested Lot

Lot 3765 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 8-7090

BALANCE DUE 92.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	23 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	23 00

CITY AUDITOR
OCT 10 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 38112

Date: 6-5 1989

From: Enriqueta Ithaca Address: 1020 S 31st St, SD

Twenty three Dollars ($ 23.00)

In _____ Payment of Credit Lot Coupon 17

Lot 3765 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7090

BALANCE DUE 184.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 09 1989

ISSUED BY Sandy

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	23 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	23 00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38239

Date: 7-6, 1989

From: Vicenta Sheet Address: 1020 S. 31st Street SD

Twenty-three no/100 Dollars ($ 23.00)

In _____ Payment of Coupon 18 Credit Lot

Lot 3765 Grave _____ Row _____ Section _____ Division Block 10

Invoice No _____

Acct. No. _____

W.O. C-7090

BALANCE DUE 161.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	23.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	23.00

CITY AUDITOR
JUL 10 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38510

Date: 11-2-89, 1989

From: Enriqueta Flores Address: 1020 S. 31st, SD. CA 92113

Twenty three dollars and xx/100 Dollars ($ 23.00)

In part Payment of credit lot

Lot 3765 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E 7090

BALANCE DUE 69.00

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 W J Teague

CREDIT 20% Sales Care	67007 77184	23 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	23 00

CITY AUDITOR
NOV 13 1989

AC-212 (Rev 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 38661

Date: 12-11, 1989

From: Amarante Ames Address: 1020 S. 31st Street, SD 92113

Twenty-three no/100 Dollars ($ 23.00)

In _____ Payment of Coupon 23 Credit Lot

Lot 3765 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7090

BALANCE DUE 46.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Wood

CREDIT	67007	
20% Sales Care	77184	23.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	23.00

CITY AUDITOR
DEC 18 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38722

Date: 1-2, 1990

From: Enriqueta Fire Address: 1020 S. 31st Street, SD
Twenty-three 23/100 Dollars ($ 23.00)

In _____ Payment of Charge 24 Credit Lot

Lot 3765 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 8-7090

BALANCE DUE 23.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [signature]

CREDIT	67007	23.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	23.00

CITY AUDITOR
JAN 08 1990

AC-212 (Rev. 10-87)

NAME FLORES, ENRIQUETA H. ACCT. NO. E-7090

ADDRESS 1020 S. 31st Street, San Diego, Ca 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
De[illegible]4	87	Lot 3765, Division 10	595 00		20 00	575 00
1-4	88	Coupon #1, Receipt # 35489			23 00	552 00
2-1	88	Coupon #2, Receipt # 35649			23 00	529 00
3-1	88	Coupon #3, Receipt # 35866			23 00	506 00
5-10	88	Coupon #4, Receipt 36142			23 00	483 00
6-8	88	Coupon #5, Receipt 36272			23 00	460 00
7-6	88	Coupon #6, Receipt 36381			23 00	437 00
8-2	88	Coupon #7 Receipt 36480			23 -	414 -
9-7	88	Coupon #8, Receipt 36639			23 00	391 00
10-3	88	Coupon #9, Receipt 36762			23 00	368 00
11-2	88	Coupon #10 Receipt 36895			23 00	345 00
12-1	88	Coupon #11 Receipt 37017			23 00	322 00
1-4	89	Coupon #12, Receipt 37156			23 00	299 00
2-9	89	Coupon #13, Receipt 37345			23 00	276 00
3-[illegible]	89	Coupon #14, Receipt 37466			23 00	253 00
4-4	89	Coupon #15 Receipt 37663			23 00	230 00
5-1	89	Coupon 16, Receipt 37873			23 00	207 00
6-5	89	Coupon 17 Receipt 38112			23 00	184 00
6-5	89	Coupon 18 Receipt 38239			23 00	161 00

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
8 9 89	Coupon 19 #38403			23 —	[illegible]
9-6 89	Coupon 20, Receipt 38486			230 00	115 00
10-5 89	Coupon 21, Receipt 38816			230 00	92 00
11-2 89	Coupon 22, Receipt 38510			23 —	69 00
12-11 89	Coupon 23, Receipt 8661			230 00	46 00
1-2 90	Coupon 24, Receipt 38722			230 00	230 00
2-5 90	Coupon 25, Receipt 38835			230 00	— 0 —

AIGNER FORM NO. 25-204

PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/14/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maggie Louise Jones

in a _____ (Vault/Liner) Funeral, date, time Wed - 12/16/87 2PM

Church, Chapel, Graveside Church + GS : Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

mv. Rosedale - 3:30

Total Due ..... _____

Paid receipt number _____

Balance due _____

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. SAMIEL

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address 7122 Peter Pan ave

State S.D. Zip Code 92114

Telephone 264-6931

Invoice # _____

Work Order # E 7091

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-15-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DORA W. RHOADS

in a LINER (Vault/Liner) Funeral, date, time 12/16 11:00 A.M

Church, Chapel, Graveside GRAVESIDE ; FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 37 Grave 7 Row — Section MAS Division/Block A

Grave space & Care Fund	B-9898
Additional spaces and care fund	~~0~~
Opening/Closing & Setup	320.00
Burial Container BELL LINER (CONCRETE)	100.00
Handling Fees LABOR	145.00
Flower vases - Marker setting fee	~~0~~
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 3548	606.00
Balance due	~~0~~

I hereby certify I am the CALLED IN BY WALLY WILL BRING CHECK of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 7092

Acct. # _____

PY-593 (REV. 8-86)

E 7092

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DORA WILHELMINA RHOADS	Female	April 29, 1894	Dec. 14, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Self - PreNeeds Funeral Arrangements

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Featheringill Mortuary	1083

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market St., San Diego, Calif.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: DEC 15 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/16/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Roger Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35434

Date: 12-16, 1987

From: [illegible] Address: 6322 [illegible] SD 92115

Six hundred six 00/— Dollars ($ 606.00)

In _____ Payment of Dora W. Nhoads interment

Lot 27 Grave 7 Row _____ Section MAS Division ~~Block~~ A

Invoice No. _____

Acct. No. _____

W.O. E-7092

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

6785

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

DEC 28 1987

006077

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	606	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-17-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mack Robinson

in a Bell Liner (Vault/Liner) Funeral, date, time Monday 12/21

Church, Chapel, Graveside Chapel & Grove ; Rosedale 11 AM Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 130 Grave 9 Row _____ Section 1 Division ~~/Block~~ 12

Grave space & Care Fund	395.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1001.00
Paid receipt number	
Balance due	

Paid 1-8-88

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

Dorphelia Robson
Signature

128 Orange Dr.
Address

Chula Vista 92011
State Zip Code

422-6584
Telephone

Invoice # 064417

Acct. # 024542

Work Order # E 7093

PY-593 (REV. 8-85)

1/13

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35540

Date: 1-6, 19 50

From: Orphelia Robson Address: 628 Ocean Dr Chula Vista

one thousand one Dollars ($ 1001.00)

In _____ Payment of Mark Robson Service

Lot 130 Grave 9 Row _____ Section 1 Division Block 12

Invoice No. 064417

Acct. No. 024542

W.O. E-7093

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 Sandra J. Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1001.00

AC-212 (Rev. 10-87)

064417 12/31/87 024542 DARPHELIA ROBSON 01/08/88 CA

E-7093

100	072	77181	000072	1,001.00	1,001.00
100	072	77182	000072	320.00	
100	072	77183	000072	100.00	
100	072	77184	000072	35.00	
100	072	77185	000072	316.00	
60101		78390		145.00	
67007		77184		6.00	
				79.00	

0.00
PAID IN FULL

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 1,436.00

E7093

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MACK ROBSON	Male	April 17, 1909	Dec. 15, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Darphelia Robson - Wife 128 Orange Drive Chula Vista, Ca. 92012

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Bl. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Metal Grey - 22ga H.P.		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A Lmn		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED ON THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: DEC 21 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/21/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Loyen Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

W.O. NO. E-7093

NOTE—STRAIGHT

$ 1001.00 San Diego, California, December 17, 1987

days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of one thousand one dollars no/100 — DOLLARS

with interest from 0 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 Dorothea Robson

128 Orange Dr. C.P. 92011

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Calif. Driver Lic. # B1577896

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-18-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary France Hamilton

in a Bell Liner (Vault/Liner) Funeral, date, time Wed 12/23 2pm

Church, Chapel, Graveside Church & Grove Nagpdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 121 Grave 9 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number 35451	856.00
Balance due	0

Ordered by Nagpdale

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7094

Acct. # _____

PY-593 (REV. 8-85)

E 7094

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Mary Frances Hamilton	Female	April 15, 1934	Found Dec. 14, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Jimmy Hamilton - Husband 31 No. Evans Street San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: San Diego, CA	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 23 1987
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramras, M.D. MAM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/23/87 (ENTER DATE) 12-9-2-11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Scoyen Stelle	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
DEC 31 1987

No 35451

Date: 12-23 19 87

From: Lockdale Address: 3050 Federal Blvd.

eight hundred fifty-six Dollars ($ 856.00)

In Payment of Mary Hamilton Interment Services

Lot 121 Grave 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7594

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007	50	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	185	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	856	00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 8854

ISSUED BY Sandy Wood

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/19/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John B. Hall

in a T.L. Vault (Vault/Liner) Funeral, date, time Mon 12-21-87 2 pm

Church, Chapel, Graveside CHAPEL, GRAVESIDE Paris Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 1981 Grave ~ Row ~ Section ~ Division/Block 10

PAID
DEC 21 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Grave space & Care Fund ..... Purchased D.L. 7658	—
Additional spaces and care fund	none —
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	3.50
Sales taxes	10.50
Total Due	710.50
Paid receipt number 35445	710.50
Balance due	-0-

Guaranteed by Elmer

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7095

Acct. # _____

PY-593 (REV. 8-86)

E 7095

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Boyd Hall	Male	Feb. 26, 1898	Dec. 19, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Boyd Hall-Nephew P.O. 397 Yuma, AZ 85364

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Paria-Frederick Mortuary	795

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Dr. Martin Luther King Way San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST PORT ON [illegible] OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Cheap metal container "Elmer" in charge
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED DEC 21 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/21/87 (ENTER DATE) 1981-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Eugene Stubbs	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E7095

NO 35445

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-21 - 19 87

From: BOYD D. HALL Address: P.O. Box 397 YUMA AZ 85364

SEVEN HUNDRED TEN DOLLARS AND 50/100 Dollars ($ 710.50)

In FULL Payment of INTERMENT OF JOHN B. HALL

Lot 1981 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. 7095

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1155

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

DEC 28 1987

ISSUED BY W. J. League

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	175	—
Handling Fee	100 77185	170	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	710	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-21-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dorothy Marsh

in a Bell liner Vault/Liner Funeral date, time Tues 12/22 Hon

Church, Chapel, Graveside Church & Grove Hospdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 121 Grave 11 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number 35448	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

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7096

PY-693 (REV. 8-85)

OFFICIAL RECEIPT

№ 35448

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-22, 1987

From: L. A. Kornik Address: 6950 Friars Rd. S.H. 2108

Eight hundred fifty-six dollars & 00/100 Dollars ($ 56.00)

In full Payment of Internment of Dorothy Marsh

Lot 121 Grave 11 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7096

BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3493

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

DEC 28 1987

ISSUED BY Dora Black

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	856	00

E 7096

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DOROTHEA DOROTHY MARSH	Female	April 26, 1921	Dec. 16, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Louis H. Kornik Friend 6950 Friars Road San Diego, California 92106

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-RAgsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

[redacted]TERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR [redacted]RITION OTHER [redacted]N A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: DEC 22 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold A. Gomes, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/22/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [redacted]	LICENSE 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 [redacted] THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-21

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cornell Morris

in a _____ Vault/Liner Funeral, date, time Tues 12/22 2pm

Church, Chapel, Graveside Chapel + GS, Pagsdale Mortuary.

All Funeral cars must arrive 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 _____

Cancelled
Went to Riverside
V.A.

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Zola

Signature _____

Address 5065 Solola Ave

State SD Zip Code

Telephone 263-9168

Invoice # _____

Acct. # _____

Work Order # E 7097

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-21-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dawkins Glen (Baby 35")

in a Bill Series Vault/Liner Funeral, date, time Tues 12-22 10am

Church, Chapel, Graveside Graveside ; Fogdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 108 Grave 2 Row _____ Section 2 Division ~~Block~~ II

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup Casket - 2-6 - = 36" opening	100.00
Burial Container	50.00
Handling Fees	11.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	3.00
Total Due	449.00
Paid receipt number 35444	299.00
Balance due	150.00

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

JoAnn Jackson
Signature
7615 Skyline Dr.
Address
San Diego Ca. 92114
State Zip Code
619-470 0472
Telephone

Invoice # 064416

Work Order # E 7098

Acct. # 024541

PY-593 (REV. 8-86)

W.O. NO. E-7098

NOTE—STRAIGHT

$ 150.00 San Diego, California, Dec 21 1987

days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of One Hundred Fifty 00/ 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 Joann Jackson

7615 Skyline Dr. San Diego 92114

Mailing Address

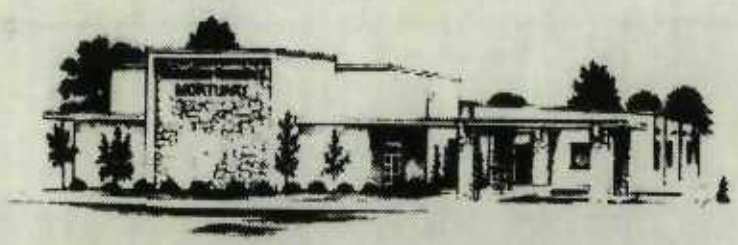
MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Calif. Driver Lic. # A2835106

Dedicated to the Bereaved Family

"THE MASTER GARDNER FROM HEAVEN ABOVE PLANTED A SEED IN THE GARDEN OF LOVE AND FROM IT THERE GREW A ROSEBUD SMALL THAT NEVER HAD TIME TO OPEN AT ALL, FOR GOD IN HIS PERFECT AND ALL-WISE WAY CHOSE THIS ROSE FOR HIS HEAVENLY BOUQUET. AND GREAT WAS THE JOY OF THIS TINY ROSE TO BE THE ONE OUR FATHER CHOSE TO LEAVE EARTH'S GARDEN FOR ONE ON HIGH WHERE ROSES BLOOM ALWAYS AND NEVER DIE. . .SO, WHILE YOU CAN'T SEE YOUR PRECIOUS ROSE BLOOM YOU KNOW THE GREAT GARDNER FROM THE UPPER ROOM IS WATCHING AND TENDING THIS WEE ROSE WITH CARE, TENDERLY TOUCHING EACH PEDAL SO FAIR. . .SO THINK OF YOUR DARLING WITH THE ANGELS ABOVE, SECURE AND CONTENTED AND SURROUNDED BY LOVE AND REMEMBER GOD BLESSED AND ENRICHED YOUR LIVES TOO FOR IN DYING YOUR DARLING BROUGHT HEAVEN CLOSER TO YOU. . .

FINAL ARRANGEMENTS ENTRUSTED TO:



Anderson-Ragsdale Mortuary

"Third Generation In The Mortuary Profession"

5050 FEDERAL BLVD SAN DIEGO, CALIF 92102

PHONE (619) 263-3141

E7098

Memorial Service

For

Our Darling

DAWHONE DWAYNE GLENN





GRAVESIDE SERVICE

TUESDAY, DECEMBER 22, 1987 – 10:00 AM

MOUNT HOPE CEMETERY

San Diego, Calif.

Obituary

Babies never really die. They just go play in the sky.
Death beckoned him with outstretched hands and whispered softly of an unknown land.
But he was not afraid to go, for though the path he did not know he took deaths' hand without a fear. For he who safely brought him here had told him he would lead the way into eternities bright day and so he did not go alone into the valley that's unknown. He gently took death by hand and journeyed to the promised land and there with step so light and gay. He polished the sun by day and lights the stars that shine at night and keeps the moonbeams silvery bright for babies really never die, they just play in the sky and in the heavenly home above. They went to home above, they wait to welcome those they love.

Dawhone Dwayne Glenn, Ms. Penny Carol Jackson of San Diego, California, he leaves to cherish his memories, his father and mother, grandparents, Mr. and Mrs. Fred Jackson, Jr. of San Diego. Grandmother, Mrs. Fannie Mae Morrow of Phoenix, Arizona. Three aunts, five uncles, and a host of others and relatives.

The family of Dawhone Dwayne Glenn wish to express their sincere sympathy for your thoughts in prayer cards, floral arrangements or whatever the part, we thank you very much. May God bless you.

Bible Verses

"Lo, children are an heritage of the Lord."
PSALMS 127:3

"Suffer little children to come unto me,
and forbid them not;
for of such is the kingdom of God."
ST. LUKE 18:16

Child's Prayer

Now I lay me down to sleep;
I pray Thee, Lord, my soul to keep.
Guide me through the starry night
And wake me when the sun shines bright.



ACKNOWLEDGMENTS

The family wishes to acknowledge with deep appreciation the many comforting messages, floral tributes, prayers and many other expressions of kindness and concern evidenced at this time in thought and deed.

E 7098

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DAWHONE DWAYNE GLENN	Male	June 23, 1987	Dec. 15, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Phoenix	Arizonz	Joann Jackson- Grandmother 827 So. Payne Street San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Blue He Pile Wooden	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Concrete Bell Liner OA — Center Top Half of grave		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED DEC 22 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/22/87 (ENTER DATE) 108-2-2-11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Gloyen Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

Marker area Burial

41 26

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT

№ 35444

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-21, 1987

From: Glenn Jackson Address: 7615 Skyline Dr 92114

Dollars ($ 299.00)

In _____ Payment of Rawhide Tex [illegible]

Lot 108 Grave 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. G-7096

BALANCE DUE 150.00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

DEC 28 1987

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	49	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	299	00

AC-212 (Rev. 10-87)

128

E 7098

ACR071 INVOICE INQUIRY PG 2

INVOICE: 064416 INV TOTAL: 150.00

ACCOUNT: 024541 NAME: JO ANN JACKSON

INVOICE STATUS

DISPOSITION	DATE	AMOUNT
WRITTEN OFF	11/09/90	150.00

COLLECTION ACTIONS

LATE NOTICE - 1ST: 02/05/88 REFERRED TO - TREAS COLLECTION: 02/24/88
- 2ND: 02/19/88 - CITY ATTORNEY :
- 3RD: - COLLECTION AGENCY:

LATE CHGS BILLED

	DATE	INVOICE	AMOUNT
LATE CHG-1:			
-2:			

DEPRESS PA1 KEY FOR NEXT SCREEN

Grexed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-20-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henry Jackson F Dwight Glen

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 108 Grave 1 & 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund ..... 2 @ $250	500.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	500.00
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature Dwight D Glenn

Address 7615 SKY LINE

State San Diego Ca Zip Code 92114

Telephone

Invoice # _____

Work Order # E 7099

Acct. # _____

PY-593 (REV. 9-85)

OFFICIAL RECEIPT

№ 35701

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2 9, 19 88

From: Dwight Glen Address: 7615 Skyline Drive D
Twenty one 20/100 Dollars ($ 20.00)

In _____ Payment of Coupon #1 Credit Lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7099

BALANCE DUE 480.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 12 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC 212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 36394

Date: 7-8- , 19 88

From: Penny Jackson Address: 7615 Skyline Dr. S.D. CA 92114

Sixty Dollars and xx/100 Dollars ($ 60.00)

In pdt Payment of preneed lots

Lot 108 Grave 1 & 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 7099

BALANCE DUE 420.00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUL 13 1988

ISSUED BY W. J. Teague

CREDIT		
20% Sales Care	87007 77184	
80% Sales of Lots	100 77184	60 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	60 —

NAME Jackson, Penny & Glen, Dwight ACCT. NO. E-7099

ADDRESS 7615 Skyline Drive, San Diego, Ca 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Dec 20	87	Lot 108, Gr 1 & 3, Sec 2, Div 11	500 00			
2-9	88	Coupon #1, Receipt # 35701			2000	48000
7-8	88	Receipt # 36394			60-	42000

No folder
5-20-98

E 7099

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Dwight Klein & Penny Jackson

Address 7615 Skyline Dr. 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 108, Grave 143, Row —, Section 2, ~~Block~~/Division 11 in Mt. Hope Cemetery, entered into on December 20, 1987, by and between Mt. Hope Cemetery and Dwight Klein that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michele L. Clark
Clerical Asst. II

GWS:baa(2)62
2-14-86

E 7099

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 21 day of December, 1987, between Jenny Jackson & Dwight Allen 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 108, Grave 1&3, Row —, Section 2, Block/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $20.00, payable as follows: $ —— cash herewith, the receipt of which is hereby acknowledged; $20.00 on the 10 day of February, 1988; and the balance in installments of $20.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of this Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property purchase and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

E7099

WITNESS our hands this day and year above written.

Deed to be issued to: Penny Jackson & Dwight Glen

Name

7615 Skyline Dr.

Address

San Diego, CA 92114

PURCHASER

Dwight A Glen

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra L. Ward

GWS:baa(2)62
2-14-86

...one coupon with each remittance **COUPON** **1**

...NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7099 Credit Lot

Glen, Dwight & Jackson, Penny
7615 Skyline Drive
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

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-22-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HENRY M. DEGARIS ⊗

in a ASH VAULT (Vault/Liner) Funeral, date, time 12/23 WED 1pm

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 app.

and billed to undersigned. War time veteran _____ .

Lot 67 Grave 9 Row _____ Section 2 Division/~~Block~~ 7

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 35446	242.40
Balance due	0

need 8 more

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.

Miriam Burr
Signature

9620 Cumberry Dr
Address

Santee Ca
State

448-3578
Telephone

Zip Code

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 7100

Acct. # _____

PY-593 (REV. 8-85)

E7/06

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#56232

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

Lewis Colonial/Benbough Mortuary

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Henry Marshall DeGaris	Male	August 30, 1900	December 19, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Miriam Burr - Niece 9620 Canbury Dr. Santee, California

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MOunt Hope Cemetery 3751 Market St, S.D. Ca. 92102	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Cypress View Crematory 3333 Imperial Ave S.D. Ca. 92113	DATE CREMATED: Dec 22, 1987 — SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Cremation Graveside Serv	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: ▶ — DATE SIGNED

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND TO THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: DEC 21 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (DATE): 12/22/87	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Royce Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: N/A			

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.

E7100

№ 35446

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-22, 19 87

From: Marian Lewis Address: 7450 Olivetas Ave La Jolla

Dollars ($ 242.40)

In _____ Payment of Two Hundred forty-two 40/100

Las Vegas Vegas

Lot 67 Grave 8 9 0 Row _____ Section 2 Division 7 Block

Invoice No. _____

Acct. No. _____

W.O. E-7100

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

1358

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

DEC 28 1987

ISSUED BY Barbara Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	195 00
Burial Containers	100 77182	40 00
Handling Fee	100 77185	60 00
Recording & Misc. Fees	100 77183	33 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	2 40
TOTAL PAID	$	242 40