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 Victoria D. Henderson

in a Bell Liner (Vault/Liner) Funeral, date, time 12/24 11Am - Thur

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 114 Grave 6 Row 2 Section 2 Division/Block 11

Grave space & Care Fund	250.00
Additional spaces and care fund	none
Opening/Closing & Setup	320.00
Burial Container Cornite 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	
Balance due	

30 day note

Paid 1-19-89

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

Jim Reynolds
Signature

4701 Buccaneer Dr
Address

S.D. Ca 92114
State Zip Code

262-3559
Telephone

Invoice # 064418

Acct. # 024543

Work Order # E 7101

PY-593 (REV. 8-88)

W.O. NO. E 7101

NOTE—STRAIGHT

$ 856.00 San Diego, California, December 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 Eight Hundred Fifty-Six and no/100 DOLLARS

with interest from January 25, 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.

Lynn Reynolds

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # S0021603

OFFICIAL RECEIPT 3/23

№ 35886

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

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

Date: 3-16, 1988

From: Jim Reynolds Address: 101 Buccaneer Dr. SD

One Hundred 6/100 Dollars ($ 100.00)

In _____ Payment of Victoria D. Henderson's Service

Lot 114 Grave 6 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. 064418

Acct. No. 024543

W.O. E-7101

BALANCE DUE 556.00

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

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

ISSUED BY Andrea 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	00

AC-212 (Rev. 10-87)

OFFICE OF THE CITY TREASURER
Union Bank Building
525 "B" Street - Suite 508
San Diego, CA 92101
(619) 533-4600

COLLECTION NOTICE

PLEASE DISREGARD THIS NOTICE IF PAYMENT IS IN THE MAIL.

THIS NOTICE DEMANDS YOUR IMMEDIATE ATTENTION.
DO NOT IGNORE.

E7101

PROPERTY DEPT-MT HOPE CEMETERY

02/29/88

DOCUMENT REFERENCE 064418

THE ABOVE ACCOUNT HAS BEEN REFERRED TO THIS OFFICE FOR COLLECTION.

PLEASE GIVE THIS MATTER YOUR IMMEDIATE ATTENTION. AS WE MUST HAVE PAYMENT IN FULL OR SATISFACTORY ARRANGEMENTS FOR PAYMENT WITHIN FIVE DAYS FROM THE DATE OF THIS NOTICE.

AMOUNT DUE
656.00
AMOUNT PAID

DEBTOR IDENTIFICATION
00019042 01 SCO
064418

JIM REYNOLDS
101 BUCCANEER DRIVE
SAN DIEGO, CA 92114

TO INSURE PROPER CREDIT
DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE IN THE RETURN ENVELOPE.

DO NOT SEND CASH
MAKE CHECKS OR MONEY ORDER PAYABLE TO THE CITY TREASURER.

E7101

CITY TREASURER

S. DIEGO, CALIFORNIA

BB16203/21/88 100.00 INVS
03/21/88 BB16 2 100.00- CH
03/21/88 BB16 2 .00 BA

OFFICIAL RECEIPT

5/6

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

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

No 36090

Date: 5-3 19 68

From: Jess Reynolds Address: 101 Buccaneer Dr, SD

One Hundred 00/100 Dollars ($ 100.00

In Payment of Victoria Tendersons' Service

Lot 114 Grave 6 Row Section 2 Division 11 Block

Invoice No. 064418

Acct. No. 024543

W.O. E-7101

BALANCE DUE 456.00

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

313

AC-212 (Rev. 10-67)

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

CITY AUDITOR

MAY 10 1968

ISSUED BY

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	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	100 00

6701

CITY TREASURER
SAN DIEGO, CA

673450	6/17/68	50.00	INVS
06/17/68	6734 5	50.00-	CA
06/17/68	6734 5	.00	BA

OFFICIAL RECEIPT

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

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

No 36303

Date: 6-16, 1986

From: Jim Reynolds Address: 101 Lucerne Dr, SD

Fifty Dollars 20/100 Dollars ($ 50.00)

In Payment of Victoria D. Henderson's Burial

Lot 114 Grave 6 Row Section 2 Division 11 Block

Invoice No. 064416

Acct. No. 024543

W.O. E-7101

BALANCE DUE 406.00

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

AC-212 (Rev. 10-87)

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

ISSUED BY Linda Wood

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	$	50 00

OFFICIAL RECEIPT

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

7/25

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

MS72

№ 36444

Date: 7-21, 1988

From: Jim Reynolds Address: 101 Buccaneer Dr, SD CA

twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of Victoria Henderson's Burial

Lot 114 Grave 6 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. 064418

Acct. No. 024543

W.O. E-7101

BALANCE DUE 381.00

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	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	$	25.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 36672

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

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

Date: 9-12, 1988

From: Jim Reynolds Address: 101 Buccaneer Dr SD

Twenty-five No/100 Dollars ($ 25.00)

In _____ Payment of Victoria Henderson's Interment

Lot 114 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. 064412

Acct. No. 024543

W.O. E-7101

BALANCE DUE 35.00

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	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		
Sales Tax	80101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 10-87)

E7101

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Victoria Deleon Henderson	Female	May 7, 1966	Dec. 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	Margie K. Reynolds - Mother 101 Buccaneer Drive San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 5050 Federal Blvd. San Diego, CA 92102	1329

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street ; San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED ON THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: DEC 23 1987 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Reaves, M.D. mtm
*CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/29/87 (ENTER DATE) 12-9-2-1	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

10/31

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

№ 36866

Date: 10-20, 1988

From: Jim Reynolds Address: 101 Tucoaneer Dr, SD

Twenty-five no/100 Dollars ($ 25.00)

In Payment of Victoria Henderson's Interment

Lot 114 Grave 6 Row Section 2 Division ~~Block~~ 11

Invoice No. 064410

Acct. No. 024543

W.O. E-7101

BALANCE DUE 331.00

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

446

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	
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 75380	
TOTAL PAID	$	25.00 SW

CITY AUDITOR
NOV 9 1988

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT 12/9

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

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

№ 37031

Date: 12-5 , 19 88

From: Jim Reynolds Address:

Fifty Dollars 20/10 Dollars ($ 50.00)

In Payment of Account for Victoria Dr. Lawn

Lot 114 Grave 6 Row Section 2 Division 11 Block

Invoice No. 864418

Acct. No. 024243

W.O. 2-7101

BALANCE DUE 24.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

479

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Wood

CREDIT	87007	
20% Sales Care	77184	CITY AUDITOR
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	DEC 12 1988
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	50.00

12/27

OFFICIAL RECEIPT

№ 37107

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

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

Date: 12/15/88 19

From: Jim Reynolds Address: 101 Buckeye S.D. 92114

Dollars ($ 50.00)

In Post Payment of Interment of Victoria Henderson

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7101

BALANCE DUE $231.00

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	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	50.00

CITY AUDITOR
DEC 27 1988

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

JOLLIFF Date 12-23-87

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

in a Bell Liner (Vault Liner) Funeral, date, time 12/24 10am Thurs

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 _____ . Female

Lot 161 Grave 1 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	0
Paid receipt number	
Balance due	

Prepaid E-5140 7/26/85

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7102

PY-593 (REV. 8-86)

E7102

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ELYDIA CECELIA JOLLIFF	Female	April 14, 1900	Dec. 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
La Mesa	San Diego	Philip D. Jolliff - Son 513 Park Way / Apt. #2 Chula Vista, CA 92010

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 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 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 12-1-1-11 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Leonard Stella	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-23-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Andy J. Niederreiter

in a Bell Liner (Vault/Liner) Funeral, date, time 12/24 Thurs 10:30

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 _____ . Drop-Off

Lot 2254 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 35683	606.00
Balance due	0

Bill Humphrey

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7103

PY-593 (REV. 8-85)

E7103

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ANDY JOSEPH NIEDERREITER	Male	02-15-1896	12-20-87

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Pat Cullen (Niece) 20 Gilmore Street Potsdam, NY 13676

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: 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: 12-24-87 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Romero, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/24/87 (ENTER DATE) 8254-10	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

№ 35683

Date: 2-888, 19

From: Heinsius Mortuary Address: 855 Broadway, SV

Six Hundred Six 00/100 — Dollars ($ 606.00)

In _____ Payment of Andy J. Niederrieter's Service

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7103

BALANCE DUE 0

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

8607

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

CITY AUDITOR
FEB 10 1988

ISSUED BY Sandra Vorb

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

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-23-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carl F Teftor

in a Vault (Vault/Liner) Funeral, date, time 12/24 Thurs 1pm

Church, Chapel, Graveside Graveside ; Pacific Bay Mortuary.

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

Lot 2741 Grave 1 of 42 Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-Need	
Additional spaces and care fund ..... One	
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 35458	710.50
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

Carl F Teftor Jr.
Signature

#33 ORANGE ST. Apt. 6
Address

LONG BEACH CAL. 90802
State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7104

PY-553 (REV. 9-86)

W.O. NO. E-7104

NOTE—STRAIGHT

$ 710.50 San Diego, California, December 24, 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 seven hundred ten dollars 50/100— DOLLARS,

with interest from on the unpaid principal at the rate of

12 per cent per annum, payable on demand

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

x Carol Litwin

#33 Orange St. Apt. #6 Long Beach 90803

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # C6037585

E7104

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CARL FRANK TEXTOR, SR.	MALE	AUG. 29, 1899	DEC. 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
LA JOLLA	SAN DIEGO	CARL F. TEXTOR, JR.-SON 33 ORANGE STREET LONG BEACH, CA 90802

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

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT. HOPE CEMETERY-3751 MARKET ST.-SAN DIEGO, CA		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: DEC 23 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 12/24/87 (ENTER DATE) 2744-10	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

E7104

OFFICIAL RECEIPT № 35458

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

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

Date: 12-29 19 87

From: Carl F. Septa, Jr Address: 5517 Soft, La Jolla, CA 92037

Seven hundred Ten 50/ Dollars ($ 710.50)

In Payment of Carl Frank Septa, Sr. Interment Service

Lot 2711 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-7104

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE
CITY AUDITOR
DEC 31 1987

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 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

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1034

ISSUED BY Linda Wade

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/23/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Lawrence grave

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 74 Grave [redacted] Row _____ Section 3 Division [redacted] 9

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... 2 - Floral Vases - 3.

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due 31.80

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

Paid receipt number 35450 31.80

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 7105

Acct. # _____

PY-583 (REV. 8-86)

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

№ 35450

Date: 12/23, 19 87

From: Patricia Lawrence Address: 3520 Calle Gavanzo Carlsbad 92009

Thirty one and 80/100 Dollars ($ 31.80)

In full Payment of 2-new galv. floral Vases
Guaranteed for 5 yrs from 1-1-88

Lot 74 Grave Row Section 3 Division ~~Block~~ 9

Invoice No. —

Acct. No. —

W.O. E-7105

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 7115

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

ISSUED BY Geoyen Stetts

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77186	10	.00
Handling Fee	100 78165	21.20	21.20
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		.60
TOTAL PAID	$	31	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/24/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James E. Wright, Jr.

in a Liner (Vault/Liner) Funeral, date, time 2P.M. Tues 12/29

Church, Chapel, Graveside Church & 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 No .

Lot 52 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	Receipt 95.00	495.00
Additional spaces and care fund	No	
Opening/Closing & Setup	320.00	320.00
Burial Container	Cement liner 41.00	100.00
Handling Fees	Labor 856.00	145.00
Flower vases - Marker setting fee		
Recording and filing fee		36.00
Sales taxes		6.00
30 Day rate	Total Due	1101.00
	Paid receipt number 35452	856.00
	Balance due	245.00

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

Sandra Wright
Signature
416 S. Milbank St.
Address
San Diego 92113
City Zip Code
262-9139
Telephone

Invoice # 064899

Acct. # 024661

Work Order # E 7106

PY-593 (REV. 8-86)

W.O. NO. E-7102

NOTE—STRAIGHT

$ 245.00 San Diego, California, Dec 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 Hwy, San Diego, CA 92102

the sum of Two hundred forty five DOLLARS,

with interest from Jan 25, 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 Sandra Wright

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #N0599579

E7106

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JAMES [illegible] WRIGHT, JR.	Male	Aug. 13, 1968	Dec. 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	Sandra J. Wright - Mother 416 South Milbrae 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

- [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 Metal 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 Conrad Lewis	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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	DEC 28 1987	▶ Donald G. Ramros, M.D. MM

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/29/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
	52/1/2/12	▶ Georgen Stetter	

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

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

AUDITOR

DEC 31 1987

№ 35452

Date: 12/24, 1987

From: Yolanda Strong Address: 4254 Highland Ave - #7 - SD 92115

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

In Part Payment of Interment fees for James E Wright, Jr

Lot 52 Grave -1- Row Section 2 Division Block 12

Invoice No. ~

Acct. No. ~

W.O. E7106

BALANCE DUE $ 245.00

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

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

ISSUED BY Geoyen Stetts

CREDIT	67007	99	00
20% Sales Care	77164		
80% Sales of Lots	100 77164	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	41	00
Handling Fee	100 77165		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	856	00

AC-212 (Rev. 10-87) 562

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/28/87

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

in a Top Seal Vault (Vault/Liner) Funeral, date, time Wed 11 Am Ch 12/30

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 48 Grave 12 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	Pre need D-3021	—
Additional spaces and care fund	Top half - none	
Opening/Closing & Setup		320.00
Burial Container	✓	175.00
Handling Fees	✓	170.00
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes	Interest 5.32	10.50
	Total Due	710.50
	Paid receipt number 36029	715.82
	Balance due	0

Send creditor's claim

I hereby certify I am the Executrix - 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

Elena M. Law
Signature

4700 Williamsburg #179
Address

La Mesa, Ca 92041
State Zip Code

466-8210
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7107

PY-593 (REV. 8-85)

E7107

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 G. ROBERTS	female	Apr 9, 1904	Dec 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	Elena Law - cousin/executrix 4700 Williamsburg Lane #179 La Mesa, CA 92041

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery - San Diego, CA (3751 Market St.)		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: DEC 29 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 12/30/87 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce 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

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

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

№ 36029

Date: 4-19, 19 88

From: Elena M. Low Address: 4700 Williamsburg #179, LM

Seven hundred fifteen 82/100 Dollars ($ 715.82)

In _____ Payment of Mildred G. Roberts Burial Service

Lot 48 Grave 12 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7107

BALANCE DUE 0

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

#7

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		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	175	32
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	715	82

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/28/87

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

in a Double Crypt (Vault/Lion) Funeral, date, time Thur - 1 P.M. - 12/31

Church, Chapel, Graveside Church - G.S. ; Calif Cr. Sonty Mortuary.

All Funeral cars must 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 54 Grave 7 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund For Double Crypt	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Double Crypt -	320.00
Handling Fees Labor fee	320.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	1519.80
Paid receipt number	
Balance due	

Paid 2/3/88

Lower to Level
30 day note

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

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

Signature of recorded holder of deed

at time of Second Burial opening & Closing & Per fee -

Signature [signature]

Address 5648 Roswell

State San Diego Calif Zip Code

Telephone 92114

Invoice # 064894

Acct. # 024666

Work Order # E 7108

PY-583 (REV. 8-86)

W.O. NO. E-7108

NOTE—STRAIGHT

$ 1518.80 San Diego, California, Dec 28, 19 87

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

Mt. Hope Cemetery or San Diego City Treasurer

or order

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

the sum of Fifteen Hundred Nineteen and 80/100 DOLLARS.

with interest from January 29, 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

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic X

E7108

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Anthony De Carlo Major	Male	11-16-1975	12-25-1987

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	Nathaniel A. Major III(Father Brenda (Major) Coleman(Mother 5648 Roswell 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	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 Bottom Double Crypt	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 Casket	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶X Brenda (Major) Coleman DATE SIGNED December 26, 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	DEC 29 1987	▶ Donald G. Ramos M.D. MTM

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/31/87 (ENTER DATE) 54/7/2/12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gregory 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

OFFICIAL RECEIPT

№ 35644

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

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

Date: 2-3, 1988

From: Ann Major Address: 5648 Roswell San Diego 92114

One thousand five hundred nineteen dollars 80/100 Dollars ($ 1,519.80)

In full Payment of Internment of Antonthy D. Majors

Lot 54 Grave 7 Row ____ Section 2 Division ~~Block~~ 12

Invoice No. ____

Acct. No. ____

W.O. E-7108

BALANCE DUE —0—

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

1107

AC-212 (Rev. 10-87)

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

CITY AUDITOR

FEB 05 1988

ISSUED BY Nora A. Black

CREDIT	67007	99	00
20% Sales Care	77184		
50% Sales of Lots	100 77184	396	~~[illegible]~~
Opening/ Closing	100 77181	320	00
Burial Containers DBL CRYPT	100 77182	330	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	19	80
TOTAL PAID	$	1519	80

E7108

64894 01/12/88 024666	NATHANIEL A. MAJOR III			02/03/88 CK	35621-45	1,519.80	✓	1,519.80	0.0
	100 [redacted]	77181	000072			320.00			PAID IN FULL
	100 [redacted]	77182	000072			330.00			
	100 [redacted]	77183	000072			35.00			
	100 [redacted]	77184	000072			396.00			
	100 [redacted]	77185	000072			320.00			
	60101	78390				19.80			
	67007	77184				99.00			

Mt. Hagle

NUMBER OF INVOICES PAID 6
TOTAL AMOUNT PAID 2,188.30

E-7108

MR

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/28/87

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

in a Tap Lane Vault/Liner Funeral, date, time Wed 1 P.M. - 12/30

Church, Chapel, Graveside Chapel only ; Lewis Clement Mortuary.

All Funeral cars must 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 139 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre need B-1805	0
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number	710.50
Balance due	0

Paid 1/26/88

Operator

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

Theodore B. Harbrath
Signature

257 Liszt Ave
Address

Cardiff, CA 92007
State Zip Code

_____
Telephone

Invoice # 064898

Acct. # 024662

Work Order # E 7109

PY-593 (REV. 8-85)

W.O. NO. E- 7109

NOTE—STRAIGHT

$ 710.50 San Diego, California, 12/28/87 19

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

Mt. Hope Cemetery or San Diego City Treasurer

or order

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

the sum of Seven Hundred Ten and 50/100 DOLLARS,

with interest from Jan 30, 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 Theodore B. Harbeck

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #N

E7109

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AUGUSTA K. GRABER (AKA: Augustine K. Graber)	female	July 26, 1896	Dec 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
La Mesa	San Diego	Theodore B. Haibrecht - cousin 257 Liszt Ave. Cardiff-by-the-Sea, CA 92007

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 ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT / AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: DEC 29 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramras, M.D. MHM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/30/87 (ENTER DATE) 139-1-8	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Stetler LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH n/a	

Low lower class metal
Witness only

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

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

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/04/88

DATE: 02/04/88
TIME: 232254
PAGE: 5

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
064898	01/12/88	024662	THEODORE B. HAIBRECHT					01/26/88	CK	05511096	710.50	710.50	0.00
E-7109			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		

OFFICIAL RECEIPT

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

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

№ 35605

Date 1-26 19 88

From Theodore Vanbrandt Address: 257 First Ave, Chula Vista

Seven Hundred Ten 50/100 Dollars ($ 710.50)

In Payment of Augusta Timber Burial Service

Lot 139 Grave Row Section 1 Division Block 8

Invoice No 864876

Acct. No. 624662

W.O. E-7109

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 055 11096

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

JAN 26, 1988
CITY AUDITOR

FEB 05 1988

ISSUED BY Linda Vacek

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		
Sales Tax	60101 78390		
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

009200

№ 35892

Date: 3-18, 19 88

From: T. Wainwright Address:
Fifteen 10

Dollars ($ 15.90)

In Payment of Flower Vase for Augusta Graber

Lot 139 Grave Row Section 1 Division ~~Block~~ 8

Invoice No.

Acct. No.

W.O. E-7109

BALANCE DUE ~~E~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
05830473

AC-212 (Rev. 10-87)

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

CITY AUDITOR
MAR 24 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		30
TOTAL PAID	$	15	90

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/28/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alice McNealy Q

in a asia Vault Vault/Liner Funeral, date, time Thurs. 1-7 AYD

Church, Chapel, Graveside ; Goodbody' Mortuary.

No Service

All Funeral cars must arrive 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 10 Row _____ Section 3 Division/Block 3

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	

Paid 1/20/88

Bill Mr. Phillip Banks
275 E. Douglas - Suite 112
El Cajon, Ca 90220
579-0200

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

[redacted]

Work Order # E 7110

PY-593 (REV. 8-85)

Phillip H.
Banks

275 E. Douglas
Ste 112
El Cajon
92020
579-0200

E7110

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/28/88

DATE: 01/28/88
TIME: 212633
PAGE: 12

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PO BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
064895	01/12/88	024665	PHILLIP BANKS					01/20/88	CK	226	242.40	242.40	0.00
			100	072		77181	000072				105.00		PAID IN FULL
			100	072		77182	000072				40.00		
			100	072		77183	000072				35.00		
			100	072		77185	000072				60.00		
			60101			78390					2.40		

E-7110

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 242.40

E7110

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALYCE GERALDINE McNEALY	Female	Sept. 7,.1908	Dec. 25, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Gladys McNealy sister-in-law 914 La Fiesta Way Lake San Marcos, California 92069

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 Mount Hope Cemetery, 3751 Market Street, San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Greenwood Crematory,San Diego, CA	DATE CREMATED DEC 30 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	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		3.00	DEC 30 1987	Donald G. Ramras, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-7-88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
	4/10/3/3	Joyce Stetter	

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

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 12/28/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clifton Cunningham in a Top Seal Vault (Vault/Liner) Funeral date, time Wed 11am 12/30 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 ____ .

Lot 22 Grave 3 Row ____ Section 2 Division ~~Block~~ 12

Grave space & Care Fund	475.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	120.00
Flower vases - Marker setting fee	
Recording and filing fee	25.00
Sales taxes	10.50
Total Due	1205.50
Paid receipt number 35463	1205.50
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

Clara M. Cunningham
Signature
2541 Balboa Vista
Address
San Diego CA 92105
State Zip Code
264-8681
Telephone

Work Order # E 7111

Invoice # ____

Acct. # ____

PY-583 (REV. 9-85)

Clifton Cunningham

wife: Clara M. E7111

Buried Pearl in

8/30/1978 20-1-2-12

21-6-2#2

2541 Balboa Vista Dr

SD CA 92105

264-8081

E7111

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 NMN CUNNINGHAM	Male	May 18, 1924	Dec. 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	Clara M. Cunningham - Wife 2541 Balboa Vista Drive San Diego, California 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5058 Federal Bl. 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

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 ▶
FINAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A 1890 metal Border Plastic Pond Liner 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 24 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 12/30/87 (ENTER DATE) IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY, INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

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

OFFICIAL RECEIPT

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

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

No 35472

Date: 12-30, 19 87

From Michael Cunningham Address: 2541 Calboa Vista Dr SD 92105

One Thousand two hundred five 50/100 Dollars ($ 1205.50)

In Payment of Clifton Cunningham's Service

Lot 22 Grave 3 Row Section 2 Division-Block 12

Invoice No.

Acct. No.

W.O. E-7111

BALANCE DUE 0

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

676

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JAN 06 1988
DEC 30, 1987

ISSUED BY Linda 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 77185	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

№ 35759

Date: 2-23, 1988

From: Clara Cunningham Address: 2541 Balboa Vista

One Thousand two hundred fifteen Dollars ($ 1215.50)

In _____ Payment of Return Check

Lot 22 Grave 3 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7111

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 26 1988

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 77185	170	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	1215	50

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

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

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

№ 36009

Date: 4-12, 1988

From: Mrs. Cunningham Address:

one hundred thirty-five no/100 Dollars ($ 135.00)

In _____ Payment of Clifton Cunningham's Marker installation fee

Lot 22 Grave 3 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7111

BALANCE DUE -6

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 19 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	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 12-28-87

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

in a Top Seal Vault Funeral, date, time Wed

Church, Chapel, Graveside Lewis Colonial Mortuary.

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

Lot 48 Grave 12 Row ____ Section 1 Division/Block 11

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	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

Voided

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7112

Acct. # _____

PY-583 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/27/87

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

in a Liner (Vault/Liner) Funeral, date, time Wed-2P.M-12/30

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

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

Lot 114 Grave 12 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 ... 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 35455	856.00
Balance due	0

MT. HOPE ... SAN DIEGO

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

Jeanette Smith
Signature

3321 Webster Ave
Address

Calif 92113
State Zip Code

263-7249
Telephone

Invoice # ____

Acct. # ____

Work Order # E 7113

PY-593 (REV. 8-86)

E7113

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HATTIE LEE SMITH	Female	Oct. 26, 1927	Dec. 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	Jeanette Smith - Daughter 1828 Duval 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 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 Very cheap metal non Sealer 22ga.		Linie
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED DEC 29 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 12/30/87 (ENTER DATE) 114/12/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gwyen 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

OFFICIAL RECEIPT

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

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

№ 35455

Date: 12/27/87 19

From: Jeanette Smyth Address: 3321 Webster #D 92113

Eight hundred fifty six and 00/100 Dollars ($ 856.00)

In Full Payment of Interment Of Infant Hattie Lee Smith - Dec'd.

Lot 114 Grave 12 Row ~ Section 2 Division 11 Block

Invoice No. ~

Acct. No. ~

W.O. E-7113

BALANCE DUE 0

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR

DEC 31 1987

ISSUED BY

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/28/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John W. Buttles thru 9:30

in a Bell liner Funeral, date, time ~~Wed 3:30~~ 12/31

Vault/Liner

Church, Chapel, Graveside Day off Teatherzill Mortuary.

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

Lot 3107 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 35471	35.00
Balance due	

Pre need

Inst 9:15 Am

PAID

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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 7114

PY-583 (REV. 8-85)

E7114

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 W. BUTTLES	Male	Nov. 2, 1897	Dec. 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	Dorothy Osborn, daughter 2388 Rippey Ct. El Cajon, Ca. 92020

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 Light Weight Metal H.P. "Silvertone" D.O. 9AM		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a Bell Linen		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 29 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/31/87 (ENTER DATE) 3107-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W. Stettler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

OFFICIAL RECEIPT

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

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

No 35471

Date: 12/31/87 19

From: Featherngill Address: 6322 El Cajon Blvd SD 92115

Thirty five and no/100 Dollars ($ 35.00)

In Full Payment of Recording fee on John Buttler dec

Lot 3107 Grave — Row — Section — Division Block 10

Invoice No —

Acct. No —

W.O. E-7114

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 6816

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

CITY AUDITOR

JAN 06 1988

ISSUED BY Joyce

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	50101 78390	
TOTAL PAID	$	35 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

FONG

Date 12/29/87

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

in a Comm'l T.S. Vault (Vault/Liner) Funeral, date, time Thurs 12/31 1pm

Church, Chapel, Graveside Ch. GS Merkley-Mitchell Mortuary.

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

✓ Lot 155 Grave 1 Row ____ Section 2 Division/Block 11

Grave space & Care Fund ..... Pr. head albert OK	—
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 35477	710.50
Balance due	0

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

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

_____
Signature of recorded holder of deed

Harry - Phone

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7115

PY-593 (REV. 8-85)

Mutch-Witter Mortuary
Monday 31 Dec 87

E7115

MOUNT HOPE CEMETERY

29 Dec 1987

The undersigned hereby requests and authorizes the interment of the remains of Mr. Toy W. FONG in Lot 155 Gr #1 Row _____ Sec. 2 Block Division 11 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

國夷
咕嘛
中華會館

[signature]

Signature of relative or legal representative



Albert Wong, Custodian
Chinese Section for C.C.B.A.

Address & relationship to deceased or authority to sign authorization

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, Inc, owners.

_____
Witness

_____
Witness

Recent #0812

E7115

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
TOY YICK FONG	MALE	JAN 15, 1895	DEC 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	YOU POO HOM, FRIEND 539 FOURTH AVENUE SAN DIEGO, CA 92101

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
MCKILEY-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, 3761 MARKET STREET, SAN DIEGO, CA	COUNTY SAN DIEGO	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Cornell Vault - T.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 Christian Burial — Wendy		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 30 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 12/31/87 (ENTER DATE) 12/31/87	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE N/A
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

OFFICIAL RECEIPT

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

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

№ 35477

Date: 12-31, 1987

From: Merkle-Mitchell Address: 3155 Fifth Ave, SD 92103

Seven Hundred Ten 50/100 Dollars ($ 710.50)

In _____ Payment of Jay Long Interment Service

Lot 155 Grave 1 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7115

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 6322

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

CITY AUDITOR

JAN 06 1988

ISSUED BY Sandy Ward

CREDIT	87007		
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	83033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	710	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-29-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donald E. Williamson in a Bel Air Vault/Liner Funeral, date, time Mon. 1-4, 10am Church, Chapel, Graveside Chapel of Chimes; Pinkham-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 29 Grave 5 Row ____ Section 2 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 35481	1101.00
Balance due	0

PAID JAN 4 - 1988 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Mortuary will Bring

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7116

Acct. # ____

PY-593 (REV. 9-86)

E7116

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RONALD EARL WILLIAMSON	MALE	JUL 11, 1947	DEC 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	EARL WILLIAMSON, FATHER 1105 ELDER AVENUE IMPERIAL BEACH, CA 92032

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	COUNTY: SAN DIEGO	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 — DATE PERMIT ISSUED: DEC 31 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Powell, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-4-88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce W. Stubbs	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE: N/A
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

OFFICIAL RECEIPT

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

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

No 35481

Date: Jan 4 19 88

From: Pinkham Mitchell Address: 808-13 th St Imp CA 92032

Eleven Hundred One and 00/100 Dollars ($ 1101.00)

In full Payment of Interment of and for Ronald Earl Williamson Dec

Lot 29 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E7116

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 6/60

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

CITY AUDITOR

JAN 06 1988

ISSUED BY

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	140	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

№ 35761

Date: 2-23, 1988

From: Pinkham Mitchell Address: 808 13th Street San Diego

One hundred twenty-five and 00/100 Dollars ($ 125.00)

In _____ Payment of Marker installation fee

Lot 29 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7116

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 6253

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

CITY AUDITOR

FEB 26 1988

ISSUED BY Sandra Vera

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-29-87

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

in a Bell liner (Vault/Liner) Funeral date, time Thurs 12/31 16am

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 4190 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Preneed	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 35464	606.00
Balance due	0

PAID

MT. HOPE CEMETERY
CITY of SAN DIEGO

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7117

PY-693 (REV. 8-85)

E7117

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Carrie Kayton	Female	April 6, 1900	Dec. 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	Effie K. Douglas - Daughter 2620 Blackton Drive San Diego, CA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 5050 Federal Blvd. San Diego, CA 92102	1329

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hopp 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 Metal — Non Sealer		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a Liner — Last Supper		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 30 1987
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/31/87 (ENTER DATE) 4190-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Seoyew Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

COPY 2

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

OFFICIAL RECEIPT

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

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

CITY AUDITOR
№ 35464
JAN 06 1988

Effie K. Tripp c/o

Date: 12-30, 1987

From: Lindesay-Nagsdale Address: 5050 Federal Blvd, SD

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

In _____ Payment of Carrie Kayton Interment Service

Lot 4190 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7117

BALANCE DUE 6

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 Sandra Ward

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	83033 9022		
Sales Tax	80101 78390	6	00
TOTAL PAID	$	606	00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/30/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Melven, Leroy Toland

in a Ball liner Vault/Liner Funeral, date, time Mon 1/4 11am

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

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

✓ Lot 121 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 35470	856.00
Balance due	0

per Lagsdale

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7118

Acct. # _____

PY-593 (REV. 8-86)

E7118

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Melvin Leroy Toland, Jr.	Male	March 6, 1944	Dec. 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	Leona Toland - Wife 4551 Logan Ave. Apt. A 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 OR CREMATED REMAINS	ADDRESS, NEAREST POINT 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 ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $2.00 / DATE PERMIT ISSUED: DEC 31 1987	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Camras, M.D.
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		

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

№ 35470

Date: 12-30, 1987

From: Anderson-Nagdale Address: 5050 Federal Blvd SD.

eight hundred fifty-six Dollars ($ 856.00)

In _____ Payment of Melvin Leroy Toland's interment Service

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

Invoice No. _____

Acct. No. _____

W.O. E-7118

BALANCE DUE -0-

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

8893

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JAN 06 1988

ISSUED BY Sandra 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	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/31/87

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon 1-4 2pm

Church, Chapel, Graveside Chapel & Grove Hazsdale Mortuary.

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

Lot 49 Grave 2 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 M 35561	1205.50
Balance due	0

pd. 1-12-88

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.

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

_____
Signature of recorded holder of deed

Ramon McKinnie
Signature

1352 So. 50th St.
Address

SAN DIEGO, CA. 92113
State Zip Code

619-262-0639
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7119

PY-693 (REV. 8-85)

W.O. NO. E-7119

NOTE—STRAIGHT

$ 1205.50 San Diego, California, December 31, 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 two hundred five 50/100 DOLLARS,

with interest from on the unpaid principal at the rate of

12 per cent per annum, payable on demand

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

x [signature]

1352 So. 50th St. S.D., CA 92113

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #S797794 (CA)

E7119

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Queen Hester Johnson	Female	Oct. 7, 1942	Dec. 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	Rosa McKennie - Mother 1352 50th Street San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Metal - Non Corrosive 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 $4.00	DATE PERMIT ISSUED JAN 14 1988
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		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald L. Ramos, M.D., M.P.H.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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. 35561

Date: 1-12, 1988

From: Anderson-Lagodale Address: 5050 Federal Blvd. S.D. 92102

One thousand two hundred five dollars & 50/50 Dollars ($ 1205.50)

In full Payment of Interment of Queen Johnson

Lot 49 Grave 2 Row ~ Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-7119

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 8966

AC-212 (Rev. 10-87)

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

AUDITOR

JAN 22 1988

ISSUED BY Dora Black

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 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360	10	50
TOTAL PAID	$	1205	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-4-87

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

in a Vault (Vault/Liner) Funeral, date, time Wed 1-6 11am

Church, Chapel, Graveside Church & Grave Pinkham 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 4868 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund Bal of Greneed lot	160.00
Additional spaces and care fund E-5997	
Opening/Closing & Setup	320.00
Burial Container Via Whited	
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	685.00
Paid receipt number 35482	685.00
Balance due	0

Send Deed

Mitchell to Pay A 185.50

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

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

_____
Signature of recorded holder of deed

Mr all Peter Kaus
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7120

PY-583 (REV. 8-85)

E7120

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ESPERANZA A. SERRANO	FEMALE	DEC 10, 1905	JAN 2, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
CHULA VISTA	SAN DIEGO	MARIA KAMNIDES, DAUGHTER 815 8TH STREET IMPERIAL BEACH, CA 92032

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PINCHAM-MITCHELL MORTUARY, 888 13TH STREET, IMPERIAL BEACH, CA 92032	F-1178

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

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

FOR CORONER'S 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 EXACTLY THE NATURAL PLACE AND COUNTY OF DISPOSITION N/A Crypte Vault State Wool grey Cloth		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $4.00 DATE PERMIT ISSUED: JAN 05 1988	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 1-5-88 (ENTER DATE) 4868-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE N/A
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

OFFICIAL RECEIPT

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

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

№ 35514

Date: Jan 5, 1988, 19

From: Penkham-Mitchell Address: 808 13th Street, SD

One hundred eighty five 50/100 Dollars ($ 185.00)

In Payment of Vault for E. Serrano

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E 7120

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 6164

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		
Opening/ Closing	100 77181		
Burial Containers	100 77182	175	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	185	50

OFFICIAL RECEIPT

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

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

№ 35482

Date: Jan 4, 1988

From: Maria Del Pilar Kamenevsky Address: Inv. Beach 92032

Six Hundred Eighty five and no/100 Dollars ($ 685.00)

In full Payment of Interment of and for Esperanza A Serrano - dec.

Lot 4868 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. —

Acct. No. —

W.O. E 7120

BALANCE DUE 0

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

AC-212 (Rev. 10-67) 1757

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

CITY AUDITOR
CITY AUDITOR
JAN 06 1988
JAN 06 1988

ISSUED BY Joyce Stetter

CREDIT 20% Sales Care	67007 77184	139.00 ~~160.00~~
80% Sales of Lots	100 77184	21.00
Opening/ Closing	100 77181	320.00
Burial Containers	100 77182	—
Handling Fee	100 77185	170.00
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	—
TOTAL PAID	$	685.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-4-88

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

in a Liner (Vault/Liner) Funeral date, time Fri 1-8 11am

Church, Chapel, Graveside Chapel & Grave Lapsdale Mortuary.

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

Lot 603 Grave ____ Row ____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	Prepaid 0
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	~~806~~ 606.00
Paid receipt number 3596	606.00
Balance due	~~0~~

PAID
JAN 05 1988
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.

Signature Harvey Naylor

Address 604 West St.

State San Diego Calif. Zip Code

Telephone ~~284~~ 237 1821

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

Signature of recorded holder of deed

Invoice # ____

Work Order # E 7121

Acct. # ____

PY-583 (REV. 6-85)

E7121

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Houston (NMN) Mallon	Male	March 17, 1923	Dec. 31, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Harvey Mallon - Son 401 South 46th Street San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 5050 Federal Blvd. San Diego, CA 92102	1389

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a White metal Sealer Liner — Lever Lock		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF * APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00	DATE PERMIT ISSUED: JAN 5 1988 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald R. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-8-88 (ENTER DATE) 603118	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

№ 35496

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

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

Date: 1-5 19 88

From: Harvey Nailon Address: 604 West Street, SD 92113

six hundred six 00/100 Dollars ($ 606.00)

In Payment of

Lot 603 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-7121

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
013040

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JAN 11 1988

ISSUED BY

CREDIT	87007		
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	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	6	00
TOTAL PAID	$	606	00

OFFICIAL RECEIPT

№ 35943

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

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

Date: 3-29, 1988

From: Harvey Nailon Address: 401 S 46th Street, SD 92113

one hundred twenty-five Dollars ($ 125.00)

In _____ Payment of Marker Installation Fee for Houston Nailon

Lot 603 Grave _____ Row _____ Section 1 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-7121

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 Reed

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	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-4-87

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

in a Bell Liner (Vault/Liner) Funeral, date, time Wed-2P.M. 1-6

Church, Chapel, Graveside Chapel & 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 _____ .

✓ Lot 12 Grave 8 Row _____ Section 7 Division/~~Block~~ 5

Grave space & Care Fund	Prepaid	0
Additional spaces and care fund	no	
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 35485		606.00
Balance due		0

PAID
JAN 4 - 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

X Glenna L. Lanning
Signature

4120-69th St
Address

SD 92115
State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7122

PY-593 (REV. 5-86)

E7122

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Merle Peterson Pack	Female	April 7, 1897	Jan 3, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Glenna P. Lansdag-Sister 4120 69 Street San Diego, CA 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary 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 Mt. Hope Cemetery 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 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 $4000	DATE PERMIT ISSUED JAN 0 6 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-5-88 (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 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
254-3151

№ 35485

Date: Jan 4, 1988

From: Doris F. O'Neal — Address: #120 — 69th St SD 92115

Six Hundred Six and 00/100 Dollars ($ 606.00)

In Full Payment of Interment of and for Merle Pack-dec

Lot 12 Grave 8 Row ____ Section 7 Division 5 Block ____

Invoice No. ~

Acct. No. ~

W.O. E 7122

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 2017

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

CITY AUDITOR

JAN 06 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	6	00
TOTAL PAID	$	606	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-4-87

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

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 1-5 2:30

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 ——— . Witness Only

Lot 3085 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 35497	35.00
Balance due	0

Proceed C-6303

PAID JAN 05 1988 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

I hereby certify I am the Great 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

M. B. Paladino
Signature

4410 Narragansett
Address

San Diego, CA 92107
State Zip Code

222-3060
Telephone

Invoice # ———

Acct. # ———

Work Order # E 7123

PY-593 (REV. 8-86)

E7123

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WILLIAM HENRY KNEE	Male	10-02-03	01-01-88

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 Beth Paladino(Great-Niece) 4410 Narragansett Avenue San Diego, CA 92107

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 Without Head Only	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED JAN 05 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Remer M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-5-88 (ENTER DATE) 3081-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

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

OFFICIAL RECEIPT

№ 35497

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

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

Date: 1-5, 1987

From: M.B. Paladeris Address: 4410 Narragansett St.

Thirty-five Dollars ($ 35.00)

In Payment of Recording Fee for William Kent

Lot 3085 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7123

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 11 1988

ISSUED BY Cindy 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	35 00
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	35 00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-4-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth Doris Ramsey

in a Bell liner (Vault/Liner) Funeral, date, time Thurs 1/7 10am

Church, Chapel, Graveside ——— ; Todd Mortuary.

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

570 N Day Ave
Pamona
Delivery Only

Lot 1490 Grave ——— Row ——— Section ——— Division/Block 10

Premed
P-669

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 35523	35.00
Balance due	-0-

(714) 622-1217

I hereby certify I am the ——— of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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
JAN 07 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E7124

PY-893 (REV. 8-85)

Date 1-5-88

Interment Authorization

MT. HOPE CEMETERY, SAN DIEGO

Number E7124

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

Name RUTH DORIS RAMSEY

Grave or Crypt: Lot 1489-1490 Blk. DIVISION 10 $

Type of Vault: $

Funeral Services to be Delivery only $

Total $

Funeral Director Todd Memorial Chapel Relative or Lot Owner William J. Ramsey-Son

Address 570 N. Garey Ave. Pomona, Calif. Address 4004 Vista Court, La Cresenta

I hereby certify that I am 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 hereby certify and represent that I have the right to make this authorization, and I agree to hold the Pomona Cemetery Association harmless from any liability on account of said authorization and interment. I hereby agree to pay this interment expense of $ Pre-paid as follows:

Recording Fee $35.00 Check attached

Invoice No. -$

Receipt No. -$

Signed: ✓ William J Ramsey

Address 4004 Vista Court, La Cresenta

2M 9-65 R

E7124

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

NO. 18532

DATE 8 - 4 - 1971

FROM William B. Ramsey ADDRESS 5169 Banton Pl., S.D. Cal

Six hundred ninety Seven & 00/100 DOLLARS ($ 697.00)

IN full PAYMENT OF Pre-need cemetery lots, two opening/closings and two cement liners.

LOT 1489-1490 GRAVE — ROW — SECTION — DIVISION 10

INVOICE NO. CASH

W.O. D-669

UNPAID BALANCE AFTER THIS PAYMENT -0-

FORM AC-212

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" ON THIS PAD.

PAID
AUG 4 1971
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY D.O. Shelly

CREDIT SALES CARE	306 951	165 00
HALF SALES OF LOTS	100 7784	165 00
OPENINGS	100 7781	220 00
BOXES	100 7782	147 00
REMOVALS FOUNDATIONS	100 7783	—
TOTAL PAID $		697 00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7124

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RUTH DORIS RAMSEY	Female	Dec. 25, 1907	Jan. 4. 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Pomona	Los Angeles	William Ramsey-son 4004 Vista Court La Crescenta, CA

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

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3850 Imperial, 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: $4.00 DATE PERMIT ISSUED: JAN 06 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Robert Hall
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-7-88 (ENTER DATE) 1490/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Leoyen Todd 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 Vital Records Room LI 313 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

OFFICIAL RECEIPT

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

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

No 35523

Date: 1-7-88, 19

From: Todd Memorial Chapel Address: 570 N. Garey Ave Pomona, Ca 91767

Dollars ($ 35.00)

In full Payment of Interment recording fees for Ruth Doris Ramsey Dec

Lot 1490 Grave ~ Row ~ Section ~ Division Block 10

Invoice No. ~

Acct. No. ~

W.O. E-7124

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 18854

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

CITY AUDITOR

JAN 13 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	~
80% Sales 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	80101 78380	~
TOTAL PAID	$	35 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 5, 1988

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri - 1:30 1/8

Church, Chapel, Graveside Chapel - G.S. ; Pagadale Mortuary.

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

Lot 103 Grave 8 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	395.00
Additional spaces and care fund Res - Sp 7 - 60 days.	
Opening/Closing & Setup	320.00
Burial Container Topseal Vault	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1105.50
Paid receipt number	
Balance due	

Insurance 30 day ass

Pd 2/3/88

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

Signature

Address 998 Winton Dr.

State S.D. Zip Code

Telephone 262-8586

Invoice # [redacted]

Acct # [redacted]

Work Order # E 7125

PY-693 (REV. 8-85)

W.O. NO. E 7125

NOTE—STRAIGHT

$ 1105.50 San Diego, California, Jan 5, 1988 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 Eleven Hundred five 50/100 DOLLARS

with interest from Feb 6, 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

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #

E7125

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Travis Thomas	Male	March 3, 1946	Jan. 5, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Peggy Dean Thomas - Wife 998 Winston Drive San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, 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: 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 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: $4.00 DATE PERMIT ISSUED: JAN 6 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature] M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-8-88 (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.

E7125

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/10/88

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
064897	01/12/88	024663	PEGGY DEAN THOMAS					02/03/88	CK	2230	1,105.50	1,105.50	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				316.00		
			100	072		77185	000072				170.00		
			60101			78390					10.50		
			67007			77184					79.00		

E-7125

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,105.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Credit Sale

Date Jan 5, 1988

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 103 Grave 7 Row ~ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	395.00
Additional spaces and care fund	not arrange at this Time -
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number _____	395.00
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

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 7126

Acct. # _____

PY-593 (REV. 6-85)

E-7126

E7126

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 5 day of January, 1988, between Peggy Thomas, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 103, Grave 7, Row _____, Section 1, ~~Block~~/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $ 385.00, payable as follows: $ 0 cash herewith, the receipt of which is hereby acknowledged; $ 17.00 on the 10 day of Feb, 1988; and the balance in installments of $ 17.00 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-7126

E7126

WITNESS our hands this day and year above written.

Deed to be issued to:

Peggy Thomas
Name

998 Winton Dr.
Address

S.D.

262-8586

#17.00 mo
under following
23 pay of #17.00
1 pay of 21.00

PURCHASER

X P. T

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: George Stelter

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

NAME Thomas, Peggy ACCT. NO. E-7126

ADDRESS 998 Winston Drive, San Diego, Ca 92114 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Jan 5 88	Lot 103, Grave 7, Section 1, Division 12	395 00			
2-[illegible] 88	Coupon 182, Receipt # 35753			36 00	359 00
3-2 88	Receipt # 35787			17 00	342 00
5-3 88	Coupon 4, Receipt 36089			12 00	325 00
7-5 88	Coupon 596 Receipt 36363			35 00	290 00
8-[illegible] 88	Coupon 7 Receipt 36473			17 -	273 -
9-2 88	Coupon 8, Receipt 36619			17 00	256 00
11-1 88	Coupon #910, Receipt 36888			35 00	221 00
12-5 88	Coupon 11, Receipt 37022			17 00	204 00
1-4 89	Coupon #12, Receipt 37162			17 00	187 00
2-8 89	Coupon 1, Receipt 37338			17 00	170 00
4-3 89	Coupon 14 & 15 Receipt 37887			34 00	136 00
6-2 89	Coupon 16, Receipt 38095			18 00	118 00
8-2-89	Coupon 19, Receipt 38351			17 00	101 00
9-[illegible] 89	Coupon [illegible] Receipt 38567			17 00	84 00
10-[illegible] 89	Coupon 21, Receipt 38804			17 00	67 00
12-4 89	Coupon 22, Receipt 38926			17 00	50 00
4-4 88	Coupon 3, Receipt 35962			17 00	33 00
2-1-90	Coupon 24, Receipt 39122			22 00	11 00

AIGNER FORM NO. 25-204 Thomas, Peggy 103 - 7 - 1 - 12 PRINTED IN USA

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
3-27-90	receipt #39042			11 00	11 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

No 35753

Date: 2-22, 1988

From: Peggy Thomas Address: 998 Weston Drive D

Bobby-sis 20/100 Dollars ($ 36.00)

In Payment of Coupon 1&2 Medel Lot

Lot 103 Grave 7 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-7126

BALANCE DUE 359.00

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

AC-212 (Rev. 10-87) 2326

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	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	$	36	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7126 Credit Lot

Peggy Thomas
998 Winton Drive
San Diego, Ca

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. $ 17.00

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

$ 18.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7126 Credit Lot

Peggy Thomas
998 Winton Drive
San Diego, Ca

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. $ 17.00

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

$ 18.00

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

№ 35797

Date: 3-2 , 1988

From: Teresa Thomas Address: 978 Winter Dr, SD

Seventeen dollars Dollars ($ 17.00)

In Payment of Cedar Lot

Lot 103 Grave 7 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-7126

BALANCE DUE 362.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2396

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAR 08 1988

ISSUED BY Lynda Reed

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	17	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	17	00

OFFICIAL RECEIPT

№ 35962

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

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

Date: 4-4 1988

From: Peggy Thomas Address: 998 Winton Drive, SD

Seventeen no/100 Dollars ($ 17.00)

In _____ Payment of Oregon 3 Credit Lot

Lot 103 Grave 7 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7126

BALANCE DUE 342.00

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

2369

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

CITY AUDITOR
APR 8 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	17	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	17	00

AC-213 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7126 Credit Lot

Peggy Thomas
998 Winton Drive
San Diego, Ca

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. $ 17.00

Amount due if paid more than____days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 36089

Date: 5-3, 1988

From: Peggy Thomas Address: 998 Denton Drive, SD

Seventeen 20/100 Dollars ($ 17.00)

In Payment of Coupon 4 Credit Lot

Lot 103 Grave 7 Row Section 1 Division/Block 12

Invoice No.

Acct. No.

W.O. E-7126

BALANCE DUE 325.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2405

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAY 06 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	17	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	17	00

coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7126 Credit Lot

Peggy Thomas
998 Wintón Drive
San Diego, Ca

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. $ 17.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 36363

Date: 7-5, 1988

From: Jerry Thomas Address: 998 Winston Dr, SD

Thirty-five no/100 Dollars ($ 35.00)

In _____ Payment of Coupon 5 & 6 Credit Lot

Lot 103 Grave 7 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7126

BALANCE DUE 290.00

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

2456

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	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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7126 Credit Lot

Peggy Thomas
998 Winton Drive
San Diego, Ca

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 ▶ $ 17.00

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

$ 18.00

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-7126 Credit Lot

Peggy Thomas
998 Winton Drive
San Diego, Ca

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 ▶ $ 17.00

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

№ 36473

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

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

Date: 8-2, 1988

From: Peggy D. Thomas Address: 998 Winston Dr.

Seventeen dollars Dollars ($ 17 —)

In payment Payment of Credit lot sales

Lot 1 3 Grave 2 Row Section Division Block 2

Invoice No.

Acct. No.

W.O. E-7126

BALANCE DUE

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

AC-212 (Rev. 10-87) 2454

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

CITY AUDITOR

AUG 09 1988

ISSUED BY

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	17	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	17	—

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7126 Credit Lot

Peggy Thomas
998 Winton Drive
San Diego, Ca

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 $ _____

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

№ 36619

Date: 4-2, 1988

From: Peggy Thomas Address: 998 Winston Dr, SD

Seventeen no/100 Dollars ($ 17.00)

In _____ Payment of Coupon & Credit Lot

Lot 103 Grave 7 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7126

BALANCE DUE 256.00

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

AC-212 (Rev. 10-87) 2518

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	17.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	17.00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7126 Credit Lot

Peggy Thomas
998 Winton Drive
San Diego, Ca

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. $ 17.00

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

№ 36888

Date: 11-1 19 88

From: Percy Thomas Address: 998 Winton Drive SD 92114

thirty-five no/100 Dollars ($ 35.00)

In _____ Payment of Coupons 9 & 10 Credit Lot

Lot 103 Grave 7 Row _____ Section 1 Division/Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7126

BALANCE DUE 221.00

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

2581

AC-212 (Rev. 10-87)

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

CITY AUDITOR
NOV 8 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	35	00
Opening/Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300		
TOTAL PAID	$	35	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7126 Credit Lot

Peggy Thomas
998 Winton Drive
San Diego, Ca

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 $ 17.00

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

$ _____

Amount Received $ 18.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7126 Credit Lot

Peggy Thomas
998 Winton Drive
San Diego, Ca

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. $ 17.00

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

№ 37042

Date: 12-5, 1988

From: Peggy Thomas Address: 998 Winton Dr, SD

Seventeen no/100 Dollars ($ 17.00)

In Payment of Coupon 11 Credit Lot

Lot 103 Grave 7 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-7126

BALANCE DUE 204.00

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

2610

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		
25% Sales Care	77184		
50% Sales of Lots	100 77184	17	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	17	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7126 **Credit Lot**

Peggy Thomas
998 Winton Drive
San Diego, Ca

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 ▶ $ 17.00

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

№ 37167

Date: 1-4, 1989

From: Peggy Thomas Address: 998 Newton Dr, SD

Seventeen no/100 Dollars ($ 17.00)

In _____ Payment of Coupon 12 Credit Lot

Lot 103 Grave 7 Row _____ Section 1 Division/Block 12

Invoice No. _____

Acct. No. _____

W.O. 8-7126

BALANCE DUE 167.00

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

2634

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	17	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	17	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7126 Credit Lot

Peggy Thomas
998 Hinton Drive
San Diego, Ca

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 ▶ $ 17.00

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

$ _____

Amount Received $ 17.00

NAME Peggy Thomas

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

№ 37338

Date: 2-8, 1989

From: Penny Thomas Address: 998 Winton Dr, SD 92114

Winton no/ice Dollars ($ 17.00)

In _____ Payment of Credit Lot

Lot 103 Grave 7 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7126

BALANCE DUE 170.00

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

2663

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	17	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	17	00

CITY AUDITOR
FEB 16 1989

OFFICIAL RECEIPT

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

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

№ 37587

Date: 4-3, 1989

From: Peggy D. Thomas Address: 998 Winston Dr. San Diego

Thirty-four no/100 Dollars ($ 34.00)

In _____ Payment of coupon 14 & 15 Credit Lot

Lot 103 Grave 7 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. 8-7126

BALANCE DUE 136.00

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

2703

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	34.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	34.00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7126 Credit Lot

Peggy Thomas
998 Winton Drive
San Diego, Ca

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. ▶ $ 17.00

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

$ 18.00

$ 18.00

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-7126 Credit Lot

Peggy Thomas
998 Vinton Drive
San Diego, Ca

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. $ 17.00

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

$ _____

Amount Received $ 17.00

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

№ 37895

Date: 6-2, 1989

From: Peggy Thomas Address: 998 Winton Dr, SD
eighteen dollars no/100 Dollars ($ 18.00)

In _____ Payment of Coupon to Credit Lot

Lot 103 Grave 7 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7126

BALANCE DUE 116.00

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

AC-212 (Rev. 10-87) 2751

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

CITY AUDITOR
JUN 09 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	16	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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7126 - Credit Lot

Peggy Thomas
998 Winton Drive
San Diego, Ca

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. ▶ $ 17.00

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

№ 38351

Date: Aug. 2, 1989

From: Peggy Thomas Address: 998 Winston Dr.
Seventeen 50/24 Dollars ($ 17.50)

In part Payment of Credit Lot Coupon 19

Lot 130 Grave 7 Row — Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. 7126

BALANCE DUE $100.00

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

AC-212 (Rev. 10-87) 2804

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	17.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	17.00

CITY AUDITOR
AUG 07 1989

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7126 Credit Lot

Peggy Thomas
998 Winton Drive
San Diego, Ca

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 ▶ $ 17.00

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

$ 17.00

Amount Received $ 17.80

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

№ 38467

Date: 9-1, 1989

From: Jerry Thomas Address: 998 Winton Dr, San Diego

Seventeen no/100 Dollars ($ 17.00)

In _____ Payment of Credit Lot

Lot 103 Grave 7 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. C-7126

BALANCE DUE 84.00

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

AC-212 (Rev. 10-87) 2823

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	17	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	17	00

CITY AUDITOR
SEP 11 1989

OFFICIAL RECEIPT

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

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

№ 38004

Date: 10-4, 1989

From: Percy Thomas Address: 998 Vinton Dr. SD 92114

Seventeen 20/100 Dollars ($ 17.00)

In _____ Payment of Vacuum 21 Crystal Lot

Lot 103 Grave 7 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. 8-7126

BALANCE DUE 67.00

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

2842

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	17 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	$	17 00

CITY AUDITOR
OCT 10 1989

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7126 Credit Lot

Peggy Thomas
998 Vinton Drive
San Diego, Ca

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. $ 17.00

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

$ _____

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

№ 38626

Date: 12-4, 1989

From: Jeanne Thomas Address: 998 Weston Dr. SD 92114

Seventeen Dollars no/100 Dollars ($ 17.00)

In _____ Payment of Coupon 22 Credit Lot

Lot 103 Grave 7 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. 8-7126

BALANCE DUE 50.00

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

AC-212 (Rev. 10-87) 2876

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

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	17 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	$	17 00

CITY AUDITOR
DEC 11 1989

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7126 Credit Lot

Peggy Thomas
998 Vinton Drive
San Diego, Ca

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. $ 17.00

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 38822

Date: 2-1-, 1990

From: Peggy Thomas Address: 997 Winston Dr, SD 92114

Twenty-two Dollars 7/100 Dollars ($ 22.00)

In _____ Payment of Credit Lot

Lot 103 Grave 7 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7126

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	22.00
60% 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	$	22.00

CITY AUDITOR
FEB 12 1990
008221

AC-212 (Rev. 10-87) 2917

Send or bring one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7126 Credit Lot

Peggy Thomas
998 Linton Drive
San Diego, Ca

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 ▶ $ 21.00

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

$ 22.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

CITY AUDITOR
APR 2 1990

№ 39042

Date: 3-27, 1990

From: Peggy Thomas Address: 998 Winston Dr, N 92114

Eleven Dollars 77/100 Dollars ($ 11.00)

In _____ Payment of Credit Lot

Lot 103 Grave 7 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7126

BALANCE DUE —

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

AC-212 (Rev. 10-87) 2940

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

ISSUED BY Glenn Waits

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-6-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sue M. Wright (D)

in a ash Vault Funeral, date, time Tues 1-12 AYD

Vault/Liner

Church, Chapel, Graveside _____ Neptune Soc Mortuary.

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

Lot 345 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund ..... Prepaid C 2128 0

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 35498 242.40

Balance due 0

PAID JAN 06 1988 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

See Attached

Signature _____

Address _____

State _____ Zip Code

Telephone _____

Work Order # E 7127

Invoice # _____

Acct. # _____

PY-693 (REV. 8-85)

To whom it may concern:

Enclosed is my check for my Grandmother, Sue M. Wright. She owns lot 344, section 3 division 8, purchase order number C-2050.

The Neptune Society will deliver her ashes To you. Please bury her next to my Grandfather.

Thank you,

Linda S. Day

741-5588

E7127

E7127

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Sue M Wright	Female	Feb 6, 1898	Jan 2, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Escondido	San Diego	Linda S Day-Granddaughter 705 Redwood Pl Escondido, Ca 92025

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
NEPTUNE SOCIETY 14065 Hwy 8 Bus. El Cajon,Ca	F-1352

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt Hope Cemetery 3751 Market St San Diego, Ca		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Inc 14065 Hwy 8 Bus. El Cajon,Ca	DATE CREMATED 1/7/88	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 Fiberglass liner in County Vault		
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 4.00	DATE PERMIT ISSUED JAN 05 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Remus, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-12-88 (ENTER DATE) 348-3-8	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Loyle Stott	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 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

№ 35498

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

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

Date: 1-6, 1988

From: Linda S. Day Address: 705 Redwood Pl, Escondido 92025

two hundred forty-two 40/100 Dollars ($ 242.40)

In _____ Payment of Sue M. Wright Bureal Serv.

Lot 345 Grave _____ Row _____ Section 3 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-7127

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 4380

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		
50% 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 Jan 5, 1988

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

in a Bell Liner (Vault/Liner) Funeral, date, time Mon - 1-11- 2P.M.

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

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

Lot 108 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund none	
Opening/Closing & Setup	320.00
Burial Container Conute 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	1101.00
Paid receipt number 35556	1101.00
Balance due	0

PAID
JAN 11 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Ck from Rapsdale

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

Lillian G Anderson

Lillie G Anderson
Signature

1565-50th St
Address

San Diego, Ca 92102
State Zip Code

262-7282
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7128

PY-893 (REV. 8-85)

E7128

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Eddie Lee Gale	Male	Feb. 22, 1910	Jan. 4, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Lillian G. Anderson - Sister 1565 50th Street San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 5050 Federal Blvd. San Diego, CA 92102	1329

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a Steel - Ball Lever not Lot has only		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED JAN 11 1988
			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 1-11-88 (ENTER DATE) 108-10-2-11	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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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
284-3151

No 35556

Date: Jan 11, 19 88

From: Anderson-Pagedale Address: 5050 Federal Blvd S.D. 92102

Eleven hundred One and no/100 Dollars ($ 1101 00)

In full Payment of Interment Eddie Lee Gale-

Lot 108 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7128

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 8963

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

TY AUDITOR

006917 JAN 22 1988

ISSUED BY Eleanor Stotts

CREDIT 20% Sales Cars	87007 77184	99	00
60% 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	25	00
Pre-Need Trust	83033 9022	—	—
Sales Tax	80101 78390	6	00
TOTAL PAID	$	1101	00

MT. HOPE CEMETERY

INTERMENT ORDER

Transfer Family Deed

City of San Diego

Date Jan 5, 88

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

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 663+ 664 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee ... Transfer from Mother to Son 35.00

Sales taxes .....

PAID
JAN 08 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 35.00

Paid receipt number 35542 35.00

Balance due -0-

I hereby certify I am the Via Phone & Message note of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7129

PY-593 (REV. 8-86)

E7129

I ISABELLE A. OHM, RELEASE & TRANSFER MY TWO CEMETERY LOTS TO FLOYD A. OHM.

LOTS 663 & 664 SECTION 3 DIVISION 8, LOCATED AT MT. HOPE CEMETERY.

SIGNED X

ISABELLE A. OHM

WITESS R Russell LVN 1-4-88 @ 1 pm

S. Moore LVN 1-4-88 @ 1pm

OK 1-8-88
George Stella
Cem-mgr.

RECEIVED
JAN 8 - 1988
MT. HOPE CEMETERY

E7129

OFFICIAL RECEIPT

№ 35542

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

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

Date: 1-8-88 19

From: Floyd A. Ohm Address: 1120 Bostonia, El Cajon Ca 92021

Thirty five and 00/100 Dollars ($ 35.00)

In full Payment of Issue new deed to Cemetery Lot
On same family -

Lot 663+664 Grave — Row — Section 3 Division Block 8

Invoice No. —

Acct. No. —

W.O. E 7129

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 0568

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

CITY AUDITOR

JAN 13 1988

ISSUED BY Georgene Stelter

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 76390	
TOTAL PAID	$	35 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-6-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marie R Olson

in a Bell liner (Vault/Liner) Funeral, date, time Fri 1-8 11am

Church, Chapel, Graveside Graveside Featherington Mortuary.

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

Lot 2665 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	15.90
Balance due	621.90

Mortuary will bring [illegible]

w/o Flower Vase - gal.
Issued O.K. Wally

35532 621.90

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7130

PY-593 (REV. 8-85)

E7130

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARIE ROSAMOND OLSON	female	July 14, 1905	Jan. 6, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Sna Diego	San Diego	Douglas R. Olson, son 6218 Hill Ave. Whittier, Ca. 90601

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., S.D., 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 Cloth Wood 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 $8.00	DATE PERMIT ISSUED JAN 8 1988
			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 1-8-88 (ENTER DATE) 2665-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W Stettler	LICENSE 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

№ 35532

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

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

Date: 1-8 19 88

From: Katherine Ill Address: 6322 El Cajon, SD 92115

Six Hundred Twenty One 90 Dollars ($ 621.90)

In Payment of Marie L Olson Lewis

Lot 2665 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7130

BALANCE DUE 0

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

6858

AC-212 (Rev. 10-87)

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

CITY AUBITOR

JAN 13 1988

ISSUED BY Andrea Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	105	00
	100	155	60
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	30
TOTAL PAID	$	621	90

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-7-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emely Rose Saunders

in a Concrete Vault (Vault/Liner) Funeral, date, time Fri 1-8 10am

Church, Chapel, Graveside Vogel & Grove ; 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 117 Grave 10 Row — Section 2 Division/Block 11

Grave space & Care Fund	300.00
Additional spaces and care fund Possible Reopen on 11 for 60 days	
Opening/Closing & Setup	340.00
Burial Container Single Concrete Vault	175.00
Handling Fees Labor	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes 30 day rate	10.50
Total Due	1010.50
Paid receipt number	
Balance due	

Paid 5/12/88

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

C E Saunders
Signature

6108 Thorn
Address

San Diego CA 92115
State Zip Code

582-9666
Telephone

(7110)

Work Order # E 7131

Invoice # 06[illegible]96

Acct. # 02466[illegible]

PY-593 (REV. 8-85)

W.O. NO. E-7131

NOTE—STRAIGHT

$ 1010.00 San Diego, California, Jan 7, 1988 19

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

Mt. Hope Cemetery or San Diego City Treasurer

, or order

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

the sum of One Thousand ten and 00/100 DOLLARS,

with interest from Feb 10, 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 Lola Saunders

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #

E7131

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EMILY ROSE SAUNDERS	Female	Feb. 10, 1913	Jan. 6, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Cyril E. Saunders-Husband 6108 Thorn Street San Diego, CA 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary 7367 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 CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Hardwood 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	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 7 1988	Donald L. Ramos, M.D. mm

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-8-88 (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 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 1-7-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marcery Smith Hanis

in a Bill Liner (Vault/Liner) Funeral, date, time Mon 1-81 1:00

Church, Chapel, Graveside Chapel & Grove 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 3967 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 35684	35.00
Balance due	0

Prepaid D-8105

Bill

35.00

I hereby certify that the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7132

PY-593 (REV. 8-85)

E 7132

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Margery Smith Hanig	Female	July 11, 1902	Jan. 7, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Jolla	San Diego	Self, By Pre-Arrangement

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON TO BE ASSIGNED)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers 3953 Imperial Ave. San Diego, CA.	

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. 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: $4.00	DATE PERMIT ISSUED: JAN 08 1988 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-11-88 (ENTER DATE) 3967-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen 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		

Cloth Covered Portland Board Lenox Doeskin

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

№ 35684

Date: 2-8 1988

From: El Camino Address: 5600 Carroll Cayon Rd SD

Cherty five ns/100 Dollars ($ 35.00)

In _____ Payment of Margery Hanig's Recording Fee

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7132

BALANCE DUE 0

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

082004

AC-212 (Rev. 10-87)

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

CITY AUDITOR
FEB 10 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
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

(X)

Date 1-7-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (Infant) Van Nordheim (X)

in a Cast Vault Vault/Liner Funeral, date, time Mon 1-11 10am

Church, Chapel, Graveside Graveside Cypress View Mortuary.

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

✓

Lot 303 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording & Filing Fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number 35543	242.40
Balance due	0

PAID
JAN 11 1988
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

Wilhelm M. Van Nordheim
Signature

Address

State Zip Code

Telephone#

Invoice # _____

Work Order # E 7133

Acct. # _____

PY-593 (REV. 8-85)

E 7133

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#56303
Cypress View/BB

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Baby Boy Van Nordheim	Male	Jan. 6, 1988	Jan. 6, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Mike Van Nordheim - Father 14528 Scarbord Street Poway, CA. 92064

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON [illegible])	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers 3953 Imperial Ave. San Diego, CA.	670

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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A 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: Cypress View Crematory 3953 Imperial San Diego, CA.	DATE CREMATED: 1/9/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶ [signature]
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		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		

Urn Vault Cemetery Head

ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00	DATE PERMIT ISSUED: JAN 0 8 1988 — 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 1-11-88 (ENTER DATE) 303/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: 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

№ 35543

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

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

Date: Jan 11, 1988

From: Colleen M. Van Dorpheim Address: Poway Ca.

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

In full Payment of Amendment of 4 for Infant

Lot 303 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. 7133

BALANCE DUE Ø

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

AC-212 (Rev. 10-87) 2014

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

CITY AUDITOR

JAN 13 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	—	
Opening/ Closing	100 77181	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

Received

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-7-88

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

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 39 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 35524	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

Carmen L. Bennett
Signature
353A. Broadway
Address
Chula Vista Ca. 92010
State Zip Code
422-4595
Telephone

Invoice # _____

Work Order # E 7134

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 35524

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

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

Date: 1-7 , 1988

From: Carrie L. Bennett Address:

two hundred forty-two 40/100 Dollars ($ 242.40

In Payment of Preneed Trust for Fritz Knapp

Lot 39 Grave Row Section 10 Division Block 7

Invoice No.

Acct. No.

W.O. E-7134

BALANCE DUE 0

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JAN 13 1988

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	242	40
Sales Tax	60101 78360		
TOTAL PAID	$	242	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-7-88

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

in a Asb Vault (Vault/Liner) Funeral, date, time Tues 1-12 11Am

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 Yes - Korea

Lot 70 Grave 10 Row _____ Section 1 Division/~~Block~~ 11

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 V.A. Glory	135.00
Recording and filing fee	35.00
Sales Taxes	2.40
Total Due	377.40
Paid receipt number 35529	377.40
Balance due	-0-

PAID
JAN 07 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the ~~Executor~~ 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

Neil Tucker
Signature
4921 Elm St.
Address
Calif 92102
State Zip Code
~~262-0109~~
Telephone 697-2756

Work Order # E 7135

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E7135

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CALVIN GRAMMER BROWN	Male	Apr.30,1930	Dec. 31, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Neil Tucker, Executor 4921 Elm St. San Diego, Ca. 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY	1083

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St., S.D. 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda, Inc. 14065 Olde Highway 80 El Cajon, Ca.	DATE CREMATED 1/9/88	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 $4.00	DATE PERMIT ISSUED JAN 7 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-12-88 (ENTER DATE) 20/0/1/11	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		

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

№ 35529

Date: Jan 7, 19 88

From: Neil E. Tucker (Ex) Address: 4921 Elm S.D. 92102

Three Hundred Seventy Seven and 40/100 Dollars ($ 377 40/xx

In full Payment of Inurnment of and for Calvin C Brown - deceased Inc. Setting GI Bronze men

Lot 70 Grave 10 Row 2 Section 1 Division Block 11

Invoice No. —

Acct. No. —

W.O. E-7135

BALANCE DUE —0—

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

AC-212 (Rev. 10-87) 5036

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

CITY AUDITOR

JAN 13 1988

ISSUED BY [signature]

CREDIT 20% Sales Care	87007 77184	—	—
80% Sales of Lots	100 77184	—	—
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees GI	100 77183	170	00
Pre-Need Trust	83033 9022	—	—
Sales Tax	80101 78390	2	40
TOTAL PAID	$	377	40

E 7135

RESPONSE TO REQUEST FOR SEPARATION DOCUMENTS / INFORMATION

DATE OF INQUIRY	RECEIVED ON	IN BEHALF OF
		Brown, Calvin Grammer

REFERRED TO NPRC BY

9904897

MILITARY SERVICE DOCUMENTS ARE EXTREMELY IMPORTANT. GUARD THEM CAREFULLY AGAINST LOSS OR DAMAGE. TO AVOID DELAYS IN OBTAINING THESE DOCUMENTS IN THE FUTURE, WE SUGGEST THAT YOU MAKE COPIES OF THE ENCLOSED DOCUMENTS.

- [x] The attached document(s) is (are) furnished in response to the request.
- [ ] In response to your request, both deleted/undeleted copies of your separation document(s) are attached.
- [ ] The attached separation document may include the following information: Authority for separation, reason for separation, reenlistment eligibility code, and Separation (SPN/SPD) Code. If you require a copy of the separation document that does not contain the above information, you may request a deleted copy from this Center.
- [ ] DD Form 214, Report of Separation from Active Duty, is not issued when a service member dies while on active duty. We are furnishing the notification of death that was issued to the next of kin in lieu of the requested document.
- [ ] Service members who are dropped from the rolls of the military service are not issued a Report of Separation or a Discharge Certificate. Enclosed is a copy of the order effecting discharge.
- [ ] Because of an error on the separation document we have instead furnished NA Form 13038, Certification of Military Service. This will verify military service and may be used for any official purpose. The veteran may request that the separation document be corrected.
- [ ] A seal has been affixed to the enclosed document(s) to attest to its/their authenticity.
- [ ] Discharge certificates are prepared in the original only; therefore, copies cannot be furnished.
- [ ]

Neil E Tucker
4921 Elm Str
San Diego Ca. 92102

NCPM NC D. Porter
RICHARD M. SCHRADER
Chief, Navy Reference Branch
NATIONAL PERSONNEL RECORDS CENTER
(Military Personnel Records)
9700 Page Boulevard
St. Louis, Missouri 63132

DATE: 2-9-88

E 7135

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPT: U. S. NAVY

SEPARATION DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: BROWN, Calvin Grammer
2. SERVICE NUMBER: 990 88 97
3. GRADE, RATE OR RANK AND DATE OF APPOINTMENT: SA 8-16-48
4. COMPONENT AND BRANCH OF SERVICE: USN
5. QUALIFICATIONS — SPECIALTY NUMBER AND SYMBOL: 00160-86; RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER:
6. EFFECTIVE DATE OF SEPARATION: 21 February 50
7. TYPE OF SEPARATION: DISCHARGED
8. REASON AND AUTHORITY FOR SEPARATION: Article C-10308 (1), BuPers Manual
9. PLACE OF SEPARATION: N.A.S., Memphis, Tennessee
10. DATE OF BIRTH: 9 April 30
11. PLACE OF BIRTH (City and State): Augusta, Georgia
12. DESCRIPTION: SEX: Male; RACE: White; COLOR HAIR: Brown; COLOR EYES: Blue; HEIGHT: 5'1"; WEIGHT: 163

SELECTIVE SERVICE DATA

13. REGISTERED: YES X; NO
SELECTIVE SERVICE NUMBER:
14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State):
15. INDUCTED: DAY, MONTH, YEAR:
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES; NO X
COMPONENT AND BRANCH OR CLASS:
COGNIZANT DISTRICT OR AREA COMMAND:

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: [X] ENLISTED [ ] REENLISTED [ ] COMMISSIONED [ ] CALLED FROM INACTIVE DUTY
18. GRADE, RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: AR
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: 5 June 48, Columbia, S. C.
20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State): 831 Crawford Ave., Augusta, Georgia

SERVICE DATA

STATEMENT OF SERVICE FOR PAY PURPOSES

	A. YEARS	B. MONTHS	C. DAYS
21. NET (Naval) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	00	00	00
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	01	08	17
23. OTHER SERVICE (Act of 16 June 1948 as amended) COMPLETED FOR PAY PURPOSES	00	00	00
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	01	08	17

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: PAY; MONTH; YEAR; AMOUNT
26. FOREIGN AND/OR SEA SERVICE: YEARS None; MONTHS None; DAYS None
27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: None
28. MOST SIGNIFICANT DUTY ASSIGNMENT: NATTC, Memphis, Tennessee
29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): None
30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED: None
DATES (From—To):
MAJOR COURSE:
31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED:

INSURANCE AND PAY DATA

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

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

32. KIND OF INSURANCE (amount and premium due each month)
N. S. L. I.: 19.10
U. S. G. L. I.: None
33. MONTH ALLOTMENT DISCONTINUED: 2/50
34. MONTH NEXT PREMIUM DUE: 3/50
35. TOTAL PAYMENT UPON SEPARATION: 232.45
36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT: 29.60
37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER: R. M. DAVIS, 573157

AUTHENTICATION

38. REMARKS (Continue on reverse): None
39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: H. C. Lee
NAME, GRADE AND TITLE (Typed): H. C. LEE, LT., USN., BY DIRECTION OF THE C.O.

PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE, BENEFITS, ETC.: S & — CLAIM NUMBER:
41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM — TO —
42. MAIN CIVILIAN OCCUPATION:
43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER:
44. UNITED STATES CITIZEN: [X] YES [ ] NO
45. MARITAL STATUS: Married
46. NON-SERVICE EDUCATION (Years successfully completed): GRAM. SCHOOL: 8; HIGH SCHOOL: 4; COLLEGE: 0; DEGREE(S):; MAJOR COURSE OR FIELD:
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City, and State): 1736 Bancroft St., San Diego, California
48. SIGNATURE OF PERSON BEING SEPARATED: Calvin Grammer Brown

DD FORM-214

HEADQUARTERS COPY

Army and Air Force: Attach To Service Record
Navy: To Bureau of Naval Personnel, Washington, D.C.
Marine Corps: Affixed to Service Record Book
Coast Guard: To HQ, Coast Guard, Washington, D.C.

© UARCO BUSINESS FORMS - CHICAGO

E 7135

COUNTY OF SAN DIEGO-DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY.
THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE
SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE
ORIGINAL DOCUMENT FILED.
REQUIRED FEE PAID.
DATE ISSUED: JAN 7 1988
Ronald L. Powers, M.D., MPH
REGISTRAR OF VITAL STATISTICS

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
CALVIN	GRAMMER	BROWN	DECEMBER 31, 1987	0130

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Male	Cauc./American	NO ☒	Apr. 30, 1930	57 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Georgia	Andrew T. Brown, Unk.	Beatrice Unk. Unk.

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 --	546-34-5061	divorced	-

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Utility Worker	17	City of San Diego	Civil Service

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
8935 Spring Place		Spring Valley

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Diego	California	Neil Tucker, Executor 4921 Elm St. San Diego, Ca. 92102

21A. PLACE OF DEATH	21B. COUNTY
KAISER FOUNDATION HOSPITAL	SAN DIEGO

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
4647 ZION AVE,	SAN DIEGO

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

IMMEDIATE CAUSE
(A) VENTRICULAR STANDSTILL — MINUTES
DUE TO, OR AS A CONSEQUENCE OF
(B) ARTERIOSCLEROTIC HEART DISEASE — YEARS
DUE TO, OR AS A CONSEQUENCE OF
(C) SEVERE CHRONIC OBSTRUCTIVE PULMONARY DISEASE — YEARS

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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: SEVERE ALCOHOL INTAKE, CHRONIC (years)

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? NO
27A. TYPE OF OPERATION
27B. DATE NO

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 12-03-84 I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 12-31-87	R Wagner, M.D.	31 Dec 87	A 22130

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: RICHARD WAGNER,M.D. 4647 ZION AVE, SAN DIEGO,CA 92120

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	Jan. 7, 1988	Mt. Hope Cem., 3751 Market St., S.D., Ca.	6746 Lawrence R Krenke

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
FEATHERINGILL MORTUARY	1083	Ronald L. Powers, M.D., MPH	JAN 7 1988

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

VS-11 (1-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-7-88

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

in a I.S. Vault (Vault/Liner) Funeral, date, time Mon 1/11 11:30

Church, Chapel, Graveside Chapel of Love 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 13 Grave 5 Row —— Section IOOF Division/~~Block~~ 41

Grave space & Care Fund	Prepaid C-3423 —
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 35581	710.50
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

Signature: Alice M. Clark

Address: 8551 Prospect

State: Lakeside, Ca. Zip Code: 92071

Telephone: 448-5685

Work Order # E 7136

Invoice # ——

Acct. # ——

PY-693 (REV. 8-88)

E7136

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Florence Lillian Weber	Female	Feb. 20, 1903	Jan. 7, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Alice Clark-Daughter 8551 Prospect Avenue Santee, CA 92071

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Paris-Frederick Mortuary El Cajon, CA 92020	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 P.O. - 20 ga Belmont
BURIAL AT SEA OR DISPOSITION OTHER 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 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	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 11 1988	▶ Donald G. Ramras, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-11-88 (ENTER DATE) 13/3/100F/41	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyle Stett	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

OFFICIAL RECEIPT

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

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

No 35531

Date: 1-8, 19 88

From: Alice Clark Address: 8551 Prospect, Santee Ca

Seven hundred ten 50/100 Dollars ($ 710.50)

In Payment of Florence Nivens Burial Services

Lot 13 Grave 5 Row Section IOOF Division Block 41

Invoice No.

Acct. No.

W.O. E-7136

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 335

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JAN 13 1988

ISSUED BY Linda Ward

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 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

P.A

Date 1-7-88

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

in a none Vault/Liner Funeral, date, time Tues 1-12 9am

Church, Chapel, Graveside — ; Paris-Forest Mortuary.

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

Found Dead aug 27-87 Top DIP

Lot 135 Grave B Row ____ Section 2 Division/Block 11

Grave space & Care Fund ..... T.O.P.	55.00
Additional spaces and care fund ..... Cardboard	
Opening/Closing & Setup	90.00
Burial Container ..... Case	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number ____	
Balance due	

#104-3404

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 065220

Work Order # E 7137

Acct. # 000752

PY-593 (REV. 6-85)

E7137

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

CC 87-1762

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Antonio Villa CC87-1762	Male	Sep. 7, 1954	Found Aug. 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
Alpine	San Diego	Public Administrator of San Diego County 5201 A Ruffin Road San Diego, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Paris-Frederick Mortuary 374 N. Magnolia Ave. El Cajon, CA 92020	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 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 $4.00	DATE PERMIT ISSUED JAN 12 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-12-88 (ENTER DATE) 135/3/2/11-Top	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gregory Stiller	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

Cardboard Box "Bed Case" Not Embalmed Wooden Bottom in Box

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 1-8-88

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

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 30 Grave 8 & 9 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	1190.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	1190.00
Paid receipt number	
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

Ella Gust
Signature
3132 - 38th St.
Address
San Diego Ca 92105
State Zip Code
283-2538
Telephone

Invoice # _____

Work Order # E 7138

Acct. # _____

PY-593 (REV. 8-86)

COUPON #1

OFFICIAL RECEIPT

№ 35739

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

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

Date: 2-18- , 1988

From: ELLA GIST Address: 3132 38th St. S.D. CA 92105

ONE HUNDRED SEVENTY-FOUR DOLLARS AND xx/100 Dollars ($ 174.00)

In PART Payment of CREDIT LOT SALE #49.00 ; FULL PAYMENT FOR INSTALLATION OF MARKER ON WALTER G. GIST

Lot 30 Grave 849 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E 7138

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
FEB 23 1988

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	49	00
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	$	174	00

NOT-POSTED

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7138 Credit Lot

Ella Gist
3132 38th 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. $ 49.00

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

$ 50.00

Amount Received $ 49.00

NAME Ella Gist

ADDRESS 3132 - 38th St.

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

No 35919

Date: 3-28- 19 88

From: Ella Clark Gist Address: 3132 38th St. S.D. CA 92105

Ninety-eight dollars and xx/100 Dollars ($ 98.00)

In part Payment of credit for lot sales coupon #2 + #3 #35919

Lot 30 Grave 8 & 9 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E 7138

BALANCE DUE 1043.00

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

AC-212 (Rev. 10-87) 3467

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 Cars	77184	98	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	$	98	—

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7138 Credit Lot

Ella Gist
3132 38th 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 ▶ $ 49.00

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

$ 50.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7138 Credit Lot

Ella Gist
3132 38th 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. $ 49.00

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

№ 36080

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

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

Date: 5-3 1988

From: Ella Gist Address: 3132 38th St, SD 92105

forty-nine 00/100 Dollars ($ 49.00)

In Payment of Coupon 4 Credit lot

Lot 30 Grave 8 & 9 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-7138

BALANCE DUE 994.00

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

3514

AC-212 (Rev. 10-57)

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	49	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	$	49	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7138 Credit Lot

Ella Gist
3132 38th 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. $ 49.00

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

$ _____

Amount Received $ 49.00

NAME Ella Gist

ADDRESS 3132 38th St.

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

№ 36217

Date: 6-1, 1988

From: Ella Gist Address: 3132 38th Street SD

forty-nine no/100 Dollars ($ 49.00)

In Payment of Coupon 5 Credit Lot

Lot 30 Grave 8 & 9 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-7138

BALANCE DUE 945.00

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

AC-212 (Rev. 10-87) 3546

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

CITY AUDITOR

JUN 7 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	49.00
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	$	49.00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7138 Credit Lot

Ella Gist
3132 38th 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. ▶ $ 49.00

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

$ 49.00

NAME Ella Gist Amount Received $ _____

ADDRESS 3132-38th St.

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

№ 36476

Date: 8-2, 1985

From: [illegible] Address: 3132 38th Street

Ninety Eight Dollars — Dollars ($ 98.00 —)

In payment Payment of credit lot sales

Lot 30 Grave 8+9 Row Section Division Block 12

Invoice No.

Acct. No.

W.O. E-7138

BALANCE DUE 843—

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 [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	98	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	98	—

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

DO NOT [redacted]RE BOOK

ACCOUNT NO. E-7138 Credit Lot

Ella Gist
3132 38th 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 ▶ $ 49.00

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

$ N

Amount Received $ 49.00

NAME ELLA GIST

ADDRESS 3132-38th St.

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

Send or bring [redacted]on with each remittance **COUPON** **6**

DO N[redacted]ENTIRE BOOK

ACCOUNT No. E-7138 **Credit Lot**

Ella Gist
3132 38th 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 ▶ $ 49.00

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

$ _____

$ 49.00

Amount Received

NAME ELLA GIST

ADDRESS 3132 - 38TH St

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

№ 36601

Date: 8-31, 1988

From: Ella Gist Address: 3132 38th Street, SD 92105

forty-nine no/100 Dollars ($ 49.00)

In _____ Payment of Coupon 8, Credit Lot

Lot 30 Grave 8 & 9 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7136

BALANCE DUE 794.00

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

AC-212 (Rev. 10-87) 3630

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

CITY AUDITOR
SEP 6 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	49	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	$	49	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7138 Credit Lot

Ella Gist
3132 38th Street
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. $ 49.00

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

$ ____

Amount Received $ 49.00

NAME Ella Gist

ADDRESS 3132 - 38th St.

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

№ 36871

Date: 10-25, 1988

From: Ella Gist Address:

Ninety-eight no/100 Dollars ($)

In Payment of Coupon 9&10 Credit Lot

Lot 30 Grave 8&9 Row Section 1 Division ~~Block~~ 12

CITY AUDITOR
OCT 31 1988

Invoice No.

Acct. No.

W.O. E-7138

BALANCE DUE 696.00

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

3688

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

ISSUED BY Sandra Ward

CREDIT	67007	
[illegible] Sales Care	77184	
[illegible] of Lots	100 77184	98 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	$	98 00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7138 Credit Lot

Ella Gist
3132 38th Street
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. $ 49.00

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

$ ____

Amount Received $ 49.00

NAME Ella Gist

ADDRESS 3132 - 38th St.

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 4-7138 **Credit Lot**

Ella Gist
3132 38th Street
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. $ 49.00

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

$ _____

Amount Received $ 49.00

NAME Ella Gist

ADDRESS 3132 38th St.

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

№ 36972

Date: 11-15, 19 88

From: Ella Gist Address: 3132 38th Street, D

ninety-eight no/100 — Dollars ($ 98.00)

In _____ Payment of Coupon 11 & 12 Credit Lot

Lot 30 Grave 8 & 9 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7136

BALANCE DUE 598.00

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

3707

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

CITY AUDITOR
NOV 21 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	98	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	$	98	00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7138 Credit Lot

Ella Glet
3132 38th Street
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. $ 49.00

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

$ 49.00

Amount Received $ _____

NAME Ella Glet

ADDRESS 3132 - 38th St

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7138 **Credit Lot**

Ella Gist
3132 38th Street
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, $ 49.00

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

$ 49.00

Amount Received $ _____

NAME Ella Gist

ADDRESS 3132 - 38th St.

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

№ 37261

Date: 1-26, 1989

From: Ella Gist Address: 3122 38th Street, SD

ninety-eight no/no — Dollars ($ 98.00)

In _____ Payment of Coupon, 3 & 14 Credit Lot

Lot 30 Grave 8 & 9 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7136

BALANCE DUE $ 500.00

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

3754

AC-212 (Rev. 10-87)

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

CITY AUDITOR
FEB 06 1989

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	98.00
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	$	98.00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7138 Credit Lot

Ella Gist
3132 38th 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. ▶ $ 49.00

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

$ 49.00

Amount Received $ _____

NAME Ella Gist

ADDRESS 3132 - 38th St

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7138 * Credit Lot

Ella Gist
3132 38th 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. $ 49.00

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

$ _____

Amount Received $ 49.00

NAME Ella Gist

ADDRESS 3132 - 38th St.

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

№ 37819

Date: 5-12, 19 89

From: Ella List Address: 3132 30th Street

ninety-eight no/100 Dollars ($ 98.00)

In Payment of Vaughn 15 & 16 Mail Lot

Lot 30 Grave 8 & 9 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. 2L 7138

BALANCE DUE 402.00

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

AC-212 (Rev. 10-87)

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	98 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	$	98 00

CITY AUDITOR
MAY 19 1989

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7138 Credit Lot

Ella Gist
3132 38th 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 ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME Ella Gist

ADDRESS 3132 - 38th St

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: E-7136 Credit Lot

Ella Gibt
3132 30th 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. $ 49.00

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

$ _____

Amount Received $ 49.00

NAME Ella Gibt

ADDRESS 3132-30th St

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

№ 38320

Date: July 27, 1989

From: Ella C. Gist Address: 3132 38th Street

Fifty 00/100 Dollars ($ 50.—)

In part Payment of Credit Lot Coupon 17

Lot 30 Grave 8 & 9 Row ____ Section 1 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. Z 7138

BALANCE DUE $356.—

Pre-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. Johnson

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	50.—
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	50.—

CITY AUDITOR
JUL 31 1989

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7138 Credit Lot

Ella Glat
3132 36th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
		30									

Amount due when paid on or before due date above. $ 49.00

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

$ _____

Amount Received $ 50.00

NAME ECCA Gist

ADDRESS 3132 - 38th St.

CITY San Diego STATE Ca ZIP 9210[illegible]

☐ check (✓) if this 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 38449

Date: 8-24, 19 89

From: Ella Just Address: 3132 32nd St, San Diego

Fifty dollars no/100 Dollars ($ 50.00)

In Payment of Coupon 16 Credit Lot

Lot 30 Grave 29 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. 2-7136

BALANCE DUE 106.00

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

AC-212 (Rev. 10-87) 3122

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

CITY AUDITOR AUG 28 1989

ISSUED BY Landry

CREDIT	67007		
50% Sales Care	77184		
50% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 8-7138 Credit Lot

Ella Glet
3132 38th 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. $ 49.00

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

$ _____

Amount Received $ 50.00

NAME Ella Glet

ADDRESS 3132 - 38th St.

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

№ 37992

Date: 10-4, 1989

From: Ella Gist Address: 3132 30th Street, SD

Ninety-nine no/100 Dollars ($ 99.00)

In _____ Payment of Credit Lot Unexpired 19 & 20

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7136

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 [signature]

CREDIT	67007		
20% Sales Care	77184	67	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	1	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	99	00

CITY AUDITOR
OCT 10 1989

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7138 Credit Lot

Ella Gist
3132 38th 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. $ 49.00

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

$ _____

Amount Received $ _____

NAME Ella Gist

ADDRESS 3132 - 38th St

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 4-7138 Credit Lot

Ella Gist
3132 38th Street
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. $ 49.00

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

$ _____

Amount Received $ _____

NAME Ella Gist

ADDRESS 3132 - 38th St

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

№ 38651

Date: 12-7, 1989

From: Ala Lest Address: 3132 30th Street SD

Ninety-nine 70/100 Dollars ($ 99.00)

In Payment of Cemetery 21 & 22 Credit Lot

Lot 30 Grave 8 & 9 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. C-7138

BALANCE DUE 108.00

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	9.00
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	$	99.00

CITY AUDITOR
DEC 11 1989

AC-212 (Rev. 10-87) 4008

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7138 Credit Loc

Ella Cist
3132 38th Street
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: $ 49.00

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

$

Amount Received $ 50.00

NAME Ella Cist

ADDRESS 3132 - 38th St

CITY San Diego STATE Ca ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 4-7135 Credit Lot

Ella Gist
3132 30th Street
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. $ 49.00

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

$ _____

Amount Received $ 49.00

NAME Ella Gist

ADDRESS 3132 - 30th St

CITY San Diego STATE Ca ZIP

☐ check (✓) if this is new address

NAME Gist, Ella ACCT. NO. E-7138

ADDRESS 3132 38th Street, San Diego 92105 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Jan 8	88	Lot 30, Gr 8&9, Sec 1, Div 12	1190 00			
2-18	88	Coupon #1, Receipt # 35739			49 00	1141 00
3-28	88	Coupon #2 & #3 Receipt # 35919			98 00	1043 —
5-3	88	Coupon #4, Receipt 36080			49 00	994 00
6-1	88	Coupon #5, Receipt 36217			49 00	945 00
8-1	88	Coupon 6 + 7 Receipt 36476			98	847 00
8-31	88	Coupon 8, Receipt 36601			49 00	798 00
10-21	88	Coupon 9 & 10, Receipt 36871			98 00	700 00
11-15	88	Coupon 11 & 12, Receipt 36972			98 00	602 00
1-26	89	Coupon 13 & 14, Receipt 37261			98 00	504 00
5-12	89	Coupon 15 & 16, Receipt 37819			98 00	406 00
7-27	89	Coupon #17, Receipt 38320			50 —	356 —
8-24	89	Coupon 18, Receipt 38449			50 00	306 00
10-4	89	Coupon 19 & 20 Receipt 37992			99 00	20[illegible] 00
12-7	89	Coupon 21 & 22, Receipt 38657			99 00	10[illegible] 00
12-28	89	Coupon 23 & 24, Receipt 38726			112 00	< 400 >

Late Charge

AIGNER FORM NO. 25-204 Gist, Ella 30 - 8&9 - 1 - 12 PRINTED IN USA

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7138 Credit Lot

Ella Clet
3132 36th Street
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. $ 49.00

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

$ _____

$ 49.00

NAME Ella Clet

ADDRESS 3132 - 36th St

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 4-7138 Credit Lot

Ella Gist
3132 38th Street
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 ▶ $ 63.00

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

$ _____

Amount Received $ 63.00

NAME Ella Gist

ADDRESS 3132-38th St.

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

№ 38726

Date: 1-3, 1990

From: Ola List Address: 3132 30th Street, SD 92105

one hundred twelve no/100 Dollars ($ 112.00)

In _____ Payment of Final Payment (Canyon 23&24)

of Credit Lot Sale

Lot 30 Grave 8&9 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7136

BALANCE DUE _____

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

4042

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	108.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	4.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	112.00

CITY AUDITOR
JAN 08 1990

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1988

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

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 31 Grave 7 Row _____ Section 1 Division/~~Block~~ 11

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 365824	355.00
Balance due	0

PAID JAN 08 1988 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.

Bertha L. Hicks

Signature of recorded holder of deed

Signature _____

Address _____

State _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 7139

Acct. # _____

PY-693 (REV. 8-85)

OFFICIAL RECEIPT

№ 35534

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

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

Date: 1-8, 1988

From: Bertha Hicks Address:

Three hundred seventy 90/100 — Dollars ($ 370-90)

In _____ Payment of Preneed Trust for Bertha Hicks and flower vase

Lot 31 Grave 7 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7139

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 Wood

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	5	00
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		30
TOTAL PAID	$	370	90

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-8-88

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

in a Ash Vault Funeral, date, time Tues 1-12 AMD
Vault/Liner

Church, Chapel, Graveside no service Lewis-Gloria Mortuary.

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

Lot 9 Grave 4 Row _____ Section 4 Division/~~Block~~ 6
between 4 & 5

Grave space & Care Fund	_____
Additional spaces and care fund	_____
Opening/Closing & Setup	_____
Burial Container	_____
Handling Fees	_____
Flower vases - Marker setting fee	_____
Recording and filing fee	_____
Sales taxes	35.00
Total Due	35.00
Receipt number 35596	25.00
Balance due	0

Per phone conversation 1-7-88 with Fredrick S. Weed

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

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

_____
Signature of recorded holder of deed

Signature _____
3432 Arnold Ave
Address
San Diego, CA 92104
State Zip Code
296-6950
Telephone

Invoice # _____

Work Order # E 7140

Acct. # _____

PY-593 (REV. 8-85)

E7140

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#56225

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

Lewis Colonial/Benbough Mort.

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ETHEL HOPE WEED	female	Sept 26, 1911	found: 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	Frederick S. Weed - brother 3432 Arnold Avenue San Diego, CA 92104

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

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

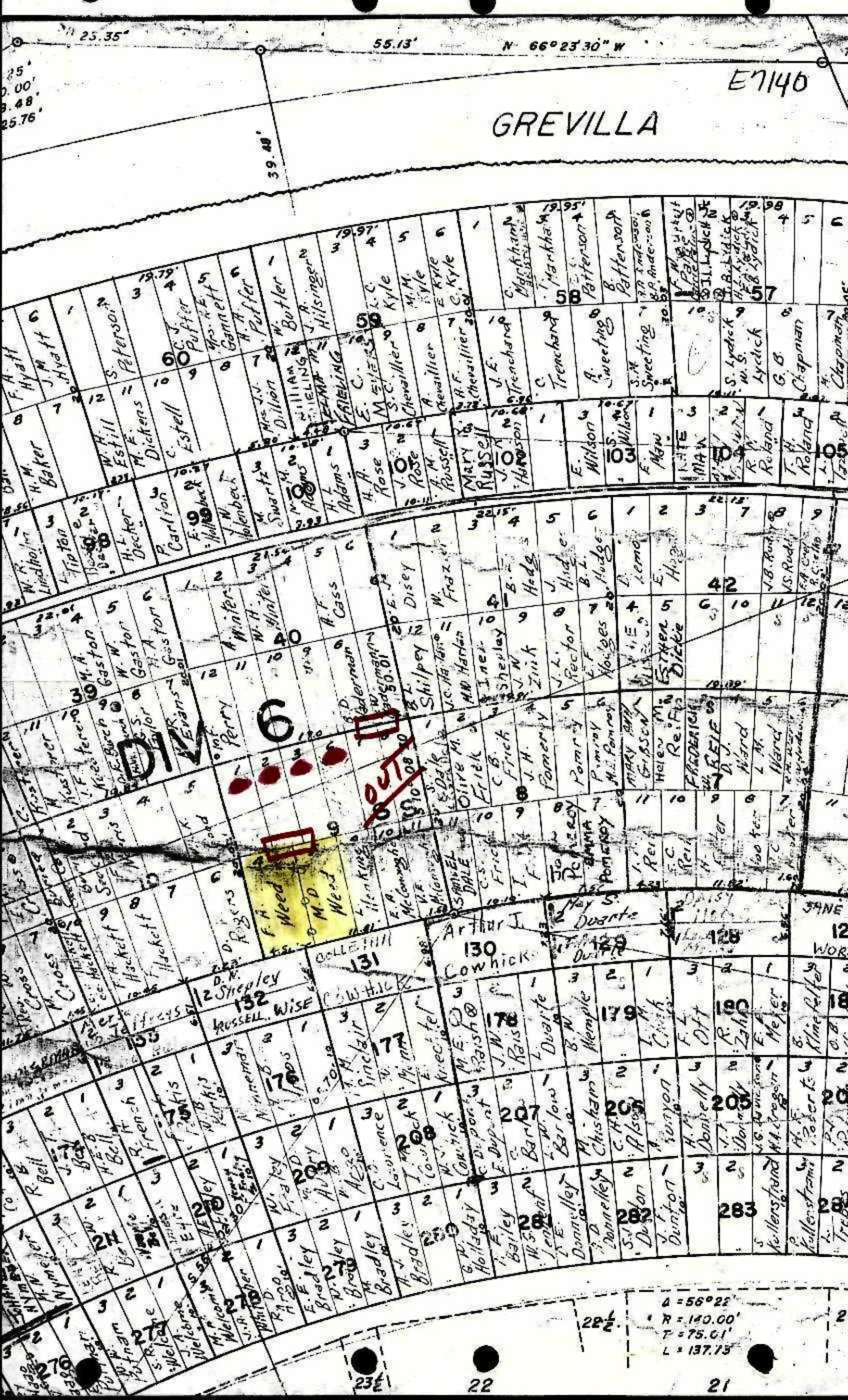
- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A 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 13, 1987	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: Jill 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 Between 4+5 Centre		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a Bay Harrison Blvd		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA 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. Powers, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-12-88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Georgeen 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.


E7140
GREVILLA
N 66°23'30" W
55.13'
25.35'
39.48'
DIV 6
OUT
Arthur J. Cowhick
130
131
132
Russell Wise
Sheppley
Mary S. Duarte
Duarte
Pomeroy
Weed
Perry
Shipley
Hodges
Dickie
Gaston
Baker
Hyatt
Peterson
Butler
Hilsinger
Kyle
Trenchard
Sweeting
Lydick
Chapman
Roland
Wilson
Russell
Rose
Adams
Swartz
Dillon
Dickens
Estell
Carlton
Tipton
Decker
Holenbeck
Hatfield
Cass
Hodge
Disey
Frazell
Sheraley
Zinck
Rector
Pomeroy
Frick
Erick
Gibson
Reid
Ward
Hackett
Cross
Sinclair
Kinnaird
Kerkis
Bell
French
Lawrence
Conwick
Dupont
Bailey
Bradley
Holladay
Dunton
Donnelley
Chisholm
Memphis
Raisbeck
Meyer
Zahn
Off
Klinefelter
Rollerstram
Nyweide
Nelson
Welcome
Wilcox
Putnam
Hoffman
Ramsey
Hoffmann
Ellerbe
Ellerbee
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Ellerbrook
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Ellerbrock
Ellerbrook
Ellerbrock

E7140

THE CITY OF SAN DIEGO

PARK DEPARTMENT—CEMETERY DIVISION

Quitclaim Deed

In consideration of: Burial of Cremains of Ethel Weed on Jan 12, 1988 in Cremation Urn.

I / We

Do Hereby Remise, Release and Quitclaim to The City of San Diego, a Municipal Corporation, all that Cemetery property situated in Mt Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows: Division 6, Section 4 - Behind Weed Monument - unmarked area

To Have and to Hold the above-described quitclaimed property unto the said The City of San Diego, its successors and assigns forever.

WITNESS my / our hand this 15 day of January 1988

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

X Frederick A Weed

Witnesses.

STATE OF CALIFORNIA, } SS.
COUNTY OF SAN DIEGO. }

On this day of , 19 , before me , a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared known to be the person described in and whose name subscribed to the above instrument and acknowledged to me that executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal at my office in said county of San Diego, State of California, on the date first above written.

Notary Public in and for said County and State

My Commission expires

E7140

OFFICIAL RECEIPT

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

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

№ 35596

Date: 1-25 19 88

From: Fredrick Reed Address: 3432 Arnold Ave, SD CA 92104

Thirty-five no/100 Dollars ($ 35 00)

In Payment of Recording Fee for Deed Service

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7140

BALANCE DUE -0-

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JAN 27 1988

ISSUED BY Linda 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	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 Jan 10, 1988

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

in a Top Seal Vault (Vault/Liner) Funeral, date, time Thur - 1 P.M. - 1/14

Church, Chapel, Graveside New Hope Fundslys Bapt Church & D.S. ; Fagsdale Mortuary.

All Funeral cars must 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 52 46 Grave — Row — Section — Division/[redacted] 10

Grave space & Care Fund	Pet. Care - Single Burial -	695.00
Additional spaces and care fund	—	
Opening/Closing & Setup		320.00
Burial Container	Conite Sealed Vault	175.00
Handling Fees	Labor	170.00
Flower vases - Marker setting fee		—
Recording and filing fee		35
Sales taxes		10.50
	Total Due	1405.50
	Paid receipt number	
	Balance due	

Paid 4/5/88

Insurance 30 day note

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

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

Signature of recorded holder of deed

Debra Ann Veasey
Signature

640 67th St #2
Address

San Diego Ca 92114
State Zip Code

264-1144
Telephone

Work Order # E 7141

Invoice # 065222

Acct. # 024765

PY-593 (REV. 8-85)

W.O. NO. E7141

NOTE—STRAIGHT

1405 50 San Diego, California, Jan 10, 1988

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 four & 50/100 DOLLARS,

with interest from Feb. 11, 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 Debra Ann Pearsey

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # N0963534

E7141

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Margretta MMM Bosley	Female	July 31, 1938	Jan. 7, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Debra Ann Veasey - Daughter 640-67th Street #2 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, Calif.	F 1329

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO DETERMINE PLACE AND COUNTY OF DISPOSITION N/A Oppenheimer Beach 19 ga Seale		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A 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 $.00	DATE PERMIT ISSUED JAN 13 1988	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 1-14-88 (ENTER DATE) 5246-10	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.

E7141

065222	01/21/88	024765	DEBRA ANN VEASEY			04/05/88	CK	1438	1,405.50	1,405.50	0.00
			100	072	77181	000072			320.00		PAID IN FULL
			100	072	77182	000072			175.00		

E-7141

Mt. Hope

MR

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-11-88

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

in a Liner — Vault/Liner Funeral, date, time Wed 1-13- 10 Am

D.D. Church, Chapel, Graveside Deraftu Chapel; Lewis Colonial "John" Mortuary.

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

✓ Lot 662 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund	C-3165-	—
Additional spaces and care fund	Pre need (2)	
Opening/Closing & Setup		
Burial Container	Pre need See E-3709 Paid on	
Handling Fees		
Flower vases - Marker setting fee	3709	
Recording and filing fee		
Sales taxes	Increase in Price —	62.20
	Total Due	
	Paid receipt number 35545	62.20
	Balance due	0

$166.70

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.

PAID JAN 11 1988 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

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

Signature of recorded holder

Floyd A. Ohm

X [signature]

Signature

1120 Bostonia St

Address

El Cajon, 92021

State Zip Code

Telephone

✓ Work Order # E 7142

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E7142

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ISABELLE ADELINE OHM	female	Sept 20, 1893	Jan 9, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Floyd A. Ohm - son 1120 Bostonia St. El Cajon, CA 92021

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

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery - San Diego, CA (3751 Market St.)		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a 19 Ga Batemelle 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 — Bad Ground Rockey		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED JAN 12 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-13-88 (ENTER DATE) 662-3-8	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Seagent Letts	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 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

№ 35545

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

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

Date: 1-11-88, 19

From: Floyd Ohm Address: 1120 Bostonia - El Cajon

Sixty two and 20/100 Dollars ($ 62.20)

In full Payment of Interment of Isabelle a. Ohm - dec

Lot 662 Grave — Row — Section 3 Division Block 8

Invoice No. —

Acct. No. —

W.O. E7142

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 0576

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

CITY AUDITOR

JAN 13 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	47	20
Burial Containers	100 77182		
Handling Fee	100 77185	15	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	62	20

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-11-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Baby 2/8 Abel Pineda

in a ~~[illegible]~~ Vault/Liner Funeral, date, time Tuesday - ~~[illegible]~~ 2PM. 1-12

Church, Chapel, Graveside Graveside ; Humphrey Mortuary.

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

Lot 731 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	Babyland -	100.00
Additional spaces and care fund	none	
Opening/Closing & Setup		64.00
Burial Container	~~[illegible]~~ -	
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		25.00
Sales taxes		
Total Due		199.00
Paid receipt number	35682	199.00
Balance due		0

Send bill to Humphrey

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

3146 Clay ave
Address

S.D.
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7143

Acct. # _____

PY-593 (REV. 8-85)

E7143

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ABEL PINEDA	Male	01005-1988	01-05-1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Daniel Rios (Grandfather) 3146 Clay Avenue San Diego, CA 92113

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 top 2-0 no liner Black Plastic Bag on Top by casket		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ Sandfill DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00 — DATE PERMIT ISSUED: JAN 12 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-12-88 (ENTER DATE) 13-1-7	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stella	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

OFFICIAL RECEIPT

№ 35682

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

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

Date: 2-8, 1988

From: Humphrey Mortuary Address: 855 Broadway, C.V.

one hundred ninety-nine 00/100 Dollars ($ 199.00)

In _____ Payment of Abel Pineda's Service

Lot 731 Grave _____ Row _____ Section 1 Division ~~Block~~ 9

Invoice No. _____

Acct. No. _____

W.O. E-7143

BALANCE DUE 6

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

8607

AC-212 (Rev. 10-87)

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

CITY AUDITOR

FEB 10 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	64	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	$	199	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 11-1988

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cora Louise Schalk-Williams

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed Jan 13 at 11 Am

Church, Chapel, Graveside Chapel & GS ; Rays Sale Mortuary.

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

Lot 24 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Sp 2 -	495.00
Additional spaces and care fund Rev Sp 3 - for 60 day	
Opening/Closing & Setup	320.00
Burial Container County Vault - Simple	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 35565	1205.50
Balance due	0

Barbara F McGruder - 30 day Nonstr

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

Barbara McGruder
Signature

3644 - 55th St
Address

SD 92105
State Zip Code

262-9032
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7144

PY-593 (REV. 8-85)

E7144

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Cora Louise Schalk-Williams	Female	Sept. 20, 1909	Jan. 7, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Barbara F. McGruder - Niece 2644 - 55th Street San Diego, CA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 5050 Federal Blvd. San Diego, CA 92102	1329

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

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

FOR CORONER'S 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: Last Rites - Golden Lawn	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Sealed
BURIAL AT SEA OR DISPOSITION OTHER 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 T.S. Vault — Setup Won Funeral		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00 — DATE PERMIT ISSUED: JAN 12 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald R. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

E7144

OFFICIAL RECEIPT

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

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

№ 35565

Date: 1-14, 1988

From Barbara F McGruder Address: 2644 55th Street, SD 92105

Dollars ($)

In Payment of Cora Louise Schalk - William Jerome

Lot 24 Grave 2 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-7144

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 Andrea Wood

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 77185	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. 10-87)

355

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 11-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Darrell Lloyd Simpson

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri-11AM - 1-15

Church, Chapel, Graveside Church-DS ; Ragsdale Mortuary.

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

Lot 54 Grave 8 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... Veteran —	495.00
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320.00
Burial Container ..... Sealed Concrete Vault	175.00
Handling Fees ..... Labor	70.00
Flower vases - Marker setting fee	
Recording and filing fee	25.00
Sales taxes	10.50
Total Due	1205.50

30 day note

Paid 2/19/88

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

Richard L. Haynes
Signature

6149 Aldersey Street
Address

California 92114
State Zip Code

264-5289
Telephone

Invoice # 06523

Acct # 24764

Work Order # E 7145

PY-563 (REV. 8-86)

W.O. NO. E 7145

NOTE—STRAIGHT

$ 1205 50/100 San Diego, California, Jan 11- 1988 19

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

Mt. Hope Cemetery or San Diego City Treasurer

, or order

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

the sum of Twelve Hundred Five & 50/100 DOLLARS,

with interest from Feb 17, 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 Richard L. Haynes

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #C7014718

E7145

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Darrell Lloyd Simpson	Male	March 15, 1952	Jan. 9, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Jolla	San Diego	Harriet D. Haynes - Mother 6149 Aderley Street San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 5050 Federal Blvd. San Diego, CA 92102	1329

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

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

FOR CORONER'S USE ONLY

- [ ] 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3752 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a Batesville 19 Sea Cr -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED JAN 12 1988
			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 1-15-88 (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.

E7145

OFFICIAL RECEIPT

2/23

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

№ 35745

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

Date: 2-19, 1988

From: Harriet Haynes Address: 6149 Alberta Street, SD
Twelve hundred five 50/100 Dollars ($ 1205.50)

In _____ Payment of Darrell Floyd Simpson's Burial Service

Lot 54 Grave 8 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. 065223
Acct. No. 024764
W.O. E-7145
BALANCE DUE 0

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

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

FEB 24 1988

ISSUED BY Sandra L. [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	83033 9022	
Sales Tax	80101 76390	
TOTAL PAID	$	1205 50

AC-212 (Rev. 10-87)

065223 01/21/88 024764	RICHARD L. HAYNES			02/19/88 CA		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			

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 1,905.50

E-7145

E7145

OFFICIAL RECEIPT

№ 35881

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

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

Date: 3/14, 1988

From: Harriet Haynes Address: 6149 Alderley St / S.D. 92114

One Hundred and Thirty five Dollars ($ 135.00)

In full Payment of Setting fee for G.I.B. Marker for Darrell Doyle Simpson - due

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E7145

BALANCE DUE 0

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

280X

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

CITY AUDITOR
MAR 21 1988

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	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 Jan 11-1988

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ESSIE [redacted] Louie

in a Bellliner (Vault/Liner) Funeral, date, time Jan 12-1PM-

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 ✓.

Lot 1113 Grave ____ Row ____ Section 1 Division/Block 8

Grave space & Care Fund	595.00
Additional spaces and care fund	none
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	ok
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1201.00
Paid receipt number 35560	1201.00
Balance due	-0-

Rosedale Well Liner

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

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

PAID
JAN 13 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 7146

Acct. # _____

PY-583 (REV. 8-85)

E7146

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ESSIE HAN LOUIE	Female	April 14, 1905	Jan. 7, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Mrs. Yvette Kennedy - Cousin 1218 W. 188th Street Compton, California 90222

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

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St.; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: JAN 11 1988	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 1/13-1-8 (ENTER DATE) 1-12-88	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

E7146

OFFICIAL RECEIPT

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

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

№ 35560

Date: 1-12, 19 88

From: Anderson-Ragdal Address: 5050 Federal Blvd. S.D. CA 92102

One thousand two hundred & one dollars -00/100 Dollars ($ 1201.00)

In Full Payment of Internment of Essie Louie

Lot 1113 Grave — Row — Section 1 Division ~~Block~~ 8

Invoice No.

Acct. No.

W.O. E-7146

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
8966

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JAN 22 1988

ISSUED BY Nora Black

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	6	00
TOTAL PAID	$	1201	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 12, 1988

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

in a Top Seal Concrete Vault (Vault/Liner) Funeral, date, time Fri 1/15 / 2 P.M.

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

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

Lot 98 Grave 7 Row — Section 1 Division/Block 12

Grave space & Care Fund	395.00
Additional spaces and care fund none	
Opening/Closing & Setup	320.00
Burial Container Sealed 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	1105.50
Paid receipt number 35557	200.00
Balance due	905.50

Paid 6/7/88

note

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

Florence Clark
Signature

301 E Baker
Address

Flint Mi 48505
State Zip Code

1-313-238-8897
Telephone

Invoice # 065221

Acct. # 024766

Work Order # E 7147

PY-593 (REV. 8-85)

W.O. NO. E 7147

NOTE—STRAIGHT

$ 905 50/xx — 30 — San Diego, California, January 12, 1988

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 five & 50/100 DOLLARS,

with interest from Feb 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 Eldreyne Clark

301 E. Baker Flint Mi 48505

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #

E7147

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 LEE PAIGE	Male	July 30, 1953	January 7, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Wivoline Franklin - Sister 631 Goetschl 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	F1329

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

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

FOR CORONER'S 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 4.00	DATE PERMIT ISSUED JAN 13 1988 ▶ 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 1-15-88 (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

OFFICIAL RECEIPT

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

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

№ 35557

Date: Jan 12, 1988

From: Florence Clark Address: 301 E. Baker Flint Mi - 48505

Two Hundred and no/100 Dollars ($ 200 00/xx)

In Part Payment of Interment of and for Robert Paige - deceased

Lot 98 Grave 7 Row Section -1- Division ~~Block~~ 12

Invoice No. —

Acct. No. —

W.O. E-7147

BALANCE DUE $905 50

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

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

CITY AUDITOR

JAN 22 1988

2

ISSUED BY George [illegible]

CREDIT 20% Sales Care	67007 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)

E7147

2/23

OFFICIAL RECEIPT

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

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

№ 35738

Date: 2 18 1988

From: Helen Fountain Address: 6770 Mezin Way, SD 92114

five hundred no/100 Dollars ($ 500.00)

In _____ Payment of Rabbit Page Burial Service

Lot 98 Grave 7 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. 065221

Acct. No. 024766

W.O. E-7147

BALANCE DUE 405.50

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

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

FEB 24 1988

ISSUED BY Sandra Vacel

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 78380	
TOTAL PAID	$	500.00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-12-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosalie J. LeGrand (X)

in a Ash Vault Funeral, date, time Fri 1-22 2pm

Vault/Liner

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . 4 chairs - Witness

✓ Lot 40 Grave 16 Row _____ Section MAS Division/Block T

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	35.00
Recording and filing fee	
Sales taxes	2.40
Total Due	242.40
Paid receipt number 35559	242.40
Balance due	0

PAID JAN 12 1988 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

[signature]
Signature

11404 Lucera Dr
Address

San Diego CA 92127
State Zip Code

487-0475
Telephone

Invoice # _____

Work Order # E 7148

Acct. # _____

PY-593 (REV. 8-85)

E7148

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Rosalie Vercammen Le Grande	Female	Sept. 10, 1898	Dec. 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	John Le Grand-Son 11404 Lucera Place San Diego, California 92127

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
- ☒ DISINTERMENT AND REINTERMENT OF 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 Street, San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED Poured in Place Crypt	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR ...TION 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 Vault (Poured over Copper Urn Can)	
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 17 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 1-22-88 (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 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
284-3151

№ 35559

Date: 1-12-88

From: Estate of Le Grand Address: 11404 Lucera Pl., SD 92127

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

In Payment of Noelle V. Le Grand

Lot 40 Grave 16 Row Section MAS Division -Block T

Invoice No.

Acct. No.

W.O. E-7148

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.

PAID AUDITOR

JAN 22 1988

ISSUED BY Linda Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	105 00
Burial Containers	100 77182	40 00
Handling Fee	100 77185	60 00
Recording & Misc. Fees	100 77183	25 00
Pre-Need Trust	83033 9022	
Sales Tax	50101 78380	2 40
TOTAL PAID	$	242 40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-13-87

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

in a Bell liner (Vault/Liner) Funeral, date, time Friday 1-15 11:30

Church, Chapel, Graveside Chapel only ; 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 _____ . Delivery

✓ Lot H Grave 8 Row _____ Section MAS Division/Block R

Grave space & Care Fund	
Additional spaces and care fund Preneed D-6681	
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	

P.A. ~~Mt Hermit~~ Gidley - 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 7149

PY-593 (REV. 8-86)

E7149

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JENNIE MAY MOORE	Female	Nov. 29, 1885	Jan. 10, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Jennie Moore - Self (pre-need)

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery-3751 Market St. - San Diego, CA 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Mem Cachet Lenie		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00	DATE PERMIT ISSUED: JAN 13 1988 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. MTM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-15-88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgie Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

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

OFFICIAL RECEIPT

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

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

№ 35909

Date: 3-24, 19 88

From: County of San Diego Address: 520-A Ruffin Rd, SD

Thirty-five 07/100 Dollars ($ 35.07)

In Payment of Jennie Mae Moore's Service

Lot H Grave 8 Row Section MHS Division Block R

Invoice No.

Acct. No.

W.O. E-7149

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
017699

AC-212 (Rev. 10-87)

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

CITY AUDITOR

APR 4 1988

ISSUED BY Sandra Clark

CREDIT	67007		
20% Sales Cars	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	07
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	35	07

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-14-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry St Neal

in a Liner (Vault/Liner) Funeral, date, time Tues 1-19 11am

Church, Chapel, Graveside Church & Grove ; Nagdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . 10 Chairs

Lot 43 Grave 3 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Liner	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1101.00
Paid receipt number	
Balance due	

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

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

_____
Signature of recorded holder of deed

Ruby M Gladney
Signature

6252 Alderley St
Address

San Diego Ca. 92114
Zip Code

264-2165
Telephone

Invoice # 065226

Acct # 024763

Work Order # E 7150

PY-593 (REV. 8-86)

W.O. NO. E-7150

NOTE—STRAIGHT

$ 1101.00 San Diego, California, January 14, 1988

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 10/100 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 Ruby M. Blakney

6252 Alderley St.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # K0591175

E7150

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FAIRY CHRISTINE O'NEAL	Female	May 5, 1912	Jan. 13, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Ruby Mae Gladney - Daughter 6252 Alderley Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ENGAGED THEREIN)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Sanderson-Ragsdale Mort.: San Diego, Calif.	F 1329

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

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

FOR CORONER'S USE ONLY

- [ ] 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 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 4.00	DATE PERMIT ISSUED JAN 15 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-19-88 (ENTER DATE) ▶		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

Steele P.C. non-Sealer 20 ga.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 1-14-88

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

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 27 Grave 10 Row _____ Section 1 Division ~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	Deed Transfer
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 25566	35.00
Balance due	0

Deed Sent

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

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

_____
Signature of recorded holder of deed

Rev. Chester A. Palermo
Signature
7281 Mohawk
Address
San Diego, CA
State Zip Code

Telephone

Invoice # _____

Work Order # E 7151

Acct. # _____

PY-593 (REV. 8-85)

E7151

OFFICIAL RECEIPT

№ 35566

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

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

Date: 1-14, 1988

From: Dominic Palermo Address:

thirty-five no/100 Dollars ($35.00)

In _____ Payment of Recording Fee

Lot 27 Grave 10 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7151

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 Lorka 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	35 00
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	35 00

AC-212 (Rev. 10-87)

2/28/1977

E7151

8814

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Rev. Chester A. & Mrs. Sylvia C. Palermo for the sum of $ 300.00 (DOLLARS)

LEGAL DESCRIPTION Lot 27 Grave 10 Section 1 Division 11 (D.I.P.)

AS DESCRIBED ON PURCHASE ORDER NUMBER D-7837

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 OnlyAllowed

R. W. Dehne
Cemetery Manager

W. L. MacFarlane
Property Director

FY-884

E7151

DISTRIBUTION:
PINK, WHITE, BLUE TO AUDITOR, VIA PURCHASING IF PAYMENT FOR MATERIALS OR SUPPLIES, ORIG. DEPT. RETAIN GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

THE CITY OF SAN DIEGO

DP 3821399

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

E-7151

Refund of purchase of Pre-need lot for Dominick Palermo.
Lot 27, grave 10, section 1, division 11.

ENCUMBRANCE DOCUMENT NUMBER

☐ COMPLETE

RESPONSIBLE DEPT. NO. 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYMENT DATE 06/11 02/

FUND OVERRIDE ☐

PAYEE	SEQ	PAYEE FORMAT / VENDOR NUMBER & ALPHA NAME / ADDRESS / CITY — STATE — ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAYMENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
1	A		Refund		4		240.00		
	B	Dominick Palermo							
	C	14101 Andrew Scott Road							
	D	Spring Hill, Fl 34609							

TOTAL AMOUNT $ 240.00

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

ACTING LINE	CY PY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BEMF/ EQUIP.	FACILITY	AMOUNT
		100	072	77184						240.00

AUTHORITY FOR PAYMENT

RES/DOC. NO.

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.

Kay Snider

Kay Snider

DEPT. HEAD OR DESIGNEE

PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY Sue Shackelton 527-3400 PHONE | DATE 06-03-02 | DEPT./ DIV NAME Park & Rec/Metro Mt. Hope Cemetery | M.S. 72 #

DP

AC-468 (REV. 5-86) 593525

E7151

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

NO.

DATE 2-28 19

FROM Rev. Chester A. Palermo ADDRESS 5217 Canterbury Dr.
Three hundred & no/100 DOLLARS ($ 300.00)

IN full PAYMENT OF Re. Need Lot

LOT 27 GRAVE 10 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. GASA

W.O. D-7837

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
MAR 2 1977

ISSUED BY R. Ulehne

CREDIT SALES CARE	306 951	60.00
HALF SALES OF LOTS	100 7784	240.00
OPENINGS	100 7781	
BOXES	100 7782	
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		300.00

FORM AC-212

ORDER

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

DATE 2-28 1977

CHARGE Rev. Chester A. Palermo

ADDRESS 5217 Canterbury Dr. S.D. (16)

NAME OF DECEASED Rec. Need

OWNER Rev. Chester A. & Sylvia C.

ADDRESS Same

MORTUARY 281-6025

D.I.P.

LOT 27 GR 10 ROW SEC 1 BLK DIV 11 300.00

OPENING TIME DAY DATE

VAULT BOX SIZE

REMOVAL OR FOUNDATION VET.

TOTAL $300.00

PAID RECEIPT NUMBER 24438

BALANCE

Corp. U.S.A.F.
Flush marker Only allowed

PAID
FEB 28 1977
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY

AUTHORIZED IN PERSON
PHONE BY Rev. Chester A. Palermo

ORDER TAKEN BY R. Ulehne

#8814

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/4/-87

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 1-19 2pm

Church, Chapel, Graveside Chapel & Grave Mt. Hope Mortuary.

All Funeral cars must 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 _____ Grave _____ Row _____ Section _____ Division/Block _____

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	
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 # _____

Work Order # E 7152

Acct. # _____

PY-593 (REV. 6-85)

Make Deed To Lillie

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 14, 88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harold L. Brown in a Double Cuppt Vault/Liner Funeral, date, time Tues. 19th - 2PM Church, Chapel, Graveside Chapel x G.S. ; Lafayette Mortuary.

All Funeral cars must 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 41 Grave -1- Row ~ Section 1 Division/Block 7

Grave space & Care Fund ..... Double - Bottom "Funeral"	595.00
Additional spaces and care fund ..... non	
Opening/Closing & Setup	320.00
Burial Container ..... Double Cuppt	330.00
Handling Fees ..... labor	320.00
Flower vases - Marker setting fee	~
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	1619.80
Paid receipt number 36567	1619.80
Balance due	0

PAID
JAN 14 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the [redacted] of 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.

Lillie Brashear
Signature
2941 Imperial Ave
Address
San Diego, Ca. 92102
State Zip Code
235-8500
Telephone

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

Signature of recorded holder of deed

Work Order # E 7153

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E7153

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 LORENZO BROWN	Male	Feb. 15, 1920	Jan. 11, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Lillie Brashear - Friend 2941 Imperial Ave. 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

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

FOR CORONER'S 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

Metal non-sealer 20ga - cheapo
Double Crypt - in Bottom

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

LOCAL REGISTRAR
THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
AMOUNT OF FEE PAID: 4.00
DATE PERMIT ISSUED: JAN 15 1988
SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D. CS

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION
I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-19-88 (ENTER DATE)
SIGNATURE OF PERSON IN CHARGE OF DISPOSITION:
LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE:

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY
INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

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

OFFICIAL RECEIPT

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

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

No 35567

Date: Jan 14, 1988

From: Lillie Brashear Address: 2944 Imperial Ave - S.D. 92102

Sixteen Hundred Nineteen and 80/100 Dollars ($ 1619.80)

In full Payment of Interment of Land for Harold L. Brown dec'd in Bottom Double Crypt

Lot 41 Grave -1- Row — Section 1 Division Block 7

Invoice No. —

Acct. No. —

W.O. E-7153

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.

AUDITOR

JAN 22 1988

ISSUED BY Georgia Stith

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77161	320	00
Burial Containers	100 77182	320	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022	—	—
Sales Tax	80101 78390	19	80
TOTAL PAID	$	1619	80

Pre need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 15, 1988

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

in a Comite Burial 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 30 Grave 5 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	Pre need D-8448	
Additional spaces and care fund	Ms. An Sp 4	none
Opening/Closing & Setup	320.00	
Burial Container	175.00	
Handling Fees	170.00	
Flower vases - Marker setting fee	—	
Recording and filing fee	35.00	
Sales taxes	Reserve 10.50	
Total Due		710.50
Paid receipt number	35572	710.50
Balance due		0

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

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

O.K. George Stetter
Signature

Owner
Address

Signature of recorded holder of deed

O. Howell
State Zip Code

Telephone

Invoice # _____

Work Order # E 7154

Acct. # _____

PY-593 (REV. 8-85)

E7154

RECEIVED
JAN 15 1988
MT. HOPE CEMETERY

Davison-Fulton
FUNERAL CHAPELS AND CREMATORY



January 12, 1988

Mount Hope Cemetery
3751 Market Street
SanDiego, California 92102

Gentlemen:

In December I called your office regarding a pre-arrangement for the interment of Mrs. Omah M. Howell in your cemetery. She owns space 5 of lot 30 in block 12 of section 3 in Mount Hope. I believe that this space is next to her husband Harlan Ralph Howell, who died May 29, 1977.

At that time I was quoted $ 710.50 for the opening and closing fee, concrete grave liner and pre-need recording fees. I am enclosing a check in that amount made payable to Mount Hope.

Please send receipts and/or pre-nedd trust agreements to me at our Western Chapel address listed below. I will have the niece who is handling Mrs.Howeels affairs sign whatever papers necessary and return them to you.

If you have any questions, please do not hesitate to call on me.

Sincerely,

J. Michael Trumbold

J. Michael Trumbold

E-7154
Rec # 35572

PAID
JAN 1 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

enc.

ANDERSON CHAPEL
815 NORTH FOURTH STREET
CHILLICOTHE, ILLINOIS 61523-2054
TELEPHONE: 274-2409

WOODLAND CHAPEL
2021 NORTH UNIVERSITY STREET
PEORIA, ILLINOIS 61604-3102
TELEPHONE: 637-4447

WESTERN CHAPEL
813 SOUTH WESTERN AVENUE
PEORIA, ILLINOIS 61605-1696
TELEPHONE: 637-4447

BARTONVILLE CHAPEL
1203 WEST GARFIELD AVENUE
BARTONVILLE, ILLINOIS 61607-1748
TELEPHONE: 637-4447

Phone 637-4447

OFFICIAL RECEIPT

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

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

№ 35572

Davison & Fulton F.A.

Date: January 15 1988

From: Elizabeth A. Conover Address: 2021 N. University Peoria Ill-61604

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

In Deposition Payment of Pre need Burial Trust for

D Omah Howell - Pre need Deposited to Trust

Lot 30 Grave 5 Row — Section 3 Division Block 12

Invoice No. —

Acct. No. —

W.O. E-7154

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 192463
Home Fed

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.
CITY AUDITOR
JAN 22 1988 15

ISSUED BY: Georgen Stelle mgr

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	710.50
Sales Tax	60101 78390	
TOTAL PAID	$	710.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 19, 1988

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Minnie Alicia Guerrero

in a Double Crypt (Vault/Liner) Funeral, date, time Tues - 10Am - 1/19

Church, Chapel, Graveside Church + G.S.; 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 13 Grave 9 Row ____ Section 8 Division/~~Block~~ 5

Grave space & Care Fund	Pre need	
Additional spaces and care fund	(One #8)	
Opening/Closing & Setup		320.00
Burial Container	D.C.	330.00
Handling Fees	Labor	320.00
Flower vases - Marker setting fee		—
Recording and filing fee		35.00
Sales taxes		19.80
Total Due		1024.80
Paid receipt number	Credit from PN 819.40	
Balance due		205.40
	35574 -	171.00
		34.40

Double Crypt Paid in full

I hereby certify I am the Husband + 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

Opening + Cl. due on 2nd Burial

Signature: Frank Guerrero

Address: 1100 "E" AVE Apt #6

State: Nat'l City Zip Code: 92050

Telephone

Invoice #

Acct. #

Work Order # E 7155

PY-593 (REV. 8-85)

E7155

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 ALICIA GUERRERO	FEMALE	NOV. 23, 1955	JAN. 11, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Frank Guerrero - Husband 1100 'E' 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 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 Pacific Glen Lawn - Cloth Care Work PC Railroad Bar Harbor Bottom DC		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED JAN 19 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald K. Powers, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-19-88 (ENTER DATE) 1/19/88	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

№ 35575

Date: 1-19, 1988

From: Mercedes Iraguaire Address:

Thirty-Four Dollars 40/100 Dollars ($34.40)

In _____ Payment of Interment of Minnie Guerrero

Lot 13 Grave 9 Row _____ Section 8 Division Block 5

Invoice No. _____

Acct. No. _____

W.O. E-7155

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 [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	34 40
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	34 40

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

№ 35574

Date: Jan 19 1988

From: Mercedes Graziani Address: L.D.

One Hundred Seventy one and no/100 Dollars ($ 171.00)

In Part Payment of On the Interment of for Minnie Guerrero

Lot 13 Grave 9 Row Section 8 Division Block 5

Invoice No.

Acct. No.

W.O. E-7155

BALANCE DUE $34.40

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐
82/40 -mo- $100.00

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JAN 22 1988

ISSUED BY

CREDIT	67007		
20% Sales Cars	77184		
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	171	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	171	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 19-88

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

in a Cremain Vault (Vault/Liner) Funeral, date, time A Y P. 1/22

Church, Chapel, Graveside Family Mortuary.

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

Lot 20 Grave 5 Row ____ Section MAS Division/Block 8

Grave space & Care Fund Pr. need	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	242.40
Paid receipt number 35576	242.40
Balance due	0

I hereby certify I am the 1/2 BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature of recorded holder of deed

William A Jones
Signature

PO BOX 1053
Address

PACIFIC PALISADES CA 90272
State Zip Code

213-454-5541
Telephone

Invoice # ____

Work Order # E 7156

Acct. # ____

PY-583 (REV. 8-85)

E7156

Jerry Hanes
213-454-5541 or 454-7291 (24 hr)
Telecopier 213-454-5487

The Sign 

of Respect

Jon Douglas Company
15101 Sunset Blvd., Pacific Palisades, CA 90272

OFFICIAL RECEIPT

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

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

№ 35576

Date: 1-19-88, 19

From: William G. Haner Address: 15101 Sunset Blvd - Pacific Palisades Ca 90212

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

In full Payment of Investment of and for Robert L. Jacks ⊗ dec

Lot 20 Grave 5 Row Section MAS Division Block 8

Invoice No. ~

Acct. No. ~

W.O. E-756

BALANCE DUE Ø

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

AC-212 (Rev. 10-87) 1092

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

CITY AUDITOR

JAN 22 1988

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 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

E7156

PERMIT FOR DISPOSITION OF HUMAN REMAINS

83848

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

(60)

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROBERT L. JACKS	MALE	JUNE 14, 1927	AUG 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
MALIBU	LOS ANGELES	ROBIN LYNN JACKS DAUGHTER 8711 FALMOUTH PLAYA DEL REY, CA 90293

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PIERCE BROS. MOELLER-MURPHY	F-695

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: n/a — COUNTY:
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Chapel of The Pines-1605 Catalina Los Angeles, California — DATE CREMATED: 9-3-87 — SIGNATURE OF PERSON IN CHARGE OF CREMATORY: [signature]
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: Residence---8711 Falmouth, Playa Del Rey, California — Los Angeles
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a (Buried in Center of Grave in Cement 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: [signature] — DATE SIGNED: August 27, 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 01 1987 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-22-88 (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: 20/5/MAS/8

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 _____

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

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

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

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

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7157

Acct. # _____

PY-693 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-19-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eleanora J. Gilmore

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 52 Grave 1/2 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund .....

Additional spaces and care fund ..... Transferred Marsh Estate

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee ..... by Jones

Recording and filing fee 35.00

Sales taxes .....

Total Due 35.00

Paid receipt number 35580 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

436 Kingswood Street
Signature
Address
San Diego CA 92114
State Zip Code
479-4892
Telephone

Work Order # E 7158

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

E7158 7437

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

6/16/1974

OWNERSHIP AND INTERMENT PRIVILEGES

TO Maureen M. Brewer for the sum of $ 165.00 (DOLLARS)

LEGAL DESCRIPTION Lot 52 Grave 2 Section 1 Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER D-4617

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:

Standard flush type marker only.

R. W. Delmue/DD
Cemetery Manager

W. L. MacFarlane
Property Director

PW-584 (REV. 12-72)

E7158
7302

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

4/3/1974

OWNERSHIP AND INTERMENT PRIVILEGES

TO Maureen M. Brewer for the sum of $ 165.00 (DOLLARS)

LEGAL DESCRIPTION Lot 52 Grave 1 Section 1 Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER D-4191

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.

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12" X 24" flush marker only

R. M. Dehne
Cemetery Manager

W. L. MacFarlane
Property Director

PW-584 (REV. 12-72)

E7158

ELENORA J. GILMORE

436 KINGSWOOD ST.

SAN DIEGO CA.

92114

479-4892

OFFICIAL RECEIPT

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

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

№ 35580

Date: 1-19, 1988

From: James Ward Address: 644 Tear of Oak, CV 92010

Thirty-five Dollars ($ 35.00)

In _____ Payment of Transfer Deed To Elenora Tilman

Lot 52 Grave 1 & 2 Row _____ Section 1 Division/Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7158

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

AC-212 (Rev. 10-87)

CALIFORNIA

DRIVER LICENSE CLASS: C

B1367243

EXPIRES 03-07-01

This license is issued as a license to drive a motor vehicle it does not establish eligibility for employment, voter registration, or public benefits.



ELENORA JOHNS GILMORE
436 KINGSWOOD ST
SAN DIEGO CA 92114

SEX: F HAIR: BRN EYES: BRN
HT: 5-05 WT: 172 DOB. 73-07-28

Elenora J. Gilmore

09/29/97 614 427 FD/01 1974

E1158

E7158

POWER OF ATTORNEY

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, *Maureen M. Brewer*

_____, 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 1-2
Lot 52
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 9th day of February, 19 87.

✓ Maureen M Brewer

_____

_____

_____

STATE OF ~~CALIFORNIA~~ IDAHO
COUNTY OF ADA } ss.

On this 9th day of FEB., in the year 1987, before me, the undersigned, a Notary Public in and for said State, personally appeared MAUREEN M. BREWER

_____,

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

WITNESS my hand and official seal.

_____
Notary Public in and for said State.

E 7158

For Auditors Use Only

Date Auditors Rcvd _____

Application Date 8/23/05

Refund No. _____

The City of San Diego

Date Rcvd By Dept 072

Processed By _____

APPLICATION FOR REFUND

Daily Cash Receipt (DCR) No. _____

Fund _____ Acct _____

Apprvd By _____ Date _____

To City Auditor & Comptroller:

The undersigned hereby requests refund of $ 264.00 Date paid 3/12/1974 on D-4191 & E-7158
(Name of Receipt or Permit No.)

No. _____ for the following reason(s):

No longer Needed

DIVISION 11, SECTION 1, LOT 52 Graves 1 and 2

Refund Requested by: (619) 479-4892

Print Name: ELEANORA J. GILMORE Address: 4362 Ingelwood St 92114

Signature: Eleanora J. Gilmore

Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.

CITY USE ONLY

I hereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or fact, that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, may properly be made under provisions of Ordinance 3911 (NS).

Print Name: _____ Title _____ Date _____

Signature: _____ Dept. Name _____ Phone _____ M.S. _____

White Copy - Auditor's
Pink Copy - Auditor's
Green Copy - Originating Dept.

FORM AC-1006 (Revised 4/91)

593684

E7158

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11480

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Elenora J. Gilmore for the sum of $ _____ (DOLLARS)

LEGAL DESCRIPTION Lot 52, Graves 1 & 2, Section 1, Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-7158

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 12" x 24" x 3"

Cemetery Manager

Property Director

PV-684

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-19-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elenora J. Gilmore

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 27 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Transferred by James Marsh Assoc

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 35579	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 _____
436 Kingswood St
Address
San Diego CA
State Zip Code
479-4892 92114
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7159

PY-593 (REV. 8-88)

OFFICIAL RECEIPT

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

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

№ 35579

Date: 1-19 88

From: James Mack Address: 644 Floyd Ave C.V. 92010

White Fire Dollars ($ 35.00)

In Payment of Transfer Deed to Elenora Talmire

Lot 27 Grave 10 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-7159

BALANCE DUE 0

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JAN 22 1988

ISSUED BY Barbara 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	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

7/26/1977 E7159

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

9001

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Anna B. Roos for the sum of $ 200.00 (DOLLARS)

LEGAL DESCRIPTION Lot 27 Gr 10 Sec 2 Div 12

AS DESCRIBED ON PURCHASE ORDER NUMBER D-8267

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

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

Flat Marker Only

R. W. Deline/[illegible]
Cemetery Manager

W. L. MacFarlane
Property Director

PY-584

E7159

FEBRUARY 27, 1986

TO WHOM IT MAY CONCERN:

I, ANNE T. RAGER, AM THE ONLY SURVIVING CHILD OF ANNA B. ROOS.

SIGNED:

Anne T. Rager

E7159

POWER OF ATTORNEY

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Anne T Rager

_____, 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 27
Grave 10
Section 2
Division 12
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 28 day of January, 19 86.

Susan Friend
Christine T-H Tran

X Anne T. Rager

Commonwealth of Virginia

~~STATE OF CALIFORNIA~~

COUNTY OF Fairfax } ss.

On this 28 day of January, in the year 19 86, before me, the undersigned, a Notary Public in and for said State, personally appeared Anne T. Rager

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.

Anne [illegible]

Notary Public in and for said State.

My Commission Expires Jun. 10, 1988

E7159

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH— DIVISION OF VITAL RECORDS AND HEALTH STATISTICS—RICHMOND

COPY A FOR BUREAU OF VITAL RECORDS

REGISTRATION AREA NUMBER: 129
CERTIFICATE NUMBER: 1415
STATE FILE NUMBER:

DECEDENT

1. FULL NAME OF DECEASED: Anna B Roos
2. SEX: ☐ M ☒ F
3. RACE: Caucasian
4. DATE OF DEATH: September 5, 1985
5. AGE: 85 years
IF UNDER 1 YEAR: months / days
IF UNDER 1 DAY: hours / minutes
6. DATE OF BIRTH: August 31, 1900
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ yes ☒ no

PLACE OF DEATH

8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If not, so state): Fairfax Hospital
DOA ☐ OUT PAT. (Other than DOA) ☐ Inpatient ☒
9. COUNTY OF DEATH: Fairfax
10. CITY OR TOWN OF DEATH: Falls Church (inside city or town limits? yes ☐ no ☒)
11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH: 3300 Gallows Road

USUAL RESIDENCE OF DECEDENT

12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE: Virginia
13. COUNTY OF DECEASED'S RESIDENCE: Fairfax
14. CITY OR TOWN OF RESIDENCE: McLean (inside city or town limits? yes ☐ no ☒)
15. STREET ADDRESS OR RT. NO. OF RESIDENCE: 8304 Riding Ridge Place
ZIP CODE: 22102

PERSONAL DATA OF DECEDENT

16. NAME OF FATHER OF DECEASED: James Beacom
17. MAIDEN NAME OF MOTHER OF DECEASED: Mary McKenna
18. CITIZEN OF WHAT COUNTRY: USA
19. BIRTHPLACE (State or country): Minnesota
20. NEVER MARRIED ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☒
21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (If deceased, name maiden): Edward Roos
22. SOCIAL SECURITY NUMBER: 562-05-7515
23. USUAL OR LAST OCCUPATION: Personnel Clerk
24. KIND OF BUSINESS OR INDUSTRY: County Government
25. INFORMANT—OR SOURCE OF INFORMATION: Daughter

MEDICAL CERTIFICATION

TO PHYSICIAN:

26. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): PULMONARY EDEMA
DUE TO (b): Cardiomyopathy + Hypertensive Heart Disease
DUE TO (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: few hours / x years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
26a. AUTOPSY? AUTHORIZED BY: ☐ yes ☒ no
26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? ☐ yes ☐ no ☐ unknown
26c. IF EXTERNAL CAUSE, IT WAS ☐ ACCIDENTAL ☐ SUICIDAL ☐ HOMICIDAL ☐ UNDETERMINED ☐ CONTRIBUTING TO CAUSE OF DEATH
NOTE: If External Cause, Notify Medical Examiner
26d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED
26e. TIME OF INJURY (mo.) (day) (year) A.M. P.M.
26f. INJURY OCCURRED ☐ while at work ☐ not while at work
26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)
26h. (city or town) (county) (state)
26i. To the best of my knowledge, death occurred at 11:26 (a.m.) (p.m.) on the date and place and from the cause(s) stated.
ACTUAL SIGNATURE ▶ F. Anthony Coogan
DATE SIGNED: Sept 9 '85
NAME OF ATTENDING PHYSICIAN (Type or Print): F. ANTHONY COOGAN
ADDRESS OF ATTENDING PHYSICIAN: Annandale VA 22003

FUNERAL DIRECTOR

27. BURIAL ☒ REMOVAL ☐ CREMATION ☐
28. PLACE OF BURIAL, REMOVAL, ETC.: Fairfax Memorial Park (Name of cemetery or crematory) Fairfax, Virginia (City or county) (State)
29. Signature of funeral director or person handling this matter: Rockwell W Baker Jr
NAME OF FUNERAL HOME AND ADDRESS: Demaine Funeral Homes, Inc Alexandria, Virginia 22314

REGISTRAR

30. ▶ James C. Sutter
DATE RECORD FILED: 9-10-85

IMPORTANT: Use black ribbon in typewriter or print legibly with ball point pen. Avoid using black unless ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

MARGIN RESERVED FOR BINDING

VS 2 5/83

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD FILED WITH THE FAIRFAX DEPARTMENT OF HEALTH FAIRFAX, VIRGINIA.

DATE ISSUED 9-10-85

James C. Sutter
REGISTRAR OR DEPUTY

(SEAL)

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE. DO NOT ACCEPT UNLESS IT BEARS THE EMBOSSED SEAL OF THE FAIRFAX DEPARTMENT OF

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-20-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John C. Seifert

in a T.S. Vault Vault/Liner Funeral, date, time Fri 1 P.M. 1/22

Church, Chapel, Graveside Chapel - G.S. ; Goodbody's Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WWII 2 army + navy Military

Lot 2123 Grave ~ Row ~ Section ~ Division/Block 10

Grave space & Care Fund Pre need E-5950	~
Additional spaces and care fund Sp. 2124	~
Opening/Closing & Setup	320.00
Burial Container Concrete Vault	175.00
Handling Fees Labor	170.00
Flower vases - Marker setting fee Vet Marker Inst fee	135.00
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	845.00
Paid receipt number 35583	845.50
Balance due	0

PAID
JAN 19 1988
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.

Richard E. DeYoung
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 7160

Acct. # _____

PY-593 (REV. 8-86)

E7160

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 CONRAD SEIFERT	Male	May 15, 1897	January 20, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Connie B. Seifert wife 6355 Lorca Drive San Diego, California 92115

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, 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: 4.00 / DATE PERMIT ISSUED: JAN 22 1988	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 1-22-88 (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: N/A		

18ga metal Seal 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.

OFFICIAL RECEIPT

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

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

№ 35583

Date: Jan 20, 1988

From: Connie B Seifert Address: 6355 Lorca Dr S.D. 92115

Eight hundred forty five and 50/100 Dollars ($ 845.50)

In full Payment of Interment of and for John C Seifert - dec

also Inst of G.I. Marker - Paid in full

Lot 2123 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. —

Acct. No. —

W.O. E 7160

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 0395

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

JAN 22 1988

ISSUED BY Loyce Stetter

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 77185	170	00
Recording & Misc. Fees	100 77183	170	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	10	50
TOTAL PAID	$	845	50

GI

OFFICIAL RECEIPT

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

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

№ 35595

Date: 1-25, 1988

From: Clayton Anderson Address: P.O. Box 19040 SD CA

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

In _____ Payment of Nellie Maley's burial service

Lot 1281 Grave _____ Row _____ Section 1 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-7160

BALANCE DUE 0

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

1088

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JAN 27 1988

ISSUED BY Sandra Wood

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 77185	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	242	40
TOTAL PAID	$	242	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-21-88

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

in a Concrete Liner (Vault/Liner) Funeral, date, time Mon 1-25- 11 Am

Church, Chapel, Graveside Church & BS ; 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 19 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Next to Mother -	250 00
Additional spaces and care fund None	
Opening/Closing & Setup	320 00
Burial Container Liner Cap	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 35593	856 00
Balance due	0

Pay By Son 1-25-88

I hereby certify I am the x Willie Wilson - 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

Willie Wilson
Signature
2644 Victoria St
Address
San Bernardino CA. 92410
State Zip Code
714-885-5620
Telephone

Invoice # _____

Work Order # E 7161

Acct. # _____

PY-583 (REV. 8-85)

E7161

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
PRINCELLA MATTIE MILDRED WAGGONER	Female	Jan. 26, 1931	January 21, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Regina Waggoner - Daughter 4908 Federal Blvd. 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

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

FOR CORONER'S 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 Sealed

SCIENTIFIC USE

NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A

ACKNOWLEDGMENT OF APPLICANT

This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.

SIGNATURE OF APPLICANT: ▶

DATE SIGNED:

LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT

AMOUNT OF FEE PAID: 4.00

DATE PERMIT ISSUED: JAN 25 1988

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald L. Ramos, M.D.M.M

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-25-88 (ENTER DATE)

19/3/2/11

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Regina Waggoner

LICENSE 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

№ 35593

Date: 1-22, 1988

From: Willie Wilson Address: 2644 Victoria St SD

eight hundred fifty-six Dollars ($ 856.00)

In _____ Payment of Princella Wagoner's Service

Lot 19 Grave 3 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7161

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 033717

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

CITY AUDITOR

JAN 27 1988

ISSUED BY Lindea L Ward

CREDIT 20% Sales Care	67007 77164	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	83033 9022		
Sales Tax	80101 78390	6	00
TOTAL PAID	$	856	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 21-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Richard Taylor, Jr.

in a Counter Bell Liner Vault/Liner Funeral, date, time Mon - 11 Am - I-25

Church, Chapel, Graveside Graveside : Rosedale Mortuary.

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

Lot 126 Grave 1 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 Labor	145 00
Flower vases - Marker setting fee Later	
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	856 00
Paid receipt number 35600	856 00
Balance due	0

PAID
MT. HOPE CEMETERY
CITY of SAN DIEGO, CA

16 Chairs -
Pay by 1-22-88 4p.m.

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

s/ Linda Taylor
Signature
4134 49th Street #8
Address
C.A. 92105
State Zip Code
(619) 285-9170
Telephone

OK from Rosedale

Work Order # E 7162

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

E7162

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
George Richard Taylor, Jr.	Male	Aug. 26, 1965	Jan. 16, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Linda Taylor - Wife 4134 49th Street, Apt. 8 San Diego, CA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 5050 Federal Blvd. San Diego, CA 92102	1329

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

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

FOR CORONER'S 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; SanDiego, 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 Cloth Covered Wood Flat China		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED JAN 22 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. MSW
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-25-88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyew Stiller	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

COPY 2

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

OFFICIAL RECEIPT

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

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

№ 35600

Date: Jan 25, 1988

From: Vernell J. David Address: 4741 Magnus Way - 58 92113

Eight Hundred fifty six and no/100 Dollars ($ 856 00)

In full Payment of Interment of and for Georgia Taylor - dec

Lot 126 Grave 1 Row Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E 7162

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 250

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

CITY AUDITOR

JAN 27 1988

ISSUED BY Loyce Stelter

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 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	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
284-3151

№ 35770

Date: 2-25, 1988

From: Felicia Sabrea Address:

fifteen 90/100 Dollars ($ 15.90)

In Payment of George Taylor Jr. Flower Vase

Lot 126 Grave 1 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7162

BALANCE DUE 0

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

CITY AUDITOR
MAR 03 1988

CREDIT	67007		
20% Sales Cars	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	83033 9022		
Sales Tax	60101 78390		30
TOTAL PAID	$	15	90

CITY AUDITOR
MAR 03 1988

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

ISSUED BY

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-88

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

in a Bell Liner (Vault/Liner) Funeral, date, time Mon 1-25 2pm

Church, Chapel, Graveside Chapel/Grave Logsdale Mortuary.

All Funeral cars must arrive 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 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 35601	856.00
Balance due	0

PAID 1-22-88 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Select Plot

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

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

Signature of recorded holder of deed

ordered by Logsdale

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 7163

Acct. # _____

PY-583 (REV. 8-85)

E7163

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JIMMIE LEE HAMILTON	Male	July 7, 1931	Jan. 18, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Shirley Reed - Daughter 4535 Market Street Apt. #2 San Diego, California 92102

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Black Onex —	DATE CREMATED 18 ga	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 Batesville 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 ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED JAN 21 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-25-88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stetter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

№ 35601

Date: Jan 25, 1988

From: Lagsdale Mortuary Address: 5058 Federal Blvd S.D. 92102

Eight Hundred Fifty six and 00/100 Dollars ($ 856 00/xx)

In full Payment of Interment of ashes for Jimmy Hamilton-dec

Lot 109 Grave 1 Row — Section 2 Division II

Invoice No. —

Acct. No. —

W.O. E-7163

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 9005

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

CITY AUDITOR

JAN 27 1988

Issued by: Joyce Stelter

CREDIT 20% Sales Care	87007 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 76390	6	00
TOTAL PAID	$	856	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-88

CHARLOTTE STUART

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

in a Liner Vault/Liner Funeral, date, time Tues - 10 Am 1/26

Church, Chapel, Graveside G.S. Mortuary. Beverly

All Funeral cars must 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. 9:30 P.B.

Lot 628 Grave ____ Row ____ Section 5 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 35602	606.00
Balance due	0

Will pay at grave Beverly mortuary

I hereby certify I am the Via Phone "Harry" of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7164

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

E 7164

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CHARLOTTE D. STUART	FEMALE	JUN 29, 1903	JAN 21, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	RUE S. JAMES, DAUGHTER 4627 CASTELAR STREET SAN DIEGO, CA 92107

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

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

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

FOR CORONER'S 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 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 $4.00	DATE PERMIT ISSUED JAN 25 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-26-88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE N/A
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

OFFICIAL RECEIPT

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

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

№ 35602

Date: 1-26 1988

From: Beaulieu Mitchell Address: 1810 Sunset Cliffs, SD.

Six hundred six 00/100 Dollars ($ 606.00)

In _____ Payment of Charlotte Stuart Burial Service

Lot 628 Grave ~~5~~ Row _____ Section 5 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-7164

BALANCE DUE ~~0~~

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

8155

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

CITY AUDITOR
JAN 27 1988

ISSUED BY Sandra Wade

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

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 22-88

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

in a T.S. Vault Vault/Liner Funeral, date, time 2pm Mon 1-25

Church, Chapel, Graveside Chapel & Gdn, Featherhill Walter Mortuary.

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

Lot 3391 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 [illegible]	
Recording and filing [illegible]	35.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 36205	710.50
Balance due	0

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 7165

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E7165

James R. Johnson
Courthouse Square Bldg
270 E. Douglas
Suite # 3
El Cajon, CA 92020
588-2064

E7165

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ANN D. SIMMS	Female	Mar. 27, 1902	Jan. 21, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Sheryl Woodson, Granddaughter 9125 Creekford Drive Lakeside, Ca. 92040

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY	1083

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cem., 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 · Inv. Wood - Salef - mtd - Woodard Papers		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a 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: $4.00 / DATE PERMIT ISSUED: JAN 25 1988	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 1-25-88 (ENTER DATE) 3391-10	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

№ 36205

Date: 5-31, 19 88

From: Cheryl Woodson Address: 9125 Creekford Dr. Lakeside

Seven hundred ten 50/100 Dollars ($ 710.50)

In _____ Payment of Anne D. Simms Burial Service

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7165

BALANCE DUE 0

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

5

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JUN 2 1988

ISSUED BY Sandra L. Wade

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	83033 9022		
Sales Tax	80101 78390	10	50
TOTAL PAID	$	710	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-25-88

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

in a Top Sealed Vault (Vault/Liner) Funeral, date, time Thur - 11AM - 1/28

Church, Chapel, Graveside Church & G.S. ; So. Calif Burial Sec Mortuary.

All Funeral cars must 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 172 Grave 12 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	395.00
Additional spaces and care fund	—
Opening/Closing & Setup	320.00
Burial Container T.S. Vault	175.00
Handling Fees Labor on	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	$1105.50

30 day note

Paid 1-30-89

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

Laurette Collier
Signature

796 DAISY GO ST
Address

SAN DIEGO, CA 92102
State Zip Code

619 262 5660
Telephone

Invoice # 065841

Acct. # 025241

Work Order # E 7166

PY-593 (REV. 8-85)

#1105.50

W.O. NO. E-7166

NOTE—STRAIGHT

$ 1105.50 San Diego, California, January 25, 1988 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 Eleven Hundred five and 50/100 DOLLARS.

with interest from Feb. 26, 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

Earnest Collins

796 Dorcas St. S.D. Ca.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #N5649378

E 7166

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Maymie Deloras Stewart	Female	July 24,1921	Jan. 21,1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Robbie L. Sharpe (Daughter) 874 Quail Street San Diego, CA 92102

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 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 18ga Cottonwell White Pine Sealed - Steel Conrad Cault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass 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 Grosekamper DATE SIGNED January 26, 1988
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED JAN 26 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramros, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-28-88 (ENTER DATE) 172-12- 1-12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyen 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 Jan 25, 1988

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frank S. Nenashi

in a Sealed Comte Vault (Vault/Liner) Funeral, date, time Fri. 1/29 10AM

Church, Chapel, Graveside Nite & GS. AM ; Binbos Mortuary.

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

Lot 4878 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	Pre need —	—
Additional spaces and care fund		—
Opening/Closing & Setup		320.00
Burial Container	T.S. Burial Comte 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	35594	710.50
Balance due		0

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

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

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

Signature of recorded holder of deed

George M. Nenashi
Signature

130 E. RIENSTRA ST.
Address

CHULA VISTA, CA. 92011
State Zip Code

426-8023
Telephone

Invoice #

Acct. #

Work Order # E 7167

PY-593 (REV. 8-88)

E7167

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SADAJI NENASHI	male	Dec 9, 1900	Jan 24, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	George M. Nenashi -son 130 East Rienstra Street Chula Vista, CA 92011

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

Top vault of DIP

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 Solid Oak Hardwood Swing Bar Handwood	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Betemelle
BURIAL AT SEA OR DISPOSITION OTHER 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 Comete 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	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	JAN 26 1988	▶ Donald G. Ramros, M.D. MM

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-29-88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
	#878-10	▶ Georgen Stetter	

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

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

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

№ 35594

Date: Jan 25, 1988

From: Viola Fukushima Address: 2805 - Mass Ave - Lemon Grove - 92045

Seven Hundred Ten and 50/100 Dollars ($ 710 50/xx)

In full Payment of Interment of and for Frank S. Nenaski - Dec

Lot 4878 Grave — Row — Section — Division ~~Block~~ 10°

Invoice No. —

Acct. No. —

W.O. E-7167

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 901

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

CITY AUDITOR

JAN 27 1988

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	—	—
80% Sales of Lots	100 77184	—	—
Opening/ Closing	100 77181	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura Brooks - Carlson

in a _____ Funeral, date, time _____

Church, Chapel, Graveside (Vault/Liner) 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 _____.

Lot 199 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	250.00
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	960.50
Paid receipt number	
Balance due	

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

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

Signature of recorded holder of deed

Kenneth R. King
Signature
4333 Dawson Ave #16
Address
San Diego Ca/A 92115
State Zip Code
265-1701
Telephone

Invoice # _____

Work Order # E 7168

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-25-88

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

in a Ash Vault (Vault/Liner) Funeral, date, time Tuesday 2/2

Church, Chapel, Graveside Chapel 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 _____ . Diag - Off

Lot 1281 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 35595	242.40
Balance due	0

PAID
FEB 08 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

Clayton L Anderson
Signature

5518 Trinity
Address

San Diego CA 92120
State Zip Code

(619) 265 1637
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7169

PY-593 (REV. 8-85)

E7169

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#56376

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

Lewis Col/Benbo Moetuary

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
NELLIE ISABEL MALEY	female	July 19, 1900	Jan 24, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Marjorie L. Anderson - conservator 5518 Trinity Way 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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A 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 1/30/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY D. McCabe
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a Copper Urn Cornelio 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 $4.00	DATE PERMIT ISSUED JAN 26 1988 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 2/2/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W. [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 1-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nellie Leola Mondone

in a Concrete Liner (Vault/Liner) Funeral date, time Fri 1/29 11 AM

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 No.

Lot 67 Grave 12 Row 2 Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number 35633	856.00
Balance due	0

PAID
FEB 02 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

check by Rogsdale

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

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

Signature of recorded holder of deed

Kevin Mondone
Signature

7552 Overwood Way
Address

SD CA 92114
State Zip Code

470-3867
Telephone

Invoice #

Acct. #

Work Order # E 7170

PY-593 (REV. 6-86)

E 7170

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
NELLIE LEOLA MONDANE	Female	June 26, 1925	Found Jan. 22, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Kevin Michael Mondane - Son 7573 Dunwood Way San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS BURIAL)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 9050 Federal Blvd. San Diego, Califronia	1329

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Metal Mim	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 4.00	DATE PERMIT ISSUED JAN 27 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-29-88 (ENTER DATE) 67-12-2-11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia 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

OFFICIAL RECEIPT

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

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

No 35633

Date: 2/2/88, 19

From: Anderson-Rosedale F.H. Address: 5050 Federal Blvd. S.D. 92102

Eight Hundred Fifty Six and no/100 Dollars ($ 856.00)

In full Payment of Interment of ashes for Nellie Leola Mondane Howard

Lot 67 Grave 12 Row ~ Section 2 Division Block 11

Invoice No ~

Acct. No ~

W.O. E7170

BALANCE DUE 0

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

9057

See 32

AC-212 (Rev. 10-87)

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

CITY AUDITOR

FEB 05 1988

ISSUED BY [signature]

CREDIT 20% Sales Cars	67007 77184	50	00
80% Sales of Lots	100 77154	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura Brooks-Colson

in a T.S Vault (Vault/Liner) Funeral, date, time Fri 1/29 2pm.

Church, Chapel, Graveside Chapel & Grove ; Hagsdale Mortuary.

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

Lot 199 Grave 7 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	
Balance due	

Paid 12-5-88

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

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

_____
Signature of recorded holder of deed

Kenneth R. Ky
Signature

4333 Dawson #16
Address

SD CA 92115
State Zip Code

265-1701
Telephone

Invoice # 065842

Acct. # 025240

Work Order # E 7171

PY-693 (REV. 8-85)

W.O. NO. E-7171

NOTE—STRAIGHT

1205.50 San Diego, California, 1-25 19 88

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 dollars 50/100 DOLLARS,

with interest from on the unpaid principal at the rate of

12 per cent per annum, payable on demand

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

x Kenneth R Key

4333 Dawson Ave #16, SD

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Calif. Driver Lic. # K.O. 677660

E7171

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LAURA BROOKS COLSON	Female	Dec. 12, 1914	Jan. 24, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Lorraine Key - Daughter 422 South 40th 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

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

FOR CORONER'S 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 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 ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED JAN 27 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1/29/88 (ENTER DATE) 199-7-2-12	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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 1-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elizabeth Robinson in a Double Depth Vault/Liner Funeral, date, time Fri 2/5 2pm. Church, Chapel, Graveside Hazel Grove; Logsdale Mortuary.

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

Lot 105 Grave 8 Row ____ Section 3 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.60
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	
Balance due	

Written off 4-12-89

I hereby certify I am the Granddaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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: Lenna A. Wallace

Address: 4804 Reno Dr.

State: Calif. Zip Code: 92105

Telephone: 280-8584

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

Signature of recorded holder of deed

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7172

PY-593 (REV. 8-85)

W.O. NO. E-7172

NOTE—STRAIGHT

$ 1519.80 San Diego, California, January 25, 19 88

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 80/100 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 Velma A. Wallace

4884 Reno Dr.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # N00 32213

E 7172

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ELIZABETH ROBINSON	Female	May 4, 1900	Found Jan. 23, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Melvin Foster - Son 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 5050 Federal Bl.	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 Double Crypt on Cotton	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 20 ga - Non Sealer Metal - Last Supper 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 ▶ DATE SIGNED

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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
		4.00	FEB 2 1988	Donald G. Ramros, M.D. MM

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/5/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
	105/8/3/12	▶ [signature]	

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 Jan 26, 1988

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

in a Top Seal Concrete Vault (Vault/Liner) Funeral, date, time Fri. 1/29/2 P.M.

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

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

Lot 3879 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 Sealed 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	1305.50
Paid receipt number 35610	1305.50
Balance due	0

ch by Fri

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

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

Signature of recorded holder of deed

Ernestine Cherry
Signature

Address 4117 Jamul ave 92113
State Zip Code

Telephone 2620458 S.D.

Invoice #

Acct. #

Work Order # E 7173

PY-593 (REV. 8-86)

E7173

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 ALBERT CHERRY	Male	Jan. 1, 1955	Jan. 25, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Ernestine Cherry - Mother 4117 Jamul Street San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	F 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 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 Vault Metal - Sealer		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00 / DATE PERMIT ISSUED: JAN 28 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Remus, M.D. mtm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-29-88 (ENTER DATE) 3879-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

OFFICIAL RECEIPT

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

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

№ 35610

Date: 1-27 1988

From: Ernestine Cherry Address: 4117 Jewell Ave, SD, CA 92113

Thirteen hundred five 50/100 — Dollars ($ 1305.50)

In Payment of Wayne Albert Cherry's Service

Lot 3829 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7173

BALANCE DUE 0

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

CITY AUDITOR

FEB 03 1988

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

710 42

ISSUED BY

AC-212 (Rev. 10-87)

CREDIT	67007	119	00
20% Sales Care	77184	476	00
80% Sales of Lots	100 77184	320	00
Opening/ Closing	100 77181	175	00
Burial Containers	100 77182	120	00
Handling Fee	100 77185	35	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	10	50
TOTAL PAID	$	1305	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Credit Sale

Date Jan 25, 1988

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

in a — Vault/Liner Funeral, date, time —

Church, Chapel, Graveside — ; — Mortuary.

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

Lot 65 Grave 12 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	Can be used for Double Cypt	250.00
Additional spaces and care fund	none	
Opening/Closing & Setup	none arranged for at this time	
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
	Total Due	250.00
	Paid receipt number	
	Balance due	

23 at 10.00
1 at 20.00
Coupon Book
DP 1-26-88

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

T. J
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7174

PY-503 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 35677

Date: 2-8, 1988

From: Leba Sales Address: 324 Hall, SD 92102

ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Coupon #1 Credit Lot

Lot 65 Grave 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7174

BALANCE DUE 240.00

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

AC-212 (Rev. 10-87) 550

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

CITY AUDITOR
FEB 10 1988

ISSUED BY Sandra Vard

CREDIT 20% Sales Care	67007 77184		
50% 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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7174 Credit Lot

Reba Scales
324 Hoitt
San Diego, Ca ~~92113~~ - 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 10.00

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

$ 11.00

Amount Received $ _____

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 35812

Date: 3-4, 19 88

From: Leba Sales Address: 324 Hewitt, San Diego

Ten dollars no/100 Dollars ($ 10.00)

In Payment of Coupon #2 Credit Lot

Lot 65 Grave 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7174

BALANCE DUE 230.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
574

AO-212 (Rev. 10-87)

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

CITY AUDITOR

MAR 08 1988

ISSUED BY Linda 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	83033 9022		
Sales Tax	90101 78390		
TOTAL PAID	$	10	—

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7174 Credit Lot

Reba Scales
324 Hoitt
San Diego, Ca ~~92113~~ 92102

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. $ 10.00

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

$ 11.00

Amount Received $ 10.00

NAME Reba Scales

ADDRESS 324 Hoitt St

CITY San Diego, STATE Calif. ZIP 92102

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35988-B

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

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

Date: 4-17, 1988

From: Reba Scales Address: 324 Hoitt St, SD

ten dollars Dollars ($ 10.00)

In _____ Payment of Coupon 3 Credit Lot

Lot 65 Grave 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7174

BALANCE DUE 220.00

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.

CITY AUDITOR

APR 14 1988

ISSUED BY Sandra Ward

CREDIT	87007		
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** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7174 Credit Lot

Reba Scales
324 Hoitt
San Diego, Ca 92113 - 92102

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

No 36119

Date: 5-5, 19 88

From: Reba Sayles Address: 324 Holt Street, SD

ten dollars 29/100 Dollars ($ 10.00)

In Payment of Coupon 4 Cedar Lot

Lot 65 Grave 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7174

BALANCE DUE 210.00

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

AC-212 (Rev. 10-87) 625

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

CITY AUDITOR

MAY 11 1988

ISSUED BY Sandra Ward

CREDIT	57007		
20% Sales Care	77184	10	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 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** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7174 Credit Lot

Reba Scales
324 Hoitt
San Diego, Ca ~~92113~~ 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 10.00

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

$ _____

Amount Received $ _____

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

№ 36266

Date: 6-7, 1988

From: Reba Isaacs Address: 324 Hoitt, San Diego, CA 92102

twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of Coupon 5&6 Credit Lot

Lot 65 Grave 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7174

BALANCE DUE 190.00

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

654

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JUN 13 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Cars	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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7174 Credit Lot

Reba Scales
324 Hoitt
San Diego, Ca 9[illegible]3 - 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

...with each remittance COUPON 6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7174 Credit Lot

Reba Scales
324 Hbitt
San Diego, Ca 92113 92102

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36392

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

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

Date: 7-8, 19 88

From: Reba Scales Address: 324 Hoist, SD 92102

twenty no/100 Dollars ($ 20.00)

In _____ Payment of Coupon 7 & 6 Credit Lot

Lot 65 Grave 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7174

BALANCE DUE 170.00

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

AC-212 (Rev. 10-87) 600

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		
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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7174 Credit Lot

Reba Scales
324 Hoitt
San Diego, Ca 92113 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 10.00

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

$ _____

Amount Received $ _____

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-7174 Credit Lot

Reba Scales
324 Hoitt
San Diego, Ca 92123 92/02

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 36536

Date: 8 9 , 19 88

From: Reba Scales Address: 324 South Street

Twenty dollars Dollars ($ 20.00)

In payment Payment of Credit Lot Sales

Lot 10 Grave 12 Row Section Division Block 17

Invoice No.

Acct. No.

W.O. E-7174

BALANCE DUE 150.00

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

AC-212 (Rev. 10-87) 706

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

CITY AUDITOR

AUG 12 1988

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	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** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7174 Credit Lot

Reba Scales
324 Hoitt
San Diego, Ca 92113 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

...one coupon with each remittance **COUPON** **10**

...O NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7174 Credit Lot

Reba Scales
324 Hoitt
San Diego, Ca 92103 92/02

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

№ 36651

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

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

Date: 9-7, 19 88

From: Leba Isales Address: 324 Hart Street, SD 92102

Twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of Coupons 11 & 12 Credit Lot

Lot 65 Grave 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7174

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
SEP 13 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
50% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
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) 731

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7174 Credit Lot

Reba Scales
324 Hoitt, . . -
San Diego, Ca 92113 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 10.00

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

$ _____

Amount Received $ _____

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. B-7174 Credit Lot

Reba Scales
1-324 Hoitt
San Diego, Ca 92123 42102

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 _____

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

№ 36814

Date: 10-10, 1988

From: Leba Sales Address: 324 Hill, SD

twenty - five no/100 Dollars ($ 20.00

In _____ Payment of Crypts 13 & 14 Vented Lot

Lot 65 Grave 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7174

BALANCE DUE 110.00

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

AC-212 (Rev. 10-87) 751

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

CITY AUDITOR
OCT 14 1988

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	20.00

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

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. 2-7274 Credit Lot

Reba Scales
324 Holt
San Diego, Ca 92113 12/80

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7174 Credit Lot

Reba Scales
324 Holtt
San Diego, Ca 92113 72102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 36942

Date: 11-8 19 88

From: Leba Sales Address: 324 Utell, San Diego

Twenty 20/100 Dollars ($ 20.00)

In Payment of Coupon 15 & 16 Cash Lot

Lot 65 Grave 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 2-7174

BALANCE DUE 20.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
775

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

ISSUED BY Linda Ward

CREDIT	67007	
20% Sales Care	77184	20 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77161	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	20 00

CITY AUDITOR
NOV 15 1988

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7174 Credit Lot

Reba Scales
32nd Hoitt
San Diego, Ca 92103

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. ▶ $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7174 Credit Lot

Reba Scales
324 Boitt
San Diego, Ca 92103 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

Nº 37074

Date: 12-8, 1988

From: Reba A. Scales Address: 324 Hoitt St, San Diego, Ca 92102

Twenty dollars & 00/100 Dollars ($ 20.00)

In part Payment of Credit lot, coupons 17:18

Lot 65 Grave 12 Row ~ Section 2 Division Block 11

Invoice No.

Acct. No. E-7174

W.O.

BALANCE DUE 70.00

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

800

AC-212 (Rev. 10-87)

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

ISSUED BY Sara 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 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	20 00

CITY AUDITOR
DEC 12 1988

Enclosed

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. D-7174 Credit Lot

Helen Scales
324 Holtt
San Diego, Ca 92103 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

COUPON 18

ACCOUNT No. B-7174 Credit Lot

Swiss Scales
324 Hoitt
San Diego, Ca 92103 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 10.00

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

$ _____

Amount Received $ _____

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

№ 37315

Date: 2-6, 1989

From: Reba Sarles Address: 324 Hoult Street, SD

Sixty dollars no/100 Dollars ($ 60.00)

In _____ Payment of 19 - 23, 1/2 of 24 Credit Lot

Lot 65 Grave 12 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7174

BALANCE DUE 10.00

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

830

AC-212 (Rev. 10-87)

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

CITY AUDITOR
FEB 10 1989

ISSUED BY Sandra Ward

CREDIT	67007	40	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	$	60	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7174 Credit lot

Reba Scales
324 Holtt
San Diego, Ca 92113 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

CHICAGO, ILLINOIS
PRINTED IN U.S.A. BY RAND McNALLY

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7174 Credit Lot

Reba Scales
324 Rolfe
San Diego, Ca 92103 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 10.00

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

$ _____

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-7174 Credit Lot

Reba Scales
324 Holtt
San Diego, Ca. 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 10.00

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

$ _____

Amount Received $ _____

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-7174 Credit Lot

Baba Scales
324 Spitt
San Diego, Ca 92113 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. $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7174 Credit Lot

Reba Scales
324 Holtt
San Diego, Ca 92113 92102

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 10.00

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

$ _____

Amount Received $ _____

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. B-7174 Credit Lot

Reba Scales
324 Boitt
San Diego, Ca 92113 12/02

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

NAME Scales, Reba ACCT. NO. E-7174

ADDRESS 324 Hoitt, San Diego, Ca 92102 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
J[illegible]26	87	Lot 65, Grave 12, Section 2, Division 11	250 00			
2-8	88	Coupon # 1, Receipt # 35677			10 00	240 00
3-4	88	Coupon # 2, Receipt # 35812			10 00	230 00
4-7	88	Coupon #3, Receipt 35988-B			10 00	220 00
5-5	88	Coupon 4, Receipt 36119			10 00	210 00
6-7	88	Coupon # 685 Receipt 36266			20 00	190 00
7-8	88	Coupon # 7 & 8 Receipt 36392			20 00	170 00
8-9	88	Coupon 9 + 10, Receipt 36536			20 00	150 00
9-7	88	Coupon 11 & 12, Receipt 36651			20 00	130 00
10-10	88	Coupon 13 & 14, Receipt 36814			20 00	110 00
11-8	88	Coupon 15 & 16 Receipt 36942			20 00	90 00
12-8	88	coupon 17 & 18 Receipt 37074			20 00	70 00
2-6	89	Coupon 19-20 Receipt 37315			60 00	10 00
11-3	89	Receipt 38511			10 —	— 0 —

AIGNER FORM NO. 25-204 Scales, Reba 65 - 12 - 2 - 11 PRINTED IN USA

OFFICIAL RECEIPT

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

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

No 38511

Date: 11-3- , 1989

From: REBA SALES Address: 324 Hoitt, S.D. CA 92102

TEN DOLLARS AND +0/100 Dollars ($ 10.00)

In FULL Payment of CREDIT LOT

Lot 65 Grave 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 7174

BALANCE DUE 0

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 W.J. Teague

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 78300		
TOTAL PAID	$	10	00

CITY AUDITOR
NOV 13 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-26-87

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

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 90 Grave 3&4 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	2 @ 495	990.00
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		990.00
Paid receipt number 35604		200.00
Balance due		790.00

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

Walsiel Garrett
Signature
2466 56th St.
Address
San Diego, Ca 92105
City Zip Code
(619) 264-8679
Telephone

Work Order # E 7175

Invoice # _____

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

№ 35604

Date: 1-26, 1988

From: Walsie Garrett Address: 2466 56th Street, SD 92105

Two hundred no/100 Dollars ($ 200.00)

In _____ Payment of Credit Lot

Lot 90 Grave 3 & 4 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE E-7175
$ 790.00

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

AC-212 (Rev. 10-87) 04798
5443

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	
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

OFFICIAL RECEIPT

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

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

№ 35631

Date: 2-2, 1988

From: Walsiel Garrett Address: 2466 56th Street, SD 92105

Thirty-two no/100 Dollars ($ 32.00)

In _____ Payment of Coupon #1 Credit Lot

Lot 90 Grave 3 & 4 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7175

BALANCE DUE 758.00

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

AC-212 (Rev. 10-87) 5462

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

CITY AUDITOR

FEB 05 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	32	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	32	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7175 Credit Lot

Walsiel Garrett

2466 56th 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 ▶ $ 32.00

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

$ 33.00

Amount Received $ _____

NAME WALSIEL GARRETT

ADDRESS 2466 56th St.

CITY SAN DIEGO STATE CA. ZIP 92105

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35831

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

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

Date: 3-8, 1988

From: Vol Gerrett Address 2466 56th Street, SD 92105

Sixty Four 00/100 Dollars ($ 64.00)

In Payment of Oregon 2 & 3 Credit Lot

Lot 90 Grave 3 & 4 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-7175

BALANCE DUE 694.00

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

0493 & 5501

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	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	$	64.00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7175 Credit Lot (/)

Walsiel Garrett
2466 56th 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. ▶ $ 32.00

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

$ 33.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7175 Credit Lot (2)

Walsiel Garrett
2466 56th 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 ▶ $ 32.00

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

№ 35969

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

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

Date: 4-5, 1988

From: Walsiel S Garrett Address: 2466 56th Street, SD
thirty-two Dollars ($ 32.00)

In _____ Payment of Coupon 4 Credit Lot

Lot 90 Grave 3 & 4 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7175

BALANCE DUE 662.00

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 Sandy Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	32.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	32.00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7175 Credit Lot

(1)

Walsiel Garrett
2466 56th 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. $ 32.00

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

№ 36095

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

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

Date: 5-4, 1988

From: Walsiel Garrett Address: 2966 56th Street, SD 92105

Sixty Four no/100 Dollars ($ 64.00)

In Payment of Coupon 5&6 Credit Lot

Lot 90 Grave 3&4 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7175

BALANCE DUE 598.00

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

517 & 5552

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	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	$	64	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7175 Credit Lot

Wallsiel Garrett
2466 56th Street
San Diego, Ca 92105

(1)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 32.00

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

$ 32.00

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-7175 Credit Lot 2

Walsiel Garrett
2466 56th 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 ▶ $ 32.00

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

$ 32.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36296

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

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

Date: 6-14, 1988

From: Walsie Garrett Address: 2466 56th Street, SD

thirty-two no/100 Dollars ($ 32.00)

In Payment of Coupon 7 Credit Lot

Lot 90 Grave 3 & 4 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7175

BALANCE DUE 566.00

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

5592

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JUN 20 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	32	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	32	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. P-7175 Credit Lot 1

Walsiel Garrett
2466 56th 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. $ 32.00

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

$ 32.00

Amount Received $

NAME Walsiel Garrett Jr

ADDRESS 2466 56th St

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
284-3151

No 36356

Date: 7-5 19 88

From: Valsie Garrett Address: 2466 56th Street, SD

Thirty-two no/100 Dollars ($ 32.00)

In Payment of Coupon & Credit Lot

Lot 90 Grave 3 & 4 Row Section 1 Division-Block 11

Invoice No.

Acct. No.

W.O. E-7175

BALANCE DUE 534.00

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

5610

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JUL 11 1988

ISSUED BY Andrea Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	32	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	32	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7175 Credit Lot 1

Walsiel Garrett (1)
2466 56th Street
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 ▶ $ 32.00

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

$ 32 00

$ 32 00

Amount Received $ 32.00

NAME Walsiel D. Garrett

ADDRESS 2466 56th St.

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

№ 36510

Date: 8-5, 1988

From: W. Garrett O. Kirkwright Address: 2466 - 56th Street

Thirty & two dollars Dollars ($ 32.00)

In payment Payment of Credit Lot Sale

Lot 90 Grave 3 + 4 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-7175

BALANCE DUE 463.00

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 [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	32 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78360	
TOTAL PAID	$	32 —

AC-212 (Rev. 10-87)

549

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7175 Credit Lot 2

Valsiel Garrett
2466 56th Street
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. $ 32.00

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

32

$ ____

Amount Received 32

NAME Valsiel Garrett

ADDRESS 2466 56th

CITY San Diego STATE CA ZIP 92105

☐ check (✓) if this is new address

OFFICIAL RECEIPT Credit Sale

№ 36469

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

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

Date: 8/2/88, 19

From: Walsiel Garrett Address: 2466-52 Hst SD 92105

Thirty nine & no/100 Dollars ($ 39.00)

In On T.P. Payment of to Pay for space being used 8/5/88 for Chalsie Simon - dec

Lot 90- Grave 3 Row 0 Section 1 Division Block 11

Invoice No. —

Acct. No. —

W.O. E 7175

BALANCE DUE 495.00

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

AC-212 (Rev. 10-87) 5638

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

CITY AUDITOR

AUG 09 1988

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	—
60% Sales of Lots	100 77184	39.00
Opening/ Closing	100 77181	—
Burial Containers	100 77182	—
Handling Fee	100 77185	—
Recording & Misc. Fees	100 77183	—
Pre-Need Trust	63033 9022	#36469
Sales Tax	60101 78390	—
TOTAL PAID	$	39.00

OFFICIAL RECEIPT

№ 36659

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: Walsid Garrett Address: 2466 36th Street, SD

Thirty-two no/100 Dollars ($ 32.00)

In Payment of Coupon to Credit Lot

Lot 90 Grave 3 & 4 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O.

BALANCE DUE 431.00

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 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184	32	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	32	00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7175 Credit Lot

Walsiel Garrett
2466 56th Street
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. $ 32.00

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

$ 32.00

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

№ 36782

Date: 10-5, 19 88

From: Nelsie Garrett Address: 2466 56th Street, SD
Thirty-two no/100 Dollars ($ 32.00)

In _____ Payment of Lauzon 11 Credit Lot

Lot 90 Grave 3 & 4 Row _____ Section 1 Division/Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7175

BALANCE DUE 399.00

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

570

AC-212 (Rev. 10-87)

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

CITY AUDITOR

OCT 7 1988

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	32 00
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	32 00 ✓

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7175 Credit Lot 2

Walsiel Garrett 2

2466 56th Street

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 ▶ $ 32.00

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

№ 36916

Date: 11-4, 19 88

From: Walsie Garrett Address: 2466 56th Street, San Diego

Dollars ($ 32.00)

In _____ Payment of _____

Lot 90 Grave 3 & 4 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7175

BALANCE DUE 367.00

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	32.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77166	
Recording & Misc. Fees	100 77163	
Pre-Need Trust	63038 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	32.00

CITY AUDITOR
NOV 15 1988

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7175 Credit Lot 2

Walsiel-Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
	1st										

Amount due when paid on, or before, due date above. $ 32.00

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

$ 32.00

Amount Received $ _____

NAME Walsiel S. Garrett

ADDRESS 2466 56th St.

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

№ 37051

Date: 12-6, 19 88

From: Valsiel Garrett Address: 2466 56th Street, San Diego

thirty-two 10/100 — Dollars ($ 32.00)

In _____ Payment of Coupon 13, Credit Lot

Lot 90 Grave 3 & 4 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7175

BALANCE DUE 335.00

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

595

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	32.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	32.00

CITY AUDITOR
DEC 12 1988

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. D-7175 Credit Lot 2

Haleiel Garrett
2466 56th 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. $ 32.00

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

$ _____

Amount Received $ 32.00

NAME Haleiel Garrett

ADDRESS 2466 56th St.

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

№ 37162

Date: 1-4, 1989

From: Walsell Garrett Address: 2466 56th Street, SD

Thirty-two ns/no — Dollars ($ 32.00)

In _____ Payment of Coupon 14 Credit Lot

Lot 90 Grave 3 & 4 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. 2-7175

BALANCE DUE 303.00

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

AC-212 (Rev. 10-87) 605

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		
50% Sales of Lots	100 77184	32	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	65033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	32	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7175 Credit Lot 2

Waleidel Garrett
2466 56th 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. $ 32.00

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

$ _____

Amount Received $ 32 00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

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

№ 37352

Date: 2-10 19 89

From: Tolsiel Garrett Address: 2466 56th Street, SD

thirty-two no/100 — Dollars ($ 32.00)

In _____ Payment of Coupon 15 Credit Lot

Lot 90 Grave 3 & 4 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7175

BALANCE DUE 271.00

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

615

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	32.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	32.00

CITY AUDITOR
FEB 16 1989

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. D-7175 Credit Lot 2

Walsiel Garrett
2466 56th 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 ▶ $ 32.00

Amount due if paid more than_____days after due date above. ▶ $ 1.00

$ 32.00

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

№ 37421

Date: 3-2, 1989

From: Walsie Garrett Address: 2466 56th Street, SD

Sixty-four no/100 Dollars ($ 64.00)

In Payment of Coupon 16 & 17 Credit Lot

Lot 90 Grave 3 & 4 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. 81-7175

BALANCE DUE 207.00

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

AC-212 (Rev. 10-87) 623 & 5841

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

CITY AUDITOR
MAR 10 1989

ISSUED BY Sandra Ward

CREDIT	67007	
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	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	64.00

Send or bring this coupon with each remittance. **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7175 Credit Lot 2

Walafiel Garnett
2466 56th 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. ▶ $ 32.00

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

$ 33.00

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. B-7175 Credit Lot 2

Valintel Garrett
2466 56th 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. $ 12.00

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

$ 3200

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

CITY AUDITOR

APR 07 1989

OFFICIAL RECEIPT

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

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

№ 37600

Date: 4-4, 1989

From: Valsie Garrett Address: 2466 56th Street SD

Thirty-two 22/100 Dollars ($ 32.00)

In _____ Payment of Coupon 18 Credit Lot

Lot 90 Grave 3 & 4 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. 2-7175

BALANCE DUE 175.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5862

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	9.00
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	32.00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7175 Credit Lot

Walalal Garrett
2466 56th Street
San Diego, Ca 92105

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
	19										

Amount due when paid on, or before, due date above. $ 32.00

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

$ _____

Amount Received $ 32.00

NAME Walalal Garrett

ADDRESS 2466 56th St.

CITY San Diego, STATE Ca. ZIP 92105

☐ check (✓) if this is new address

NAME Garrett, Walsiel ACCT. NO. E-7175

ADDRESS 2466 56th Street, San Diego, Ca 92105 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
J[redacted]26 88	Lot 90, Graves 3 & 4, Section 1, Division 11	990 00		200 00	790 00
2-8 88	Coupon 1, Credit Lot			320 00	758 00
3-8 88	Coupon 2 & 3, Receipt # 35821			640 00	694 00
4-5 88	Coupon 4, Receipt 35969			320 00	662 00
5-4 88	Coupon 5 & 6, Receipt 36095			640 00	578 00
6-14 88	Coupon 7, Receipt 36296			320 00	566 00
7-5 88	Coupon 8, Receipt 36356			320 00	534 00
9-2 88	Receipt 36469			390 00	495 00
8-5 88	Coupon 9 Receipt 36570			320 00	463 00
9-8 88	Coupon 10, Receipt 36659			320 00	431 00
10-5 88	Coupon 11, Receipt 36782			320 00	399 00
11-4 88	Coupon 12, Receipt 36916			320 00	367 00
12-6 88	Coupon 13, Receipt 37057			320 00	335 00
1-4 89	Coupon 14, Receipt 37162			320 00	303 00
2-[redacted] 89	Coupon 15, Receipt 37352			320 00	271 00
3-[redacted] 89	Coupon 16 & 17 Receipt 37424			640 00	207 00
4-4 89	Coupon 18, Receipt 37602			320 00	175 00
5-1 89	Balance on Lot, Receipt 37717			175 00	00

AIGNER FORM NO. 25-204 Garrett, Walsiel 90 - 3&4 - 1 - 11 PRINTED IN USA

OFFICIAL RECEIPT

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

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

№ 37717

Date: 5-1 1989

From: Wolsiel J. Garret Address: 2466 56th Street, SD

One hundred seventy-five no/100 Dollars ($ 175.00)

In _____ Payment of Pal & Orient Lot Sale

Lot 90 Grave 3 & 4 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7175

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 Sandra Wood

CREDIT 20% Sales Care	67007 77184	175.00
80% Sales of Lots	100 77194	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	175.00

CITY AUDITOR
MAY 08 1989

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-26-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Olene Anderson 2/1

in a _____ (Vault/Liner) Funeral, date, time 1/29 - 11am

Church, Chapel, Graveside _____; Interment 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 _____. Drop-Off

Lot 143 Grave 2 Top 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	

694-3504

P.A. - Lee Jeanne #104524/5

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

Acct [redacted]

Work Order # E 7176

PY-553 (REV. 8-86)

E7176

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Oliva Anderson	Female	Dec. 9,1894	Jan. 25,1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Dep. Lee Jamme Public Administrat 5201-A Ruffin Rd. San Diego,Ca. 92123

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

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: 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 2:30 2/1 — County Volcanic or Top.		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 4.00	DATE PERMIT ISSUED: FEB 01 1988 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Lomax, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/1/88 (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: 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 1-27-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marjorie L. Clark (X)

in a _____ Vault/Liner Funeral, date, time 2/2 10AM Tues

Church, Chapel, Graveside Witness Only Neptune Joce Mortuary.

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

Lot 350 Grave _____ Row _____ Section 4 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	140.00
Paid receipt number 35609	140.00
Balance due	-0-

PAID
FEB 02 1988
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

Donald L. Clark
Signature

10233 NW Gorge Rd #I 208
Address

Sante, Ca 92071
State Zip Code

4499760
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7177

PY-593 (REV. 6-86)

E7177

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Marjory Louise Clark	Female	Oct 13, 1922	Jan 25, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Santee	San Diego	Donald Clark-son 10233-A208 Mission Gorge Rd Santee, Ca 92071

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
NEPTUNE SOCIETY 14065 Hwy 8 Bus. El Cajon,Ca	F-1352

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt Hope Cemetery 3751 Market St San Diego, Ca		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Inc 14065 Hwy 8 Bus. El Cajon,Ca	DATE CREMATED 1/27/88	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 Copper Urn No Liner Head at Marker 6" Below Sod Sand Packed		
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 ▶ Donald L Clark DATE SIGNED 1/27/88
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED JAN 27 1988
			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 2/2/88 (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 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGNAL OF DUPLICATE PERMIT AFTER ONE YEAR.

COPY 3

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

OFFICIAL RECEIPT

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

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

№ 35609

Date: 1-27, 19 88

From: Donald L. Clark Address: Mission Gorge Rd, SD 92071

one hundred forty Dollars ($ 140.00)

In _____ Payment of Marjory L. Clark's Service

Lot 350 Grave _____ Row _____ Section 4 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-7177

BALANCE DUE -0-

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

AC-212 (Rev. 10-87) 43071

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

CITY AUDITOR

FEB 03 1988

ISSUED BY Sandra Wood

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	140	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-28 88

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon 2/1 2pm.

Church, Chapel, Graveside Graveside Lewis Colonial Mortuary.

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

✓ Lot 158 Grave 3 Row _____ Section 11 Division/~~Block~~ 7

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 35612	710.50
Balance due	0

16 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.

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

_____
Signature of recorded holder of deed

Harry Segawa
Signature

9262 Stratford Ct #5
Address

Del Mar, Co 95014
State Zip Code

755-7513
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7178

PY-893 (REV. 8-85)

E7178

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 ATSUSHI SEGAWA	male	Aug 23, 1923	Found Jan 28, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Santee	San Diego	Shirley Ann Segawa - wife 9574 Halberns Blvd. Santee, CA 92071

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Levis Colonial/Benbough 3031 El Cajon Blvd. San Diego, CA 92104	F-480

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery - 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 Solid Hardwood	SIGNATURE OF PERSON IN CHARGE OF CREMATORY Birch
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 Riverside Batesville T.L. Vault Mastoma Mound Sandstone		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00 DATE PERMIT ISSUED JAN 28 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2-1-88 (ENTER DATE) 15 8 3 11 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 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

№ 35612

Date: 1-28 19 88

From: Harry Sezawa Address: 425 Stratford Ct #5, Del Mar

Seven hundred ten 50/100 Dollars ($ 710.50)

In _____ Payment of Harry A Sezawa's Service

Lot 158 Grave 3 Row _____ Section 11 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-7178

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 [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 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

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-28-88

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

in a Bell liner (Vault/Liner) Funeral, date, time Fri 2/5 12pm.

Church, Chapel, Graveside Chapel & Grave Price-Roberts Mortuary.

Lewis Colonial Lewis

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

Lot 39 Grave 5 Row ____ Section 16 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 Mastercard	195.00
Balance due	731.00

Estate Send statement to Mortuary

35770 731.00

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.

Charles Nisbett

Signature

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

Signature of recorded holder of deed

P.O. Box 56

Address

Greenwood, Ark 72936

State Zip Code

Telephone

Invoice # ____

Work Order # E 7179

Acct. # ____

PY-583 (REV. 9-86)

E7179

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JAMES C. SCOTT	Male	AUG. 26, 1923	JAN. 23, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Pre-Need Records 607 National City Blvd. National City, CA 92050

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
BERGE-ROBERTS MORTUARY 607 National City Blvd. National City, CA	F-284

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery 3751 Market St., San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: 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 Veteran Held at Monument - Body shipped		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A Brother is from Greenwood Ark.		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powell, M.D. CO
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/5/88 (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: 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.

E7179

OFFICIAL RECEIPT

№ 35990

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

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

Date: 4-7, 1988

From: Estate of James Scott Address: 4250 Eyes. Dr #700, LJ

Seven Hundred Thirty-one — Dollars ($ 731.00)

In _____ Payment of James C Scott's Funeral Services

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

Invoice No. _____

Acct. No. _____

W.O. E-7179

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #5

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	87007		
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	160	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	731	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-26-88

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 3140 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	
Sales taxes	
Total Due	320.00
Paid receipt number 35611	320.00
Balance due	0

Prepaid

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

Ted S Typed

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7180

Acct. # _____

PY-583 (REV. 8-85)

Anderson-Ragsdale Mortuary

"Fourth Generation In The Mortuary Profession"



5060 FEDERAL BOULEVARD
SAN DIEGO, CALIFORNIA 92102
PHONE (619) 263-3141

CLYDE L. ROBERTSON
PRE-NEED & FUNERAL
INSURANCE REPRESENTATIVE
HOME 262-1072

OFFICIAL RECEIPT

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

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

No 35611

Date: 1-28, 1988

From: Jessie Mae Owens Address:

Three hundred twenty and no/100 Dollars ($ 320.00)

In Payment of Weekend opening - Closing

Lot 3140 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7180

BALANCE DUE 0

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

CITY AUDITOR

FEB 03 1988

ISSUED BY Sandra Wood

CREDIT 20% Sales Cars	57007 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	320	00
Sales Tax	60101 76390		
TOTAL PAID	$	320	00

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

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-28-88

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

in a liner (Vault/Liner) Funeral, date, time Tues 2/2 10AM

Church, Chapel, Graveside Grave Beardsley-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 W.W. I

Lot 2091 Grave Top Row _____ Section _____ Division/~~Block~~ 10

2090

PAID
FEB 4 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	148.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 35627	606
Balance due	0

Mortuary will Open ok

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7181

PY-593 (REV. 8-86)

E7181

MOUNT HOPE CEMETERY

January 28 19 88

The undersigned hereby requests and authorizes the interment of the remains of Roy Hawkins in Lot 2091 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.

	7566 Lemon Ave. #23 Lemon Grove, CA 92045
R. Hawkins	
Signature of relative or legal representative	Address & relationship to deceased or authority to sign authorization

Witness

Witness

E7181

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Alvin LeRoy Hawkins	Male	10/10/1894	1/27/1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Daniel R. Hawkins (Son) 7566 Lemon Avenue #23 Lemon Grove, CA 92045

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Beardsley-Mitchell Funeral Home 1818 Sunset Cliffs Blvd. San Diego, CA	F-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 St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Brown Steel	DATE CREMATED N/A	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 N.S.		N/A
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ N/A DATE SIGNED N/A
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED JAN 29 1988
			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 2/2/88 (ENTER DATE) 2091 Top-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

No 35627

Date: 2-2-88 19

From: Beardsley-Mitchell F.H. Address: 1818 Summit Cliff Blvd - S.D. 92107

Six Hundred Six and no/100 Dollars ($ 606 00)

In full Payment of Interment of and for Alvin LeRoy Hawkins-Dec

Lot 2091 Grave Top Row — Section — Division 10 ~~Block~~

Invoice No. —

Acct. No. —

W.O. E-7181

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 8160

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

CITY AUDITOR

FEB 05 1988

ISSUED BY

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	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022	—	
Sales Tax	90101 78390	6	00
TOTAL PAID	$	606	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-28-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Claude F. Holmes (X)

in a Ash Vault (Vault/Liner) Funeral, date, time Tues 2/2 AYD

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 22 Grave Between 25 & 26 Row _____ Section MAS Division/Block L

PAID
FEB 02 1988
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 35613	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

Dee L. Scherrer
Signature

Address

State Zip Code

Telephone 483-1136

Invoice # _____

Acct. # _____

Work Order # E 7182

PY-593 (REV. 8-85)

E7182


SEE
Clarissa Cartwright
Earl Halsey
Chas. O. Nichols
Chas. G. Nichols
Geo. E. Conner
Josephine C. Conner
Raymond C. Conner
U.S. Lyster
P.R. Lyster
Chester Hurley
Mary L. Bates
Chas. M. Daler
Christian Lindvig
Ervin Lindvig
Wm. H. Russell
Gertrude
Jane Sullivan
Michael Sullivan
Mary A. Lutz
Mary J. Johnson
James Clark
John L. Bluth
Frank J. Holmes
Laura B. Clutter
John F. Verner
Clayton D. Leach
Carrie Tillo
Joseph A. Sindelar
Chas. C. Roberts
Albert M. Vangness
Andrew Sanwich
Oley Sanwich
Frances Fisher
Dorothy Jarboe
Sadie F. Paltridge
Wm. N. Paltridge
Daniel
Edward Bonney
Henry Wolff
Brimer
Mary J. Garvin
Brimer
Geo. H. MENTZE
Hilson
Schmidt
Melissa F. Wilson
Sarah J. Marr
Ben Sullivan
Ishmael Dernberger
Clyde Nevens
Nebenhusen
Thos. M. Cornell
David
SOLOMON
AVE
N 23°24'30" W
R = 300.00'
T = 94.59'
L = 183.26'
S 0°06'30" E
20.9'
20.6'
22.9'
22.3'
86'
4.9'
7.7'
5.33'
54°30'
18.09'
2.17'
8.33'
7.33'
P.O.C.

E7182

PERMIT FOR DISPOSITION OF HUMAN REMAINS #56334

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

Pacific Beach

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CLAUDE FRANKLIN HOLMES	MALE	DEC. 31, 1911	JAN. 17, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	DEE L. SCHERRER-DAUGHTER 1130 EMERALD ST. SAN DIEGO, CA 9210[illegible]

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 1-20-88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Suzanne Strader
BURIAL AT SEA OR DISPOSITION OTHER 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 $4.00	DATE PERMIT ISSUED JAN 19 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/2/88 (ENTER DATE) 22/25 MAS/L	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 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.

E7182

OFFICIAL RECEIPT

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

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

№ 35613

Date: 1-28, 1988

From: Dee Sakerrer Address: 1130 Emerald St.

Two hundred forty-two 40 Dollars ($ 242.40)

In _____ Payment of Interment of Claude Holmes Sales

Lot 22 Grave between 25 & 26 Row _____ Section MHS Division Block C

Invoice No. _____

Acct. No. _____

W.O. E-7182

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 Sandy Ward

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	80101 78390	2	40
TOTAL PAID	$	242	40

AC-212 (Rev. 10-87)

477-F139

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 28, 1988

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alfred B. Kingston

in a Bell Liner (Vault/Liner) Funeral, date, time Mon 2/1 / 11Am

Church, Chapel, Graveside Graveside ; Heath Mortuary.

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

Lot 3121 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund ..... Paid E75	—
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320.00
Burial Container ..... Conta 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	606.00
Paid receipt number 35619	606.00
Balance due	0

ck from Heath

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

OKwd.

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

Signature

Signature of recorded holder of deed

Address

State Zip Code

Telephone

Work Order # E 7183

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E 7183

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALFRED B KINGSTON	MALE	JULY 31, 1891	JAN. 28, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Thomas B. Kingston - Son 1154 Tourmaline Street San Diego, CA 92109

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 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 EXACT PLACE AND COUNTY OF DISPOSITION: N/A Oregon Fish Board gray cloth Lewis		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00	DATE PERMIT ISSUED: JAN 29 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/1/88 (ENTER DATE) 3/21-10	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

№ 35619

Date: 2-1 19 88

From: Heath Jensen Home Address: 611 Heyward Ave, National City

Six Hundred Six 00/100 Dollars ($ 606.00)

In Payment of Alfred C. Hengstler's Burial Services

Lot 3121 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-7183

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2109

AC-212 (Rev. 10-87)

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

CITY AUDITOR

FEB 03 1988

ISSUED BY Sandra Wood

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	10	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	6	00
TOTAL PAID	$	606	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George J. Blakeney

in a Bell liner (Vault/Liner) Funeral date, time Sat 10 am 1/30

Church, Chapel, Graveside Grove ; Clairemont 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 WW1-

Lot 71 Grave 8 Top 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 Sat O.T.	380.00
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	986.00
Paid receipt number 35615	986.00
Balance due	0

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

Lorraine Burtch
Signature

4151 Arch Dr #306
Address

Studio City Ca 91604
State Zip Code

818-506-1755
Telephone

Invoice # ____

Acct. # ____

Work Order # E 7184

PY-593 (REV. 8-85)

E7184

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
George Joseph Blakeney	Male	Nov. 12, 1897	Jan. 28, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Loraine Burtch-Niece 4151 Arc Drive Apt.#306 Studio City, Ca 91604

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Clairemont Mort. 4266 Mt. Abernathy Ave. San Diego, Ca	E-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
- [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 Street San Diego, Ca	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a Octgan - Flee 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 Gray Cloth - Wooden Bellliner on Top of DIP	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $ 4.00 DATE PERMIT ISSUED: JAN 29 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Rennes, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-30-88 (ENTER DATE) 71-8 Top- 1-11	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 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

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

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

№ 35615

Date: 1-29, 1988

From: Claudia Freedle Address: 3630 Berry Dr. Studio City

nine hundred eighty-six Dollars ($ 986.00)

In _____ Payment of George Blakeney Service

Lot 71 Grave 8 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7184

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 2362

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 03 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Cary	77184		
30% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	100	00
Handling Fee	100 77185	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

Date 1-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Junior Lee Blake

in a T-S-Vault (Vault/Liner) Funeral, date, time Wed 2/3 2pm.

Church, Chapel, Graveside Chapel & Grave, Calif Funeral Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 53 Grave 7 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	395
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	1105.50
Paid receipt number 36994	1105.50
Balance due	0

Mortuary will fund check

I hereby certify I am the Daughter Jacqueline L. Blake of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Jacqueline L. Blake
Signature

5190 La Paz Dr.
Address

CA. 92114
State Zip Code

263-4293
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7185

PY-593 (REV. 8-88)

E7185

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Junior Lee Blake	Male	Nov. 25,1914	Jan. 26,1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Jacquelyn L. Blake-Daughter Beverly D. Bell-Daughter 5170 La Paz Dr 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 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 Street, San Diego, CA 92120		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE 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 $4.00	DATE PERMIT ISSUED FEB 2 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/3/88 (ENTER DATE) 2/3/88	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Brad L. Powers, M.D.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36994

3602

Date: 11-21, 19 88

From: California Funeral Address: ~~7807~~ El Cajon Blvd, San Diego

eleven hundred five 50/100 Dollars ($ 1105.50)

In Payment of Interior Lot Blake's Funeral Service

Lot 53 Grave 7 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. 2-7185

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
639

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 25 1988

ISSUED BY Linda Ward

CREDIT	67007	79	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	316	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
	100	110	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	10	50
TOTAL PAID	$	1105	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

FELTON JONES. Date 1-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Felton Jones

in a Double Crypt (Vault/Line) Funeral, date, time Wed - 2/3 - 1P.M.

Church, Chapel, Graveside Church & Gs. Hagsdale Mortuary.

Victory Baptist Church

All Funeral cars must 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 98 Grave 6 Row — Section -1- Division/~~Block~~ 11

Grave space & Care Fund	O.K. Double Crypt	495.00
Additional spaces and care fund		
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

pd 3/8/88

30 day note

Paid receipt number

Balance due

I hereby certify I am the Wife - 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: Dorothy Jones

Address: 6234 Ames Bury

State: San Diego, CA 92114 Zip Code

Telephone: 264-5849

Invoice # [redacted]

Acct. [redacted]

Work Order # E 7186

PY-693 (REV. 8-85)

W.O. NO. E 7186

NOTE—STRAIGHT

$ 1519.80 San Diego, California, January 30, 1988

-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 Fifteen Hundred Nineteen and 80/100 DOLLARS,

with interest from Feb 29, 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

/s/ Dorothy Jones

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #

E7186

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Felton Jones	Male	July 5, 1927	Jan. 27, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Dorothy Jones - Wife 6234 Amesbury Street San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale MOrtuary: 5050 Federal Blvd. San Diego, CA 92102	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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 Metal Burial Vet	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 IN THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT / AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: FEB 2 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D.:mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/3/88 (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	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E7186

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 03/11/88

DATE: 03/11/8
TIME: 214209
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
065845	02/05/88	025239	DOROTHY JONES					03/08/88	CK	3657080	1,519.80	1,519.80	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		77184	000072				396.00		
			100	072		77185	000072				320.00		
			60101			78390					19.80		
			67007			77184					99.00		

E-7186

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,519.80

OFFICIAL RECEIPT 3/11

№ 35841

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-8, 19 88

From: Dorothy Jones Address: 6234 Amesbury SD 92114

one thousand five hundred nineteen 80/100 Dollars ($ 1519.80)

In _____ Payment of Fulton Jones' Burial Service

Lot 98 Grave 6 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7186

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
3657080

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 14 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	80101 76390	
TOTAL PAID	$	1519.80

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 36148

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

Cynthia Jones for

Date: 5-12, 1988

From: Tilton Jones Address:

Dollars ($ 135.00)

In Payment of Tilton Jones Marker Installation

Lot 97 Grave 6 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7166

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 16 1988

ISSUED BY Sandra Wood

CREDIT	67007		
20% Sales Care	77184		
60% 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 2-1-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys Oswood (X)

in a cast vault Funeral, date, time Tues 2/9 2pm
Vault/Liner

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 61 Grave 11 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 35680	242.40
Balance due	-0-

DO in 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.

Mr. Oswood
Willis F. Oswood
Signature

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Address

(602) 757-1703
State Telephone Zip Code

Invoice # ____

Work Order # E 7187

Acct. # ____

PY-693 (REV. 8-85)

TRANSIT COPY
(This copy must accompany body to final destination)

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES – VITAL RECORDS SECTION

BURIAL – TRANSIT PERMIT

REGISTRAR'S FILE NO. E7187 44

CERTIFICATION OF DECEASED

1. NAME OF DECEASED (A. FIRST) GLADYS	(B. MIDDLE) M	(C. LAST) OSWOOD	2. SEX female	3. AGE 83	4. RACE OR COLOR white
5. DATE OF DEATH January 28, 1988	6. PLACE OF DEATH (A. TOWN OR CITY) Kingman	(B. COUNTY) Mohave	(C. STATE) Arizona		

7. CAUSE OF DEATH (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES)

MANNER AND PLACE OF DISPOSITION

8. ☐ BURIAL ☐ OTHER (SPECIFY) ☒ CREMATION ☐ REMOVAL

9. FUNERAL HOME (A. NAME) Sutton Memorial F.H. (B. ST. ADDRESS) 1701 Sycamore (C. CITY AND STATE) Kingman, Arizona

10. FUNERAL DIRECTOR'S SIGNATURE Frank J Sutton — 11. DATE SIGNED 1-29-88

12. PLACE OF BURIAL OR OTHER DISPOSITION (A. NAME) Sutton Crematory (B. STREET ADDRESS) (C. CITY AND STATE) Kingman, Arizona

REGISTRAR'S AUTHORIZATION FOR DISPOSITION

13. IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE STATE DEPARTMENT OF HEALTH PERTAINING TO DEATH CERTIFICATES AND THE HANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS HEREBY GIVEN TO DISPOSE OF THIS BODY IN THE MANNER INDICATED.

14. REGISTRAR'S SIGNATURE Mary Kay Grubfelder — 15. REG. DISTRICT 0814 — 16. DATE SIGNED

DISPOSITION OF BODY

17. BODY WAS ☐ BURIED ☒ CREMATED (SPECIFY) ☐ OTHER

18. CEMETERY OR CREMATORY (A. NAME) Sutton Crematory (B. STREET ADDRESS) (C. CITY AND STATE) Kingman, Arizona

19. DATE OF DISPOSITION 1-29-88 — 20. CEMETERY MANAGER'S SIGNATURE Frank J Sutton

STATE REGISTRAR USE

21. DATE RCV'D. IN STATE OFFICE — 22 A. REGISTRAR'S SIGNATURE — 22 B. TITLE

VS-7 REV. 7-74

CEMETERY MGR.: MAIL TRANSIT COPY IN 10 DAYS TO VITAL RECORDS, P.O. BOX 3887 DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA 85030

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35680

Date: 2-8, 1988

From: Phyllis Oswood Address: 965 John Norman Ln Kingman
two hundred forty-two 40/100 Dollars ($ 242.40 cy)

In _____ Payment of Gladys Oswood's Service

Lot 61 Grave 11 Row _____ Section 3 Division ~~Block~~ 5

Invoice No. _____

Acct. No. _____

W.O. E-7187

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 336

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 10 1988

ISSUED BY Andrea [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360	2	40
TOTAL PAID	$	242	40

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35696

Date: 2-9, 19 88

From: Nellie Aswood Address:

Fifteen 90/100 Dollars ($ 15.90)

In Payment of Flowers Vase

Lot 61 Grave 11 Row Section 3 Division Block 5

Invoice No.

Acct. No.

W.O. E-7187

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 12 1988

ISSUED BY Sandra Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	$ 5 00
Burial Containers	100 77182	10 60
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78300	30
TOTAL PAID	$	15 90

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-1-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy James

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 2/3 10am

Church, Chapel, Graveside Grove Lawn Cal. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 1486 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 35737	710.50
Balance due	0

Dead Statement

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Clarence Jones

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Clarence Jones

Address 4609 Cajon Way

State San Diego Zip Code 92115

Telephone 582-8842

Invoice # ____

Work Order # E 7188

Acct. # ____

PY-593 (REV. 8-86)

E7188

MOUNT HOPE CEMETERY

2-1 1988

The undersigned hereby requests and authorizes the interment of the remains of Dorothy Jones in Lot 486 Gr ____ Row ____ Sec. 1 Block ____ Division 8 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

Signature of relative or legal representative

4586-51 St

Address & relationship to deceased or authority to sign authorization

Witness

Witness

E7188

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 P. JAMES	female	April 7, 1924	Jan 31, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Clarence G. James - husband 4609 Cajon Way San Diego, CA 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: 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 ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00 / DATE PERMIT ISSUED: FEB 2 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald R. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/4/88 (ENTER DATE) 1480-1-8	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: n/a		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 35737

Date: 2-18, 19 88

From: Clarence Jones Address: 4609 Cajon Way

Seven Hundred Ten 50/100 Dollars ($ 710.50)

In Payment of Dorothy Jones' Burial Services

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7188

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2194

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	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78380	10	50
TOTAL PAID	$	710	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-1-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Sieht

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs. 2/4 2pm

Church, Chapel, Graveside Chapel Erickson Mortuary.

All Funeral cars must 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 466-3297

Lot 45 Grave 3 Row ____ Section 11 Division/Block 7

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	
Balance due	

Paid 5/28/88

Hold billing until receipt executive info.

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

Mrs. Jack Kull
Signature

2360 C. Shelly Dr.
Address

Palm Harbor 34684
State Zip Code

Fla. 913 784 0639
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7189

PY-593 (REV. 8-85)

W.O. NO. E-7189

NOTE—STRAIGHT

$ 710.50 San Diego, California, February 3, 1988

days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of seven hundred ten 50/100 DOLLARS.

with interest from none 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

claim will be filed against estate when info provided

x Mrs. Jack Kull

2

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

~~Calif.~~ Florida Driver Lic. # K400-217-12-64

E 7189

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
George Wilhelm Siehl	Male	April 13, 1910	FOUND Jan. 27, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Eloyse Kull (sister) 2360 Shelly Dr. #9-C Palm Harbor, Florida 33563

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		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 Ortgon – Plastic & Hardware Elott Cover Flee Board Cacht		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Lewis		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $ 4.00	DATE PERMIT ISSUED FEB - 1 1988
			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 2/4/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stetter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

E7189

066477 02/18/88 025402 MRS. [redacted] 05/28/88 CK 002 710.50 710.50 0.00

E-7189

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	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb 1-1988

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Georget Joshua

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed - 2/3 11am

Church, Chapel, Graveside ~~Church~~ 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 124 Grave 7 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	395.00
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	1105.50
Paid receipt number 35625	1105.50
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

Georgia L. Salon
Signature

6700 San Miguel Av.
Address

Lemon Grove, Ca. 92045
State Zip Code

2650196
Telephone

Invoice #

Acct. #

Work Order # E 7190

PY-593 (REV. 8-85)

E7190

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GEORGET JOSHUA	Female	Dec. 24, 1905	Jan. 31, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Georgia Lee Galon - Daughter 6700 San Miguel Avenue Lemon Grove, Calif. 92045

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

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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: 4.00 — DATE PERMIT ISSUED: FEB 3 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/3/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgew Stilton	LICENSE 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

№ 35625

Date: 2-1, 1988

From: Georgia Golan Address: 6700 San Miguel Ave
One thousand one hundred five 50 Dollars ($ 1105.50)

In _____ Payment of Georget Joshua's Service

Lot 127 Grave 7 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7190

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4601484367

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 05 1988

ISSUED BY Sandra Paid

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	63033 9022	
Sales Tax	80101 78390	10.50
TOTAL PAID	$	1105.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-1-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward F Medley

in a Bell Liner (Vault/Liner) Funeral, date, time Mon 2/8 1pm.

Church, Chapel, Graveside Chapel of 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 121 Grave 3 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 35621	250.00
Balance due	600.00
35634	600.00

PAID
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.

Jessie M. Medley
Signature
221 Vista Horizon
Address
San Diego Ca. 92113
State Zip Code
263-6779
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 7191

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E7191

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 Eugene Guidry, Jr.	Male	March 28, 1962	JANUARY 30, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
CHINO CA. INSTITUTION FOR MEN	SAN BERNARDINO	Jessie Guidry - Mother 221 Vista Horizon San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 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: 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: 20ga metal - non sealer	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: Bell Lenn
BURIAL AT SEA OR DISPOSITION OTHER 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 Plenty of People & Cops		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00 / DATE PERMIT ISSUED: 2-3-88	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature] M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/3/2/11 2/8/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: [signature], 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: 351 N. Mt. View Ave 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

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35621

Date: 2-1, 1988

From: Jessie Guidry Address: 221 Vista Horizon, SD

Two hundred fifty six Dollars ($ 256.00)

In Payment of Edward Guidry's Service

Lot 121 Grave 3 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7191

BALANCE DUE $600.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

007452 CITY AUDITOR

FEB 05 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	6	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	256	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
284-3151

№ 35634

Date: 2-3 , 19 88

From: Mr. Edward Lindsey Sr. Address:

Six Hundred 00/100 Dollars ($ 600.00)

In Payment of Edward Lindsey's Service

Lot 121 Grave 3 Row Section 2 Division 11 ~~Block~~

Invoice No.

Acct. No.

W.O. E-7191

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
CITY AUDITOR
FEB 05 1988
FEB

ISSUED BY Linda Rae

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	320	00
Opening/ Closing	100 77181	100	00
Burial Containers	100 77182	145	00
Handling Fee	100 77185	25	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	6	00
TOTAL PAID	$	600	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-1-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Hine

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs 2/4 11am

Church, Chapel, Graveside Dear Aff 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 43 Grave 22 Row _____ Section MAS Division/Block E

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 35628	606.00
Balance due	0

PAID
FEB 02 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Greenwood will bring

I hereby certify I am the friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7192

PY-593 (REV. 8-86)

E7192

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 K. Hine	Female	Dec. 12,1911	Feb. 1,1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Dorothy Long Sister 8070 Orange Ave. La Mesa,Ca. 92041

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary I-805 & Imperial 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: 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: 4.00 / DATE PERMIT ISSUED: FEB 04 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/2/88 MAY E (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		

Cheryl Mettel Mortuary Secretary 2 Feb 88

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 35628

Date: 2-2-88, 19

From: Andre Beraha Address: 2259 Cecelia Ter. SD. 92110

Six Hundred Six and no/100 Dollars ($ 606.00)

In full Payment of Interment of and for Helen Hine - Dec

Lot 43 Grave 22 Row ~ Section MA8 Division Block E

Invoice No. ~

Acct. No. ~

W.O. E- 7192

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 3431

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 05 1988

ISSUED BY George W Stelter

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 2/2/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nathaniel Denver [redacted] Kinney, Jr

in a Bell Liner (Vault/Liner) Funeral, date, time 2/2 / Tues / 11 Am

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 yes. — WW

Lot 82 Grave 3 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250
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 35632	856.00
Balance due	0

PAID
FEB 02 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Service at Monument
ck from Ragsdale
ck# 9057

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7193

PY-593 (REV. 8-85)

Grave encroached on Gentry Gravesite. When Gentry Grave was opened on 9/12/06 Kinney burial container needed to be moved several inches east. No contact information was available to contact Kinney family, although multiple searches and phone calls were placed to Kinney listings throughout the US. to find next of kin to alert them to the minor movement of the burial container. when all efforts failed container was respectfully moved to allow for Gentry Burial on 9/15/06 in Div 11, Sec 2, Lot 82, Gr. 2

E7193

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
NATHANIEL DENVER KINNEY, JR	MALE	Mar. 3, 1946	Jan. 27, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Patricia Kinney - Wife 2885 Casey Street Apt. 8 San Diego, California 92139

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

[illegible]ERMENT	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 20ga PC	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
[illegible]AL AT SEA OR [illegible]OSITION OTHER 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 — Raining	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: 4.00 DATE PERMIT ISSUED: FEB 2 1988	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 2/2/88 (ENTER DATE) 82/3/7/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stella LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

[illegible]OPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE [illegible]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.

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
284-3151

№ 35632

Date: 2/2/88, 19

From Anderson Ragsdale F.H. Address: 5050 Federal Blvd S.D. 92102

Eight hundred fifty six and no/100 Dollars ($ 856.00)

In full Payment of Interment of Land for Nathaniel Denver Kenney, Sr. - deceased -

Lot 82 Grave 3 Row — Section 2 Division Block 11

Invoice No. ~

Acct. No. ~

W.O. E-7193

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2nd. Ck. 9057

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 05 1988

ISSUED BY [signature]

CREDIT	87007	50	00
20% Sales Care	77184	~~200~~	~~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	80101 78390	6	00
TOTAL PAID	$	856	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-2-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Judy Meshack

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 8 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	250.00
Paid receipt number	
Balance due	

Preneed 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.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature Rev 3

130 Adirondack
Address

San Diego, CA 92139
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7194

PY-693 (REV. 5-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-2-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joe Carr Henderson

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 5 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	250.00
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address 3880 ½ Teak Street

State San Diego, CA Zip Code 92113

Telephone _____

Work Order # E 7195

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

E7195

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11808

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO JoAnn Henderson for the sum of $ 8.00 (DOLLARS)

LEGAL DESCRIPTION Lot 107, Grave 5, Section 2, Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-7195

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 Makrer Only

Wendy Jo League
Cemetery Manager

Property Director

PT-584

OFFICIAL RECEIPT

№ 35863

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 3-11, 1988

From: Jo Ann Henderson Address: 3880½ Teak Street, SD

ten dollars no/100 — Dollars ($ 10.00)

In _____ Payment of Coupon #1 Credit Lot

Lot 107 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7195

BALANCE DUE 240.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

00300538

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED. "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 16 1988

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

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7195 Credit Lot

Jo Ann Henderson
3880½ Teak Street
San Diego, Ca 92113

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		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

$ 11.00

Amount Received $ 10.00

NAME

ADDRESS 3880 ½ Teak

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 35970

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-5, 1988

From: Jo Ann Henderson Address: 3880 1/2 Leak Street

Ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Canyon 2 Credit Lot

Lot 107 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7195

BALANCE DUE 230.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

00341349

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 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	—

...ing one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7195 Credit Lot

Jo Ann Henderson
3880½ Teak 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 Reserved $ 10.00

NAME

ADDRESS 3880 1/2 Teak

CITY San Diego STATE Calif ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36104

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-6, 19 88

From: John Henderson Address: 3880 1/2 Leak Street

ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Coupon 3 Credit Lot

Lot 107 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7195

BALANCE DUE 220.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

CS-00416610

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	—

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7195 Credit Lot

Jo Ann Hetfiderson
3880½ Teak Street
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 ▶ $ 10.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 10.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36253

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-6 1988

From: Colonn Henderson Address: 3880 1/2 Leak St, SD 92113

Ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Coupon 4 Unmet Lot

Lot 107 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7195

BALANCE DUE 210.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 00442198

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	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** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7195 Credit Lot

Jo Ann Henderson
3880½ Teak 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 $ 10-00

NAME [illegible]

ADDRESS 3880½ Teak

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

№ 36405

Date: 7-11, 1988

From: [illegible] Address: 3880 ½ Teak St, SD

Ten no/100 Dollars ($ 10.00)

In Payment of Coupon 5, Credit Lot

Lot 107 Grave 5 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7195

BALANCE DUE 200.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

CS-00507454

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUL 13 1988

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 76390		
TOTAL PAID	$	10	00

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7195 Credit Lot

Jo Ann Henderson
3880½ Teak Street
San Diego, Ca 92113

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 $ 10.00

NAME

ADDRESS 3880

CITY SAN DIEGO ZIP 92115

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36560

Date: 8-16, 1988

From: Jo Ann Henderson Address: 3880 1/2 Leak St, SD

ten dollars no/100 — Dollars ($ 10.00)

In _____ Payment of Coupon 6 Credit Lot

Lot 107 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7195

BALANCE DUE 190.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

CS-00572712

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 24 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

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7195 Credit Lot

Jo Ann Henderson
3880½ Teak 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 $ 10 00

NAME

ADDRESS

CITY STATE Ca ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 36630

Date: 9-6, 19 88

From: Opal Henderson Address: 3880 1/2 Oak Street

Ten dollars no/100 Dollars ($ 10.00)

In Payment of Cougar 7 Credit Lot

Lot 107 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7175

BALANCE DUE 80.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 00496381

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
SEP 13 1988

ISSUED BY Sandra Reed

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** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7195 Credit Lot

Jo Ann Henderson
3880½ Teak Street
San Diego, Ca 92113

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
		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 $ 10.00

NAME

ADDRESS 3880 1/2

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

№ 36801

Date: 10-6, 1988

From: Jo Ann Henderson Address: 3880 1/2 Teak St. San Diego, Ca 92113

Ten dollars & 00/100 Dollars ($ 10.00)

In part Payment of coupon #8 credit sales

Lot 107 Grave 5 Row — Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7195

BALANCE DUE 170.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

M.O.

AC-212 (Rev. 10-87) CS-00743158

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

OCT 14 1988

ISSUED BY Dora Black

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

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7195 Credit Lot

Jo Ann Henderson
3880½ Teak 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 $ 10.00

NAME

ADDRESS 3880 ½

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

№ 36939

Date: 11-8 19 88

From: Jo Ann Henderson Address: 3880½ Teak Street SD
Ten no/100 Dollars ($ 10.00)

In Payment of Coupon & Under Lot

Lot 107 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 9-7195

BALANCE DUE 160.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 8804512

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda L. Wood

CREDIT	67007		
20% Sales Cars	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 78300		
TOTAL PAID	$	10	00

CITY AUDITOR
NOV 15 1988

Send or bring one coupon with each remittance **COUPON 9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7195 Credit Lot

Jo Ann Henderson
3880½ Teak Street
San Diego, Ca 92113

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
		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 $ 10.00

NAME Jo Ann Henderson

ADDRESS 3880 ½ Teak

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 37079

Date: 12-8 19 88

From: Jo Ann Henderson Address: 3880½ Teak St. San Diego, Ca 92113

Ten dollars & 00/100 Dollars ($ 10.00)

In part Payment of Credit Lot, Coupon #10

Lot 107 Grave 5 Row — Section 2 Division 11 Block 11

Invoice No.

Acct. No. E-7195

W.O.

BALANCE DUE 150.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ M.O. CS-00852911

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lora Black

CREDIT 20% Sales Cars	67007 77184		
50% 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 76360		
TOTAL PAID	$	10	00

CITY AUDITOR DEC 12 1988

Recorded

...d with each remittance COUPON 10

...E ENTIRE BOOK

...UNT No. E-7195 Credit Lot

Jo Ann Henderson
3880½ Teak 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 $ 10.00

NAME

ADDRESS

CITY STATE 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

№ 37210

Date: 1-10, 1989

From: Jo Ann Henderson Address: 3880½ Teak Street, SD

ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Coupon 11 Credit Lot

Lot 107 Grave 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7195

BALANCE DUE 140.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	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
JAN 13 1989

AC-212 (Rev. 10-87) 52-00028782

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7195 Credit Lot

Jo Ann Henderson
3880½ Teak Street
San Diego, Ca 92113

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
		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

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

№ 37322

Date: 2-7, 1989

From: Jo Ann Henderson Address: 3080 1/2 Teak Street, SD 92113

Ten Dollars no/100 Dollars ($ 10.00)

In _____ Payment of Coupon 12 Credit Lot

Lot 107 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. 8-7195

BALANCE DUE 130.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

52-0003-4981

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 10 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
60% 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 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7195 Credit Lot

Jo Ann Henderson
3880½ Teak 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 $ 10.00

NAME [illegible]

ADDRESS 3880 [illegible]

CITY [illegible] STATE [illegible] 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

№ 37438

Date: 3-6 19 89

From: Ann Henderson Address: 3880 1/2 Leak Street, SD 92113

Ten Dollars 10/100 Dollars ($ 10.00)

In Payment of Coupon 13 Credit Lot

Lot 107 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 8-7175

BALANCE DUE 120.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

52-0007967?

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 10 1989

ISSUED BY Sandra L. Wells

CREDIT	67007		
20% Sales Care	77154		
80% Sales of Lots	100 77164	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

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7195 Credit Lot

Jo Ann Henderson
3880½ Teak Street
San Diego, Ca 92113

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		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 $ 10.00

NAME

ADDRESS

CITY STATE 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

№ 37633

Date: 4-6 19 89

From: Jo Ann Hutcheson Address: 3880½ Teak Street SD

Ten Dollars 10/100 Dollars ($ 10.00)

In Payment of Compan 14 Unit Lot

Lot 107 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 2-7195

BALANCE DUE 110.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
52-00155408

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
APR 17 1989

ISSUED BY

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 78380		
TOTAL PAID	$	10	00

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7195 Credit Lot

Jo Ann Henderson
3880½ Teak 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

$ _____

Amount Received $ 10.00

NAME Jo Ann Henderson

ADDRESS 3880½ Teak St

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37763

Date: 5-5, 1989

From: Jo Ann Henderson Address: 3880 1/2 Leak, SD

ten nalios Dollars ($ 10.00)

In _____ Payment of Coupon 15 Credit Lot

Lot 107 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. 2-7195

BALANCE DUE 100.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

52-00023110

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	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 78380		
TOTAL PAID	$	10	00

CITY AUDITOR
MAY 12 1989

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7195 Credit Lot

Jo Ann Henderson
3880½ Teak Street
San Diego, Ca 92113

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
		10	~~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 $ 10.00

NAME

ADDRESS

CITY STATE 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

№ 38140

Date: 6-8, 1989

From: c/o Ann Henderson Address: 3880½ Leak St, SD

ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Coupon 16 Credit Lot

Lot 107 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7195

BALANCE DUE 90.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

52-00269543

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Landy

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
JUN 15 1989

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7195 Credit Lot

Jo Ann Henderson
3880½ Teak 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 $ 10.00

NAME Jo Ann Henderson

ADDRESS 3880 ½ Teak

CITY San Diego STATE Calif ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38246

Date: 7-7, 1989

From: Jo Ann Henderson Address: 3880 1/2 Teak Street SD

Ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Coupon 17 Credit Lot

Lot 107 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E1-7195

BALANCE DUE 80.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

52-0038206

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	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
JUL 14 1989

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7155 Credit Lot

Jo Ann Henderson
3880½ Desk Street
San Diego, Ca 92113

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 _____

ADDRESS 3880 ½ Desk St

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38373

Date: August 7, 1989

From: JoAnn Henderson Address: 3880 1/2 Teak Street S.D. CA

Ten no/100 Dollars ($ 10.00)

In _____ Payment of Coupon 18, Credit Lot

Lot 107 Grave 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7195

BALANCE DUE 70.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY _____

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
AUG 12 1989

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7195 Credit Lot

Ann Henderson
3680½ Took 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 $ 10.00

NAME

ADDRESS 3680½

CITY S.D. STATE 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

№ 38493

Date: 9-6, 1989

From: Jo Ann Anderson Address: 3880 1/2 Teck Street SD

Ten dollars no/100 — Dollars ($ 10.00)

In _____ Payment of Canyon 19, Credit Lot

Lot 107 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. 8-7195

BALANCE DUE 60.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

52-00610637

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184	
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 —

CITY AUDITOR
SEP 11 1989

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7195 Credit Lot

Jo Ann Henderson
3080½ Teak Street
San Diego, Ca 92113

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
		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 $ 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

№ 38012

Date: 10-5, 1989

From: Jo Ann Henderson Address: 3880 1/2 Teak Street, SD

Ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Caugan 20 Credit Lot

Lot 107 Grave 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 50.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 52-00689-63

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	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
OCT 10 1989

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7195 Credit Lot

Jo Ann Henderson
3830½ Teak Street
San Diego, Ca 9[illegible]13

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
		10									

Amount due when paid on, or before, due date above. ▶ $ 10.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP 9[illegible]13

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38537

Date: 11-9, 1989

From: Ann Henderson Address: 3886 1/2 Leak Street, SD 92113

Ten Dollar no/100 Dollars ($ 10.00)

In _____ Payment of Coupon 21 Credit Lot

Lot 107 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7195

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

52-00696520

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	10 00
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 00

CITY AUDITOR
NOV 13 1989

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7195 Credit Lot

Jo Ann Henderson
3880½ Teak Street
San Diego, Ca 92113

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
		10	~~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 $ 10.00

NAME Jo Ann Henderson

ADDRESS 3880½ Teak

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38642

Date: 12-6 19 89

From: Jo Ann Henderson Address: 3686½ Jack St SD

Ten Dollars 10/00 Dollars ($ 10.00)

In Payment of Cougar 82 Burial Lot

Lot 107 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 2-7195

BALANCE DUE 10.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	10 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	CITY AUDITOR
Opening/ Closing	100 77181	
Burial Containers	100 77182	DEC 11 1989
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 ☒

AC-212 (Rev. 10-87) 52-0070019

ISSUED BY Linda Ward

Send or bring one coupon with each remittance. **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7195 Credit Lot

Jo Ann Henderson
3080½ Teak 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 $ 10.00

NAME [illegible]

ADDRESS 3080½ Teak

CITY [illegible] 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

№ 38745

Date: 1-5, 1990

From: J Ann Henderson Address: 3880½ Teak St, 92113

Twelve Dollars 70/100 Dollars ($ 12.00)

In _____ Payment of Credit lot

Lot 107 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7195

BALANCE DUE $18.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 52-00924096

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 16 1990

ISSUED BY J Ann Waits

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 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. - E-7255 - Credit Lot

Jo Ann Henderson
3890½ Teak Street
San Diego, Ca 92113

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
		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 $ 12.00

NAME

ADDRESS 3890½ Teak

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

№ 38849

Date: 2-5, 1990

From: J Ann Henderson Address: 3880 1/2 Teak St, 92113

Ten Dollars 10/100 Dollars ($ 10.00)

In _____ Payment of Credit Lot

Lot 107 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7195

BALANCE DUE $8.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Ann Wait

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
FEB 12 1990

AC-212 (Rev. 10-87)

52-01048698

. or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7195 - Credit Lot

Jo Ann Henderson
3880½ Teak 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 $ 10.00

NAME [illegible]

ADDRESS 3880½ Teak

CITY San Diego STATE Calif ZIP 92113

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41442

Date: 11-1, 1991

From: J Ann Henderson Address: 3880 1/2 Teak St, SD 92113

Eight 710/10 Dollars ($ 8.00)

In _____ Payment of Credit Lot

Lot 107 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7195

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 J Waits

CREDIT	67007	8	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	$	8	00

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-3-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugene Thornton

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 2/5 2pm.

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 yes Vietnam Vet.

Lot 80 Grave 3 Row — Section 2 Division/Block 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	330.00
Burial Container Top Seal Concrete Vault	175.00
Handling Fees Labor	110.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1205.50
Paid receipt number 35693	1205.50
Balance due	0

I hereby certify I am the Widow of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Madeline J. Thornton

Address 9980 Ledgeside St

State Spring Valley Ca Zip Code 92077

Telephone 464-3146

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7196

PY-583 (REV. 8-86)

W.O. NO. E7196

NOTE—STRAIGHT

$ 1205.50 San Diego, California, Feb 3, 1988

-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 March 4, 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

Madelaine J. Hunter

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

N0081237

Calif. Driver Lic. #

E7196

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 - THORNTON	Male	Sept. 5, 1937	Feb. 1, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Madeline J. Thornton-Wife 9980 Ledgeside Street Spring Valley, CA 92077

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary 7387 Broadway-Lemon Grove, CA 92045	F 941

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED FEB 5 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/5/88 (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 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

№ 35693

Date: 2-9-, 1988

From: M. J. Thornton Address: 9980 Ledgeside St. Spring Valley Ca 92077

One Thousand two Hundred five and no/100 Dollars ($ 1205.50)

In full Payment of Interment of & for Eugene Thornton - dec
— Veteran Fund —

Lot 80 Grave 3 Row ____ Section 2 Division ~~Block~~ 11

Invoice No. ____

Acct. No. ____

W.O. E 7196

BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☑ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 2933

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 12 1988

Issued by [signature]
Cem Mgr

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 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	80101 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

№ 35994

Date: 4-8 , 19 88

From: Madeleine Shorter Address: 2960 Ledgeside Dr, SD

one hundred thirty-five no Dollars ($ 135.00)

In Payment of Marker installation fee for Eugene Shorter

Lot 80 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7196

BALANCE DUE -0-

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 14 1988

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	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	135	00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3049

ISSUED BY Linda Wade

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-6-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (X) Neah S. Glemmons (X)

in a _____ Vault/Liner Funeral, date, time Fri 2/12 11am

Church, Chapel, Graveside Scobee-Combs Mortuary.

All Funeral cars must 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 Only

Set up

Lot 54 Grave 2 Row _____ Section 3 Division/~~Block~~ 6

Grave space & Care Fund ..... exchange of

Additional spaces and care fund ..... Lot 54, Grave 3, Sec. 3

Opening/Closing & Setup ..... Div. 6 for

Burial Container ..... cost of interment

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 Step-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. Mary Winters

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Mary E. Winters
Signature

3142 Marlbrough Ave
Address

San Diego 92105
State Zip Code

WK 541-4299
Telephone

Hm 281-3279

Invoice # _____

Work Order # E 7197

Acct. # _____

PY-593 (REV. 8-85)

E7197

THE CITY OF SAN DIEGO

PARK DEPARTMENT—CEMETERY DIVISION

Quitclaim Deed

In consideration of Mutual Exchange

I/We Mary Winters

Do Hereby Remise, Release and Quitclaim to The City of San Diego, a Municipal Corporation, all that Cemetery property situated in Mt. Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Lot 54, Grave 3, Section 3, Division 6

To Have and to Hold the above-described quitclaimed property unto the said The City of San Diego, its successors and assigns forever.

WITNESS my/our hand this 11 day of February 19 88

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESSES:

Sandra L. Ward

Witnesses.

Mary E. Winters

3142 Marlborough Ave

San Diego, Calif 92105

E7197

SCOBEE-COMBS CREMATORY

1622 N. E. FOURTH STREET — BOYNTON BEACH, FLA. 33435
PHONE: 732-8151

I hereby certify that these are the remains of REAH S. SLEMMONS. The remains were received From QUATTLEBAUM-HOLLEMAN-BURSE (Funeral Firm) WEST PALM BEACH, FLORIDA (City and State)

Cremation Permit No. 297-374-87 Issued at PALM BEACH COUNTY

Date of Death JANUARY 27, 1988 SCOBEE-COMBS CREMATORY

Date of Cremation Jan 29, 1988 By Robert L. Williams Jr. (Cremator)

STATE OF FLORIDA
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES
VITAL STATISTICS

E7197

APPLICATION FOR BURIAL–TRANSIT PERMIT

A. (Type or Print) CREMATED REMAINS OF:

Name of Deceased	First	Middle	Last	DATE OF DEATH Month	Day	Year
	REAH	S.	SLEMMONS	January	27,	1988

2. Place of Death — County: Palm Beach; City, Town or Location: West Palm Beach; Name of Hosp. or Inst. (If neither, give street address): St. Mary's Hospital

3. Name of Medical Certifier: Suresh Shah, M.D. — XX Physician ☐ Medical Examiner — Address: 1501 Presidential Way West Palm Beach, FL — Phone Number:

4. Funeral Home/ Direct Disposer: Quattlebaum-Holleman-Burse — Address: 1201 So. Olive Ave. West Palm Beach, FL — Phone Number (Area Code): (305) 832-5171

5. Check Appropriate Box

a ☒ The medical certification has been completed and signed. A completed certificate of death accompanies this application.

b ☐ _____ was contacted on _____ within 48 hours after death. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death.

c ☐ _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.

6. Funeral Director/ Direct Disposer	Signature	Fla. Lic. No./Reg. No.	Date Signed
Gary E. Quattlebaum	Gary E. Quattlebaum	1858	Jan. 27, 1988

B.

BURIAL–TRANSIT PERMIT

Permit No. 297-374-87

Permission is hereby granted to dispose of this body.

☐ A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted. If it cannot be filed within this time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

☒ No extension of time for filing the death certificate requested.

Registrar or Sub-Registrar Signature: Elizabeth Ihle — Date Issued: Jan. 27, 1988 — Date Certificate Due: _____

C.

AUTHORIZATION for CREMATION, DISSECTION or BURIAL–AT–SEA #242

Signature _____, Medical Examiner Date _____

or

Medical Examiner, James A. Benz, MD,ME, gave authorization by telephone to Elizabeth Ihle for Quattlebaum-Holleman-Burse Funeral Director/Direct Disposer. Date January 28, 1988

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORY

Method of Disposition:

☐ BURIAL ☐ STORAGE
☐ CREMATION ☐ OTHER (Specify)

Place of Disposition _____

Date of Disposition _____

Signature of Sexton or Person-in-Charge _____

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the County where disposition occurred.

HRS Form 326, May 86 (Replaces Apr 81 edition which may be used)
Stock Number: 5740-000-0326-2)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-3-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Luce (X)

in a — Vault/Liner Funeral, date, time Wed 2-17

Church, Chapel, Graveside [redacted] Calif 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 Diag-Off

Lot 47 Grave 43 Row right side Section 2 Division/~~Block~~ 11

Grave space & Care Fund DO - 2/17	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	140.00
Paid receipt number 35720	140.00
Balance due	0

PAID
FEB 16 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature: William Luce

Address: 3948 5th AVE #21

State: San Diego, Ca. 92103 Zip Code

Telephone: 2977568

Call when ashes are received

Invoice #

Work Order # E 7198

Acct. #

PY-583 (REV. 8-85)

E7198

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 Theresa Luce	Female	3-4-1927	FOUND 1-31-1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	William Luce (Son) 3948 5th Avenue #21 San Diego, CA 92103

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
CALIFORNIA CREMATION & BURIAL CHAPEL [illegible] El Cajon Blvd, San Diego, CA	F-1357

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XX 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Inc. 14065 Olde Hwy. 80 El Cajon, CA	DATE CREMATED 2/10/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Cremains in urn		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A no 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 ▶ [signature] DATE SIGNED February 3, 1988
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED FEB 8 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/12/88 (ENTER DATE) 47/43/2/11	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 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGNAL OF DUPLICATE PERMIT AFTER ONE YEAR.

COPY 3 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

E7198

OFFICIAL RECEIPT

No 35720

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: William Lee Address: 3948 - 5th - #21 SD

One Hundred Forty and 00/100 Dollars ($ 140.00)

In full Payment of Interment of Mary Lee (R)

Lot 47 Grave #3 R.R. Row — Section 2 Division 11 Block

Invoice No. —

Acct. No. —

W.O. E 7198

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 19 1988

ISSUED BY

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 77185	
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	140 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-3-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roger Ahlquist

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 2/5 1:30

Church, Chapel, Graveside Chapel 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 ____. Delivery Only

Lot 37 Grave 6 Row Top Section 1 Division ~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	Grad A-4890
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	286.00
Paid receipt number 35646	286.00
Balance due	0

PAID
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Roberta K. Ahlquist
Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 7199

Acct. # ____

PY-563 (REV. 8-85)

E7199

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROGER HERBERT AHLQUIST	Male	March 14, 1903	February 3, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Roberta Ahlquist wife 8301-211 Mission Gorge Road Santee, California 92071

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 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: 4.00	DATE PERMIT ISSUED: FEB 5 1988 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Ronald M. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/5/88 (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: 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.

E7199

OFFICIAL RECEIPT

№ 35646

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-3 , 1988

From: Roberta Ahlquist Address: 8301-211 Mapleview Lane, SD

Two Hundred eighty-six 10 Dollars ($ 286.00)

In Payment of Rose's Ahlquist Burial Service

Lot 37 Grave 6-To3 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-7199

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3274

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

007492 FEB 08 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	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	6	00
TOTAL PAID	$	286	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-4-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thomas K. Kamiuro

in a Double Crypt (Vault/Liner) Funeral, date, time Sat. 2/6 10am

Church, Chapel, Graveside Thurs 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 5233 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Double Crypt - Shallow	330.00
Handling Fees	320.00
Flower vases - Marker setting fee Sat O.T.	380.00
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	1404.80

Paid receipt number _____

Balance due _____

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

Hatsume Mukai
Signature

1207 Helix St.
Address

Spring Valley Ca. 92077
State Zip Code

466-2265
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7200

PY-583 (REV. 8-95)

W.O. NO. E-7200

NOTE—STRAIGHT

$ 1404.80 San Diego, California, February 5, 19 88

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 four hundred four, 80/100 DOLLARS,

with interest from note 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 Katreene Mukai

1207 Felix St. Spring Valley 92077

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #

E7200

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
THOMAS KATSURO KAMIURA	male	Feb 28, 1926	Feb 2, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Hatsune Nukai - sister 1207 Helix Street Spring Valley, CA 92077

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Rembough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery - San Diego, CA (3751 Market St.)		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED: Sat - Sunday on Duty	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 Double Crypt on Bottom - Medium Hardwood		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a Batemile -	Not Sealed -	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under the provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by the decedent.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00	DATE PERMIT ISSUED: FEB 4 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/6/88 (ENTER DATE) 5:33-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Grover Stiles	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		

Double Crypt Lot 8 Space 5 Grave Crypt

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

066476	02/18/88	025401	HATSUNE MUKAI		03/01/88	CK 813	1,404.80	1,404.80	0.0
			100 072	77181	000072		320.00		PAID IN FULL
			100 072	77182	000072		330.00		
			100 072	77183	000072		415.00		
			100 072	77185	000072		320.00		
			60101	78390			19.80		

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 2,260.80

E-7200

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Seabourn

in a Bell Liner (Vault/Liner) Funeral, date, time Mon 2/8 10am

Church, Chapel, Graveside no service El Cajon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . Delivery Only

Lot 1855 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 35667	606.00
Balance due	0

MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.

I hereby certify I am the X 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

[signature]
Signature

8751 RAILROAD AVE
Address

SANTEE CALIF 92071
State Zip Code

448-8334
Telephone

Invoice # _____

Work Order # E 7201

Acct. # _____

PY-583 (REV. 8-86)

W.O. NO. E-7201

NOTE—STRAIGHT

$ 606.00 San Diego, California, February 5, 19 88

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 none on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

X [signature]

8251 RAILROAD AVE SANTEE 92071

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # H0176922

7201

3/16/1972

6067

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Jennie Cileski for the sum of $ 225.00 (DOLLARS)

LEGAL DESCRIPTION Lot 1855 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-1499

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:

Single grave purchase - Standard flush marker 12" X 24"

R. W. Dekner RWD
Cemetery Manager

Director of Parks and Public Facilities

PW-584 (REV. 5-70)

7201

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO

NAME
STREET ADDRESS
CITY, STATE ZIP

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX $_____
☐ computed on full value of property conveyed, or
☐ computed on full value less value of liens and encumbrances remaining at the time of sale.

_____
Signature of Declarant or Agent Determining Tax Firm Name

Jennie Cileski by Arlene Carsten under Power of Attorney
(print or type name of grantor(s))

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do____ hereby remise, release and forever quitclaim to Lot 1855, Division 10 at Mount Hope Cemetary

the following described real property in the City of San Diego
County of San Diego State of California:

Lot 1855, Division 10 in Mount Hope Cemetary

Assessor's parcel No. _____

Executed on February 4, 19 88 at San Diego, California
(City and State)

Jennie Cileski by Arlene Carsten
under Power of Attorney

STATE OF CALIFORNIA }
COUNTY OF _____ } ss.

On this _____ day of _____, in the year 19____, before me, the undersigned, a Notary Public in and for said State, personally appeared

_____

_____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person__ whose name__ _____ subscribed to the within instrument, and acknowledged to me that __he__ executed it.

WITNESS my hand and official seal.

_____
Notary Public in and for said State.

(This area for official notarial seal)

MAIL TAX STATEMENTS TO _____
NAME ADDRESS ZIP

WOLCOTTS FORM 790, Rev. 8-84
QUITCLAIM DEED (price class 3)

This standard form is intended for the typical situations encountered in the field indicated. However, before you sign, read it, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use.

1984 WOLCOTTS INC.

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That I, JENNIE CILESKI, hereby make, constitute and appoint ALFRED J. CARSTEN, my son, and/or ARLENE CARSTEN, my daughter-in-law, my true and lawful Attorneys for me and in my name, place and stead and for my use and benefit:

(a) To ask, demand, sue for, recover, collect and receive each and every sum of money, debt, account, legacy, bequest, interest, dividend, annuity and demand (which now is or hereafter shall become due, owing or payable) belonging to or claimed by me personally, and to use and take any lawful means for the recovery thereof by legal process or otherwise, and to execute and deliver a satisfaction or release therefor, together with the right and power to compromise or compound any claim or demand.;

(b) To exercise any and or all of the following powers as to real property, any interest therein and/or any building thereon: To contract for, purchase, receive and take possession thereof and of evidence of title thereto; to lease the same for any term or purpose, including leases for business, residence and oil and/or mineral development; to sell, exchange, grant or convey the same with or without warranty; and to mortgage, transfer in trust, or otherwise encumber or hypothecate the same to secure payment of a negotiable or non-negotiable note or performance of any obligation or agreement;

(c) To exercise any or all of the following powers as to all kinds of personal property and goods, wares and merchandise, choses in action and other property in possession or in action: To contract for, buy, sell, exchange, transfer and in any legal manner deal in and with the same; and to mortgage, transfer in trust, or otherwise encumber or hypothecate the same to secure payment of a negotiable or non-negotiable note or performance of any obligation or agreement;

(d) To borrow money and execute and deliver negotiable or non-negotiable notes therefor with or without security; and to loan money and receive negotiable or non-negotiable notes therefor with such security as said Attorney shall deem proper;

(e) To transact business of any kind or class and as my act and deed to sign, execute, acknowledge and deliver any deed, lease, assignment of lease, covenant, indenture, indemnity, agreement, mortgage, deed of trust, assignment of mortgage or of the beneficial interest under deed of trust, extension or renewal of any obligation, subordination or waiver of priority, hypothecation, bottomry, charter-party, bill of lading, bill of sale, bill, bond, note, whether negotiable or non-negotiable, receipt, evidence of debt, full or partial release or satisfaction of mortgage, judgement and other debt, request for partial or full reconveyance of deed of trust, tax returns, requests for extensions of time to pay and other documents in relation to the preparation of said returns or payment of any tax due or refund due thereunder, and such other instruments in writing of any kind or class as may be necessary or proper in the premises.

GIVING AND GRANTING unto my said Attorneys full power and authority to do and perform all and every act and thing whatsoever, requisite, necessary or appropriate to be done in and about the premises as fully to all intents and purposes as I might or could do if personally present, hereby ratifying all that my said Attorneys shall lawfully do or cause to be done by virtue of these presents. The powers and authority hereby conferred upon my said Attorneys shall be applicable to all real and personal property or interests therein now owned or hereafter acquired by me and wherever situate.

My Attorneys are empowered hereby to determine in said Attorneys' sole discretion the time when, purpose for and manner in which any power herein conferred upon said Attorneys shall be exercised, and the conditions, provisions and covenants of any instrument or document which may be executed by said Attorneys pursuant hereto; and in the acquisition or disposition of real or personal property, my said Attorneys shall have exclusive power to fix the terms thereof for cash, credit and/or property, and if on credit with or without security.

The undersigned, hereby further authorizes and empowers my said Attorneys, as my duly authorized agents, to join in my behalf, in the execution of any instrument by which any community real property or any interest therein, now owned or hereafter acquired by me is sold, leased, encumbered or conveyed.

When the context so requires, the masculine gender includes the feminine and/or neuter, and the singular number includes the plural.

This power of attorney shall not be affected by any subsequent incapacity of the principal.

Dated 1-22-88

X Jennie Cileski
JENNIE CILESKI

STATE OF CALIFORNIA)
: ss.
COUNTY OF SAN DIEGO)

On this 22 day of January, 1988, before me, a Notary Public in and for said County and State, personally appeared JENNIE CILESKI, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person described the and whose name is subscribed to the foregoing instrument, and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

OFFICIAL SEAL
SHIRLEY A. MITCHELL
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My Comm. Expires Dec. 20, 1991

Shirley A Mitchell
Notary Public

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

7201

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Dorothy Lorena Seabourn	Female	Dec. 18, 1941	Feb. 3, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	CA	Bill Seabourn - Ex-Husband 8751 Railroad Ave. Santee, CA 92071

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
El Cajon Carroll Mortuary 684 So. Mollison Ave. - El Cajon, CA 92020	F-1022

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery-3751 Market St. - San Diego, CA 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 Oxygen - Grey Cloth Flat Board		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Bell Linen		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED FEB - 8 1988
			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 2/8/88 (ENTER DATE) 1855-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gwyn 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35667

Date: 2-8, 1988

From: Bill Seabourn Address: 6751 Railroad Ave SD

Six hundred six Dollars ($ 606.00)

In _____ Payment of Dorothy Seabourn's Service

Lot 1655 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7201

BALANCE DUE ✓

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3382

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 10 1988

ISSUED BY Sandra Wood

CREDIT	67007		
25% 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	14	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	6	00
TOTAL PAID	$	606	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eddie Harris Sr.

in a Bell liner (Vault/Liner) Funeral date, time 11:30 - Wed - 2-10

Church, Chapel, Graveside Chapel & Grove; Hagsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran no.

Lot 120 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 _____

Balance due _____

I hereby certify I am the Mary Ross grand aughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Ross
Signature

763 Riverview Dr.
Address

Oceanside CA. 92056
State Zip Code

(619) 563-7478
Telephone

Invoice # 066473

Work Order # E 7202

PY-593 (REV. 8-88)

W.O. NO. E-7202

NOTE—STRAIGHT

$ 856.00 San Diego, California, February 5, 1988

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 Rose 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 Mary Ross

763 River Tree Dr., Oceanside CA 92054

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Calif. Driver Lic. #N8505794

7202

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Eddie Harris	Male	Nov. 30, 1904	Feb. 4, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Albert Harris - Son 6935 Madrone Ave. San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR [illegible])	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 Clothcovered Wood 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 $4.00	DATE PERMIT ISSUED FEB 9 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald A. Ramros, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/10/88 (ENTER DATE) 120/6/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
066473	02/18/88	025400	MARY ROSS					03/04/88	CK	1407	856.00	856.00	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				100.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				200.00		
			100	072		77185	000072				145.00		
			60101			78390					6.00		
			67007			77184					50.00		

E-7202

OFFICIAL RECEIPT

3/8

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35804

Date: 3-4, 19 88

From: Eddie Harris Address: 763 Venetian Drive

Eight hundred fifty-six and 00/100 Dollars ($ 856.00)

In Payment of Eddie Harris Burial Service

Lot 120 Grave 6 Row Section 2 Division Block 11

Invoice No. 066473

Acct. No. 02500

W.O. E-7202

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAR 10 1988

ISSUED BY Andrea Reed

CREDIT	67007	50	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	350	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Misuye Segawa

in a T.S. Vault Funeral, date, time Sat 2/13 10am
Vault/Liner

Church, Chapel, Graveside Grave Lewis Cokrine Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . 16 chairs

Lot 161 Grave 3 Row _____ Section 11 Division/~~Block~~ 7

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 Sat. O.T.	380.00
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1090.50
Paid receipt number 35668	1090.50
Balance due	0

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature [signature]

Address 9977 DUNBAR LN

State Cal Chyon Zip Code 9204

Telephone 619 561-4173

Invoice # _____

Acct. # _____

Work Order # E 7203

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 35668

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-8, 19 88

From: Pacific Prof. Enter Address: 3636 5th Ave # 306, SD

One thousand ninety dollars 50/100 Dollars ($ 1090-50)

In _____ Payment of Mesuye Sezawa

Lot 161 Grave 3 Row _____ Section 11 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-7203

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2076

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 10 1988

ISSUED BY Andrea L. Ward

CREDIT - 20% Sales Care	67007 77184		
50% 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	415	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	1090	50

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

7203

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MISUYE SEGAWA	female	March 10, 1898	Feb 5, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Fred K. Segawa - son 9977 Dunbar Lane El Cajon, CA 92021

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 18 Ga Violet Steel Healy	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 Batesville — Comal Tx. Vault n/a Wendy on Duty		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED FEB 8 1988	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/WAS TO BE MADE ON 2/13/88 (ENTER DATE) 161-3-11-7	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Georgen Segawa	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH n/a		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/8/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gwendolyn Saunders

in a Cremation Vault (Vault/Liner) Funeral, date, time Mon - 2/8 11am

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 2686 Grave — Row — Section — Division/~~Block~~ 10

Grave space & ~~Care Fund~~ Double Urn Space -	$215.00
Additional spaces and care fund Limited to (2) Cremain	—
Opening/Closing & Setup	105.00
Burial Container Concrete Cremato Vault	40.00
Handling Fees Labor —	60.00
Flower vases - Marker setting fee	—
Recording and filing fee From Airy -	35.00
Sales taxes	2.00
Total Due	457.00
Paid receipt number 35697	457.00
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

arranged by George

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7204

PY-693 (REV. 8-85)

E 7204

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Gwendolyn Ragsdale Saunders	Female	Feb. 15, 1916	Jan. 22, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Rucson	Arizona	Lincoln Ragsdale -Brother 1100 E. Jefferson St. Phoenix, Ariz. 85034

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 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 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 no Service Family Present Wm Vault-Combs		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED FEB 8 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramros, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/8/88 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

E7204

№ 35697

Date: 2-9, 1988

From: Anderson - Raphale Address: 5050 Federal Blvd. SD.

Four hundred fifty seven Dollars ($ 457.00)

In _____ Payment of Gwendolyn Saunders' Service

Lot 2686 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7204

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

9073

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

FEB 12 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	43.00
80% Sales of Lots	100 77184	172.00
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 76390	2.00
TOTAL PAID	$	457.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-8-88

Lavern

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eldridge Rhodes

in a Liner (Vault/Liner) Funeral date, time 2-9 Tues 11am

Church, Chapel, Graveside Mount Hope Cemetery Mortuary.

All Funeral cars must arrive 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 5 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	495.00
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	1101.00
Paid receipt number	
Balance due	

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.

PATRICIA RHODES

Signature

11504 Bel Terrace

Address

La 90049

State Zip Code

213 471-7356

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # [redacted]

Work Order # E 7205

Acct. # [redacted]

PY-593 (REV. 8-86)

W.O. NO. E-7205

NOTE—STRAIGHT

1101.00 San Diego, California, February 8, 19 88

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 None on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

x [signature]

11804 Bel Terrace La 90049

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # P0373273

E 7205

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ELDRIDGE LAVERN RHODES	Male	March 5, 1939	Found February 4, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Ethelene Rhodes - Wife 2196 Oceanview Blvd. San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: San Diego, CA	F 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: Solid Hardwood — Oak
BURIAL AT SEA OR DISPOSITION OTHER 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 — Spread ends — "Inner"		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00 DATE PERMIT ISSUED: FEB 9 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald R. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/9/88 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-8-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roger Stilwagon

in a I.S. Vault (Vault/Liner) Funeral, date, time Tues 2/11 1:30

Church, Chapel, Graveside Graveside; Merkley-Nitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____.

Void

Lot 113 Grave 7 Row ____ Section 7 Division/Block 1

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	____
Balance due	____

See E-7212

Mortuary will bring C.O.

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Void

Work Order # E 7206

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-8-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Disinter Clarke Stilwagon

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside Void Morkley - Nitchell Mortuary.

All Funeral cars must arrive 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 7 more to 8 Row ___ Section 7 Division/~~Block~~ 1

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee Disinterment	700.00
Recording and filing fee	
Sales taxes See E7212	
Total Due	700.00
Paid receipt number	
Balance due	

Mortuary will bring CPC

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Void

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

E-7212

Invoice # _____

Acct. # _____

Work Order # E 7207

PY-593 (REV. 8-88)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-8-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances F Richardson

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 3 Row _____ Section 2 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 35688	100.00
Balance due	395.00

Pd-In-full Lot only 10-15-91

23 @ 16.00

1 @ 27.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

8329 Lauralridge Rd
Address

S.D., CA 92120
State Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7208

PY-593 (REV. 8-86)

NAME Richardson, Frances T. ACCT. NO. E-7208

ADDRESS 8329 Lauralridge Road, San Diego, Ca 92120 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Feb 8	88	Lot 111, Grave 3, Section 2, Division 12	495 00		100 00	39[illegible]00
2-27	88	Coupon 1&2, Receipt # 35778			34 00	36100
5-25	88	Coupon 3&4, Receipt # 36186			33 00	32800
8-31	88	Coupon 5&6, Receipt 36602			39 00	29400
1-18	89	Coupon 7-10 Receipt 37234			68 00	22600
4-14	89	Coupon 11-14, Receipt 37681			68 00	15800

Paid-In-full
10-15-91

AIGNER FORM NO. 25-204 Richardson, Frances T. 111 - 3 - 2 - 12 PRINTED IN USA

E 7208

OFFICIAL RECEIPT

№ 35688

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-8, 1988

From: Forest Nicholson Address: 8329 Laurelridge Rd

One hundred no/100 Dollars ($ 100.00)

In Payment of Under Lot

Lot 111 Grave 3 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7208

BALANCE DUE 395.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 10 1988

ISSUED BY Linda Wall

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

E 7208

No 35778

Date: 2-29, 19 88

From: Jane T. Nicholson Address: 8326 Lauderdale Rd

Thirty four and 00 ——— Dollars ($ 34.00)

In _____ Payment of Crypt 1 & 2 Credit Lot

Lot 111 Grave 3 Row _____ Section 2 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7208

BALANCE DUE 361.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

714

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 03 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	34	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	$	34	00

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7208

Frances T. Richardson
8329 Lauralridge Road
San Diego, Ca 92120

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 ▶ $ 16.00

Amount due if paid more than ____ days after due date above: ▶ $ 1.00

$ 17.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7208 Credit Lot

Frances T. Richardson
8329 Lauralridge Road
San Diego, Ca 92120

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. ▶ $ 16.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ 17.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

E7208

№ 37234

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-18, 1989

From: Frances Nicholson Address: 8326 Louise Crisp Rd. SD

sixty-eight no/100 Dollars ($ 68.00)

In _____ Payment of Coupons 7-10 Credit Lot

Lot 111 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7208

BALANCE DUE 226.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

970

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	68.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77186	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	68.00

CITY AUDITOR
JAN 23 1989

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7208

Frances T. Richardson
8329 Lauralridge Road
San Diego, Ca 92120

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 ▶ $ 16.00

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-7208 Credit Lot

Frances T. Richardson
8329 Lauralridge Road
San Diego, Ca 92120

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. ▶ $ 16.00

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-7208

Frances T. Richardson
8329 Lauralridge Road
San Diego, Ca 92120

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 ▶ $ 16.00

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-7208 Credit Lot

Frances T. Richardson
8329 Laurelridge Road
San Diego, Ca 92120

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: $ 16.00

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

E 7208

№ 36602

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-31 19 88

From: Frances Richardson Address: 8329 Laurabridge Rd. SD

Thirty Four no/100 Dollars ($ 34.00)

In _____ Payment of Canyon 5 & 6 Credit Lot

Lot 111 Grave 3 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7208

BALANCE DUE 294.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

869

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
SEP 6 1988

ISSUED BY Sonia Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	34.00
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	$	34.00

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7208

Frances T. Richardson
8329 Lauralridge Road
San Diego, Ca 92120

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. $ 16.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ 17.00

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-7208 Credit Lot

Frances T. Richardson
8329 Laurelridge Road
San Diego, Ca 92120

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. $ 16.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 17.00

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

E7208

№ 36186 A

Date: 5-25, 19 88

From: Frances T Richardson Address: 6329 Laurel Ridge Rd SD

Thirty - three no/100 Dollars ($ 33.00)

In _____ Payment of Coupon 3 & 4 Credit Lot

Lot 111 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7208

BALANCE DUE 326.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

804

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 31 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	33	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	$	33	00

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7208

Frances T. Richardson
8329 Lauralridge Road
San Diego, Ca 92120

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. $ 16.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 16.-

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-7208 Credit Lot

Frances T. Richardson
8329 Lauralridge Road
San Diego, Ca 92120

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. $ 16.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 17.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E 7208

№ 37681

Date: 4-14, 1989

From: Frances T Richardson Address: 8329 Lauralridge Road

Sixty-eight no/100 Dollars ($ 68.00)

In Payment of Coupon 11-14 Credit Lot

Lot 111 Grave 3 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7208

BALANCE DUE 158.00

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 21 1989

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 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 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	68	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7208

Frances T. Richardson
8329 Lauralridge Road
San Diego, Ca 92120

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 ▶ $ 16.00

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. B-7208 Credit Lot

Frances T. Richardson
8329 Lauralridge Road
San Diego, Ca 92120

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. ▶ $ 16.00

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-7208

Frances T. Richardson
8329 Lauralridge Road
San Diego, Ca 92120

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 ▶ $ 16.00

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. B-7208 Credit Lot

Frances T. Richardson
8329 Lauralridge Road
San Diego, Ca 92120.

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. ▶ $ 16.00

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 7208

№ 41387

Date: 10-15, 1991

From: Frances Richards Address: 8324 Lawn Bridge Rd. SD 92130

Gr. Hundred Fifty Eight — 00/100 Dollars ($ 158.00)

In _____ Payment of Credit Lot

Lot 111 Grave 3 Row — Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7208

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 Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	158	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	$	158	00

AC-212 (Rev. 10-87)

1165

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Mail To Carrie

Date 2-8-88

Carrie

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elizabeth F Mr & Mrs Humphreys

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 2 & 6 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... 2 @ 495.	990.00
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	990.00
Paid receipt number 35687	100.00
Balance due	890.00

230 @ 37.00

10 @ 45.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

2310 Melrose St.
Address

National City 92050
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7209

PY-583 (REV. 8-85)

LOT OWNER E 1209

Mr. & Mrs. Humphrey (Elizabeth 2310 Melrose Street

NAME ADDRESS National City 92050

LOT 111 GR. 2&6 ROW _____ SEC 2 BLK _____ DIV 12

Credit Lot

PR-961 (REV. 1-83) TAYLOR SYSTEM OF CEMETERY RECORDING

E 7209

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40325

Date: 2-15, 19 91

From: Guadalupe Garcia Address: 2755 Market S.D. CA

Sixty-six 00/100 Dollars ($ 66.00)

In Payment of Pre Need Lot

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-3356

BALANCE DUE 991.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 535

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Fergus

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	66	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	$	66	00

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

COUPON 9

Lupe R. Garcia
2755 Market St.
San Diego CA 92102

E-8856
Pre-Need Lots

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							10				

E 7209

AMOUNT DUE $ 66.00

$

☐ Check (✓) if you have a new address and please attach.

TOTAL RECEIVED $

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41417

Date: Oct 22, 1991

From: Cerri Humphrey Address: 6969 Pegasus Rd. S.D. 92119

Forty 00/100 Dollars ($ 40.00)

In Cash Payment of Pre-need lot

Lot 111 Grave 2 Row Section 2 Division Block 62

Invoice No.

Acct. No.

W.O. E-7209

BALANCE DUE $850.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K. L. Hagdahl

CREDIT 20% Sales Care	57007 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

E 7209

№ 35687

Date: 2-8, 1988

From: Carrie Humphrey Address: 2310 Melrose St, SD

One hundred & no/100 Dollars ($ 100.00)

In _____ Payment of _____

Lot 111 Grave 2 & 6 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7209

BALANCE DUE 89000

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

304

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 10 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 10-87)

NAME Humphrey, Mr. & Carrie, Elizabeth 6969 Regner Rd SD 92119 ACCT. NO. E-7209

ADDRESS ~~2310 Melrose Street, National City, Ca 92050~~ RATING 469-5448 LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Feb 8	88	Lot 111, Graves 2 & 6, Section 2, Division 12	990 00		100 00	890 00
10/92	91	Receipt 4/1417 no coupon			40 00	850 00

No holder 5-2098

AIGNER FORM NO. 25-204 Humphrey, Mr. & Carrie, Elizabeth 111 - 2&6 - 2 - 12 PRINTED IN USA

E 7209

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Carrie Humphrey

Address 6969 Regner Rd. S.D. CA 92119

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 111, Grave 246, Row —, Section 2, ~~Block~~/Division 12 in Mt. Hope Cemetery, entered into on _____, 19___, by and between Mt. Hope Cemetery and Carrie Humphrey 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, 19 95

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michele L. Clark
Clerical Asst. II

GWS:baa(2)62
2-14-86

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Mail To Carrie

Date 2-8-88

Carrie

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elizabeth F Mr & Mrs Humphrey

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 111 Grave 2 & 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund ..... 2 @ 495.	990.00
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	990.00
Paid receipt number 35687	100.00
Balance due	890.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

2310 Melrose St.
Address

National City, 92050
State Zip Code

_____
Telephone

Work Order # E 7209

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E 7209

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

Carrie Humphrey
2310 Melrose Street
National City, Ca 92050

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

Pierced Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-8-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evalena King

in a Bell Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 6 Grave 2 Row _____ Section 5 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 35685	606.00
Balance due	0

PAID
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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 7210

PY-593 (REV. 6-85)



Evalena Kin[redacted]

2-3-88 E7210

Mt Hope Cemetery

Gentlemen:

Wm Bishop, a Church friend of mine for years said he would see (meet the plane) order you to open grave see that the burial takes place & notify E.S.D. Presby Church, I dont want anything memorial etc else, only to be Buried Between my 2 Husbands. Frank Spotts - (I have Lot 4 - Div 5 Sec 5 (2 graves) Eugene J. King - He will be on other side my stone information is on my first husbands stone. I was happy the way you took care of things for me & when you are now 79 years

Old, Mother use to ~~at~~ say
Bible says 3 store & 10-70 & all
other is for Gracious living.

Sincerely
Evalena A Kuig.

P.S. I came here to be in
Wichita Ks. Masonic home, Gene
K wanted me to, he was a 59 year
32° Shrinner & I have played in
Eastern star nearly 35 years &
the part I was to be in has to
be re-molded, my Brother says
not to worry, if I get ill they
will rush me there, lots of nice
bed space. Ha! so I have 2
sisters here & husbands are 32° Shrinner
Girls P.M's so we go to a lot of
Eastern star affairs & I can sleep in
at this lovely hotel - I want things taken

E7210

Rogers Mortuary

"Where Personal Consideration Is a Tradition"

4094 UNIVERSITY AVENUE
SAN DIEGO, CALIFORNIA 92105

PHONE 282-8111

January 26, 1988

Mrs. Evalena King
1725 Broadway - Box 703
Parsons, KS 67357

Deat Evalena:

I am so sorry to hear of the delay in your taking up residence in the Masonic Home. It must have been a great disappointment to you - but how fortunate to have your family standing by you.

I checked with Mt. Hope Cemetery and they will accept payment in advance for their services - as follows:

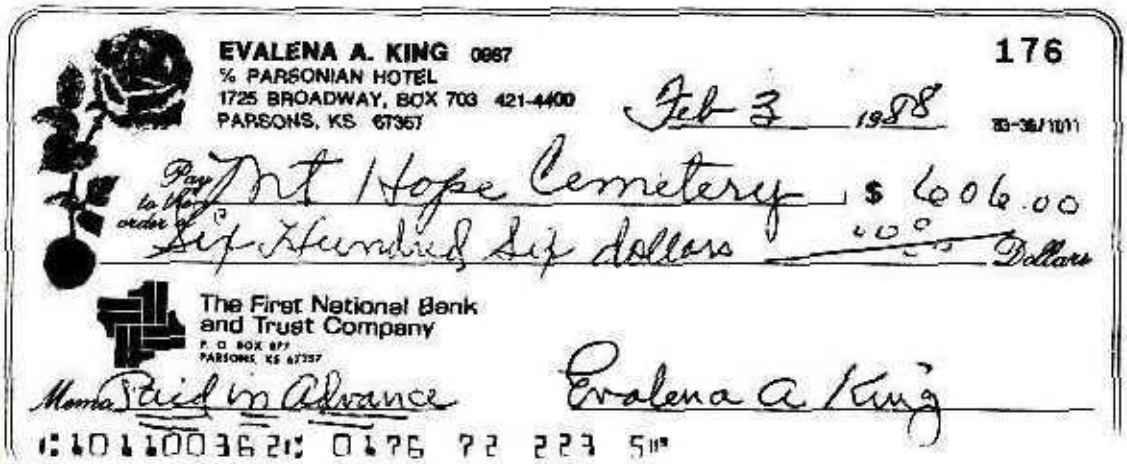
Grave opening	$320.00
Liner	$251.00
Recording	$ 35.00

You should remit $606.00 to Mt. Hope Cemetery, 3731 Market Street, San Diego, CA 92101

As for delivery of the casket to the cemetery - tell your folks to have the casket sent to Rogers Mortuary,4094 University Avenue, San Diego, CA 92105. We will meet the plane; order the grave opened; see that burial takes place; and notify the ESD Presbyterian Church.

Our charges will be nominal and will have to be paid at the time of service since we have no way to accept payment in advance.

Betty and I are glad that you have a nice place to live and that you are making friends in the Masonic Community. They are lucky to have you among them. We certainly do miss you. Take good care of yourself and let us hear from time to time how things are going with you.



EVALENA A. KING 0987
% PARSONIAN HOTEL
1725 BROADWAY, BOX 703 421-4400
PARSONS, KS 67357

176

Feb 3 1988

33-38/1011

Pay to the order of Mt Hope Cemetery $ 606.00

Six Hundred Six dollars 00/100 Dollars

The First National Bank and Trust Company
P. O. BOX 877
PARSONS, KS 67357

Memo Paid in Advance

Evalena A King

⑆101100362⑆ 0176 72 223 5⑈

Put this with my letter.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35685

Date: 2-6, 1988

From: Evalena A. King Address: 1725 Broadway, Box 703

Six hundred six 00/100 Dollars ($ 606.00)

In _____ Payment of Pre-need Trust for Evalena King

Lot 6 Grave 2 Row _____ Section 5 Division Block 5

Invoice No. _____

Acct. No. _____

W.O. E-710

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

176

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 10 1988

ISSUED BY Andrea Wood

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	606.00
Sales Tax	60101 76390	
TOTAL PAID	$	606.00

DoD - 2/9/88

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/9/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth S. Moore

in a None Vault/Liner Funeral, date, time 2:30 / 2/11/ Thurs

Church, Chapel, Graveside graveside Family-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 1806 Grave — Row — Section — Division/Block 10

D. ash Plot

Grave space & Care Fund	—
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	—
Handling Fees	35.00
Flower vases - Marker setting fee	—
Recording and filing fee	—
Sales taxes	*
Total Due	140.00
Paid receipt number 38710	140.00
Balance due	0

MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF. FEB 12 1988 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.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7211

Acct. # _____

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7211

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RUTH S. MOORE	FEMALE	DEC 23, 1901	FEB 7, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	ROBERT L. MOORE, SON 1002 N. GARDENIA AVENUE ONTARIO, CA 91762

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)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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 GREENWOOD CREMATORY, 1-805 & IMPERIAL AVENUE, SAN DIEGO, CA	DATE CREMATED FEB 09 1988	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 EXACT PLACE AND COUNTY OF DISPOSITION N/A no Cemetery Vault ash Plot		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass 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 + Brea DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED FEB 09 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Remal, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/11/88 (ENTER DATE) 1806/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Lato	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35710

Date: 2-11, 1988

From: Merkley Mitchell Address: 3655 Fifth Ave, SD 92103

One Hundred Forty no/100 Dollars ($ 140.00)

In _____ Payment of Auth S.D. Moore Service

Lot 1806 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7211

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

6488

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 19 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	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	$	140	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/9/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roger Stilwagon

in a Double Crypt (Vault/Urn) Funeral, date, time Thur 2/11 1:30

Church, Chapel, Graveside Graveside ; Mesley Mitchell "Harry" Mary.

All Funeral cars must arrive 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 6 Row _____ Section 7 Division/Block 1

Grave space & Care Fund ... Double Crypt - Bottom	
Additional spaces and care fund ... one —	
Opening/Closing & Setup	320.00
Burial Container ... Double Crypt -	330.00
Handling Fees ... Labor to Install	320.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	1024.80
Paid receipt number 35711	1024.80
Balance due	0

Harry guarantee

PAID
FEB 12 1988
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

Voided E-7207
7206

Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7212

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7212

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROGER H. STILWAGEN, SR.	MALE	APR 24, 1901	FEB 7, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	BERTHA STILWAGEN, WIFE 2945 DOVE STREET SAN DIEGO, CA 92103

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
HERSLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT

NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MT HOPE CEMETERY, 3761 MARKET STREET, SAN DIEGO, CA — Veteran

COUNTY: SAN DIEGO

CREMATION

NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A — Metal—non Seals

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 — Double Crypt—on Bottom

SCIENTIFIC USE

NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A — Navy Detail—

ACKNOWLEDGMENT OF APPLICANT

This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.

SIGNATURE OF APPLICANT: ▶

DATE SIGNED:

LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT

AMOUNT OF FEE PAID: $3.00

DATE PERMIT ISSUED: FEB 09 1988

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/11/88 (ENTER DATE)

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE: N/A

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY

INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35711

Date: 2-6, 1988

From: McKee-Mitchell Address: 3655 5th Ave, SD

Thousand Twenty-four Dollars ($ 1024.00)

In _____ Payment of Grave Stillwagon's Service

Lot 113 Grave 6 Row _____ Section 7 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-7212

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

6485

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 19 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	19	80
TOTAL PAID	$	1024	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-9-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Susan Rosenberg

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 3877 3878 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... 2 @ 595.00	1190.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container ..... PAID IN	
Handling Fees	
Flower vases - Marker setting fee ..... FULL	
Recording and filing fee 8-18-98	
Sales taxes	
Total Due	1190.00
Paid receipt number 35689	50.00
Balance due	1140.00

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

Susan O. Rosenberg
Signature

4122 32nd Street
Address

San Diego, CA 92104
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7213

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

№ 36154

Date: 5-13, 19 88

From: Susan D. Rosenberg Address: 4122 32nd Street, SD 92104

fifty dollars & no/100 Dollars ($ 50.00)

In Payment of coupon 3 Credit Lot

Lot 98 77 & 78 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-7213

BALANCE DUE 990.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

340

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 20 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** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: E-7213 Credit Lot

Susan D. Rosenberg
4122 32nd Street
San Diego, Ca 92104

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. $ 1.00

$ 50.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 36391

Date: 7-8, 19 88

From: Susan Rosenberg Address: 4122-32nd St, SD

One hundred one 100/100 Dollars ($ 101.00)

In Payment of Coupon 485 Credit Lot

Lot 3877 3878 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7213

BALANCE DUE 889.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 363

AC-212 (Rev. 10-87)

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	101	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	$	101	00

Send or bring one coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7213 Credit Lot

Susan D. Rosenberg
4122 32nd Street
San Diego, Ca 92104

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 ▶ $ 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-7213 Credit Lot

Susan D. Rosenberg
4122 32nd Stgget
San Diego, Ca 92104

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. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36561

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-16, 1988

From: Susan Rosenberg Address: 4122 32nd St. SD

fifty no/100 Dollars ($ 50.00)

In Payment of Coupon 6 Credit Lot

Lot 3877 & 78 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7213

BALANCE DUE 839.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 391

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 24 1988

ISSUED BY Sandra Wood

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7213 Credit Lot

Susan D. Rosenberg
4122 32nd Street
San Diego, Ca 92104

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. ▶ $ 1.00

50¢ ea
5/10

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 36650

Date: 9-7, 1988

From: Joann Rosenberg Address: 4122-32nd Street, SD

Fifty yrs/100 Dollars ($ 50.00)

In Payment of Coupon 7 Credit Lot

Lot 3877 & 3878 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-7213

BALANCE DUE 789.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 405

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
SEP 19 1988

ISSUED BY

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 76390	
TOTAL PAID	$	50 00

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7213 Credit Lot

Susan D. Rosenberg
4122 32nd Street
San Diego, Ca 92104

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. $ 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

№ 36838

Date: 10-12, 19 88

From: Susan Rosenberg Address: 4122 32nd Street, SD 92104

Fifty Dollars no/100 Dollars ($ 50.00)

In Payment of Coupon 8 Credit Lot

Lot 3877 & 78 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-7213

BALANCE DUE 739.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

426

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	50 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	50 00

CITY AUDITOR
OCT 19 1988

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7213 Credit Lot

Susan D. Rosenberg
4122 32nd Street
San Diego, Ca 92104

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.* $ 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

№ 36995

Date: 11-22, 19 88

From: Susan Rosenberg Address: 4122 32nd Street, SD

Fifty-One Ns/100 — Dollars ($ 51.00)

In Payment of Coupon & Credit Lot

Lot 3877-78 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7213

BALANCE DUE 686.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 441

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CITY AUDITOR
DEC 02 1988

CREDIT	67007		
20% Sales Care	77154		
80% Sales of Lots	100 77154	51	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	51	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7213 Credit Lot

Susan D. Rosenberg
4122 32nd Street
San Diego, Ca 92104

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: $ 1.00

$ ____

Amount Received $ 51.00

NAME Susan D. Rosenberg

ADDRESS 4124½ 32nd St

CITY San Diego STATE CA ZIP 92104

☒ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37180

Date: 1-5, 1989

From: Susan Rosenberg Address: 4122 32nd Street SD

One hundred one no/100 — Dollars ($ 101.00)

In _____ Payment of Coupons 10 & 11 Credit Lot

Lot 3877 & 76 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 587.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

467

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	101	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63003 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	101	00

CITY AUDITOR
JAN 11 1989

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7213 Credit Lot

Susan D. Rosenberg
4122 32nd Street
San Diego, Ca 92104

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. ▶ $ 1.00

$ ____

$ 51.00

Amount Received

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

COUPON 11

ACCOUNT No. E-7213 Credit Lot

Susan D. Rosenberg
4122 32nd Street
San Diego, Ca 92104

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. ▶ $ 1.00

$ _____

Amount Received $ 50.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37314

Date: 2-6, 1989

From: Susan Rosenberg Address: 4122 32nd Street, SD
Fifty dollars no/100 Dollars ($ 50.00)

In _____ Payment of Coupon 12 Credit Lot

Lot 3877 & 3878 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. 8-7213

BALANCE DUE 537.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 486

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	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 12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. D-7213 Credit Lot

Susan D. Rosenberg
4122 32nd Street
San Diego, Ca 92104

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. $ 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

№ 37530

Date: 3-17, 19 89

From: Susan Rosenberg Address: 4122 32nd Street, SD

Fifty no/100 Dollars ($ 50.00)

In _____ Payment of Vinegar B Credit Lot

Lot 3877 & 3878 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7213

BALANCE DUE 487.00

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 27 1989

ISSUED BY Andrea Wark

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	50	00

AC-212 (Rev. 10-87)

504

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7213 Credit Lot

Susan D. Rosenberg
4122 32nd Street
San Diego, Ca 92104

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. $ 1.00

$ ____

Amount Received $ ____

NAME Susan Rosenberg

ADDRESS 4124½ 32nd St

CITY San Diego STATE Ca ZIP 92104

☐ Check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37687

Date: 4-18, 1989

From: [illegible] Address: 4122 32nd Street SD

Fifty dollars 78/100 Dollars ($ 50.00)

In [illegible] Payment of Coupon 14

Lot 3877 & 3878 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7213

BALANCE DUE 437.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

528

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 21 1989

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

Send or bring one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. L-7213 Credit Lot

Susan D. Rosenberg
4122 32nd Street
San Diego, Ca 92104

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. ▶ $ 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

№ 37825

Date: 5-15, 19 89

From: Susan Rosenberg Address: 4122 32nd Street, SD

fifty dollars 00/100 — Dollars ($ 50.00)

In _____ Payment of Coupon 15 Credit Lot

Lot 3877 & 3878 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7213

BALANCE DUE 387.00

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	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

CITY AUDITOR
MAY 19 1989

AC-212 (Rev. 10-87)

554

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7213 Credit Lot

Susan D. Rosenberg
4122 32nd Street
San Diego, Ca 92104

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. $ 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
264-2151

№ 38826

Date: 2-1, 1990

From: Susan Rosenberg Address: 4124½ 32nd St, SD 92104

Fifty-One Dollars 7 10/100 Dollars ($ 51.00)

In _____ Payment of Credit Lots

Lot 3877 + 3878 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. F-7213

BALANCE DUE $336.10

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 449

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	51	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	$	51	00

CITY AUDITOR
FEB 12 1990

One coupon with each remittance

OT MAIL ENTIRE BOOK

COUNT No. A-7213

Susan D. Rosenberg,
4122 32nd Street
San Diego, Ca 92104

Credit Lot

COUPON 17

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
		10									

Month and Day Due Indicated Below

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than ____ days after due date above. $ 1.00

Amount Received $ _____

NAME Susan Rosenberg

ADDRESS 4130 32nd St

CITY San Diego STATE Ca. ZIP 92104

☑ check if this is new address

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41451

Date: 11-4-, 1991

From: SUSAN D ROSEBERG Address: 4130-32ND ST S.D.CA 92104

FIFTY AND 00/100 Dollars ($ 50.00)

In PART Payment of CREDIT

Lot 3878/3878 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-7213

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) # 1585

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robert Jones

CREDIT	67007	50	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lads E-7215

Susan Rosenberg
4130 32nd Street
S.D., Ca. 92104

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
527-3400

No 41589

Date: 12-6-, 1991

From SUSAN D. ROSENBERG Address: 4130 32ND ST SAN DIEGO CA 92104

FIFTY AND 00/100 Dollars ($ 50.00)

In Part Payment of CREDIT LOT

Lot 3877-3878 Grave ____ Row ____ Section ____ Division Block 10

Invoice No. ____

Acct. No. ____

W.O. E-7213

BALANCE DUE ____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

#1624

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robt Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77154	50 00
Opening/ Closing	100 77161	
Burial Containers	100 77162	
Handling Fee	100 77165	
Recording & Misc. Fees	100 77163	
Pre-Need Trust	63033 8022	
Sales Tax	80101 76390	
TOTAL PAID	$	50 00

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lots E-7215

Susan Rosenberg
4130 32nd Street
S.D., Ca. 92104

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

№ 35689

Date: 2-9, 1988

From: Susan Rosenberg Address: 4122 32nd St 30

fifty dollars no/100 Dollars ($ 50.00)

In _____ Payment of Credit Lots

Lot 3677878 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7213

BALANCE DUE 1140.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 12 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)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35731

Date: 2-17, 19 88

From: Susan Rosenberg Address: 4122 32nd Street

Fifty Dollars no/100 Dollars ($ 50.00)

In 1 Payment of Coupon #1 Credit Lot

Lot 3877 & 3878 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7213

BALANCE DUE 1090.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

272

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 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7213 Credit Lot

Susan D. Rosenberg
4122 32nd Street
San Diego, Ca 92104

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		10						1			

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than ____ days after due date above. $ ~~1.00~~

$ 51.00

Amount Received $ 50.00

NAME Susan D. Rosenberg

ADDRESS 4122 32nd St.

CITY San Diego STATE Ca. ZIP 92104

☐ check (✓) if this is new address

OFFICIAL RECEIPT

№ 36023

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-18, 1988

From: Susan Rosenberg Address: 4122 32nd Street, SD

Fifty dollars no/100 — Dollars ($ 50.00)

In _____ Payment of Coupon #2 Credit Lot

Lot 3077 & 3078 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7213

BALANCE DUE 1040.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 320

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	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** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7213 Credit Lot

Susan D. Rosenberg
4122 32nd Street
San Diego, Ca 92104

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. $ 1.00

$ 51.00

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

MOUNT HOPE CEMETERY
527-3400

47911

Date: 10-14, 1996

From: Susan Rosenberg Address: 1658 Hilton Head Ct. #1181 Rancho S.D. 92019

One hundred and no/100 Dollars ($ 100.00)

In part Payment of pre-need lots

Lot 3877 & 3878 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7213

BALANCE DUE 136.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Turgeon

CREDIT	57007	100	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42019

Date: 3-12, 1992

From: Susan Rosenberg Address: 4130 32nd St., SD

Fifty and no/100 Dollars ($ 50.00)

In Payment of

Lot 3177 & 3178 Grave — Row — Section — Division 10 ~~Block~~

Invoice No.

Acct. No.

W.O. E-7213

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1748

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wait

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	W
Opening/ 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	W

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Cecile Lola E-7215

Susan Rosenberg
4130 32nd Street
S.D., Ca. 92104

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

NAME Rosenberg, Susan D. 1058 Hilton Head Ct. 1181 Rancho S.D. ACCT. NO. E-7213

ADDRESS ~~4122~~ 4130 ~~4122~~ 32nd Street, San Diego, Ca 92104 RATING 92019 LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Feb	88	Lots 3877 & 3878, Division 10	1190 00		50 00	1140 00
2-7	88	Coupon #1, Receipt 35731			50 00	1090 00
4-18	88	Coupon #2, Receipt 36023			50 00	1040 00
5-13	88	Coupon #3 Receipt 36154			50 00	990 00
7-8	88	Coupon #4 & 5, Receipt 36391	D 883	-	101 00	889 00
8-16	88	Coupon 6, Receipt 36636			50 00	839 00
9-7	88	Coupon 7, Receipt 36650			50 00	789 00
10-12	88	Coupon 8, Receipt 36838			50 00	739 00
11-22	88	Coupon 9, Receipt 36955			51 00	688 00
1-5	89	Coupon 10 & 11, Receipt 37180			101 00	587 00
2-6	89	Coupon 12, Receipt 37314			50 00	537 00
3-17	89	Coupon 13, Receipt 37530			50 00	487 00
4-18	89	Coupon 14, Receipt 37689			50 00	437 00
5-15	89	Coupon 15, Receipt 37825			50 00	387 00
2-[illegible]	90	Coupon 17, Receipt 38826			51 00	336 00
11-4-91		Coupon # 18 Receipt # 41451			50 00	286 00
3-12-91		Coupon #20, Receipt # 42019			50.00	236.00
10-14	96	R-47911	Bal $130.00		100.00	136.00
6-18	98	R- 50311			136.00	+0

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50311

WHITE....., TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 8-18, 1998

From: Susan Rosenberg Address: 1513 C Granite Hills Dr El Cajon 92019

One Hundred Thirty Six Dollars ($ 136.00)

In full Payment of Pre-Need Lots

Lot 3877 3878 Grave ____ Row ____ Section ____ Division 10 ~~Block~~

Invoice No. ____

Acct. No. ____

W.O. E-7213

BALANCE DUE -0-

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

7087

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Hudelson

CREDIT 20% Sales Care	67007 77184	136	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	$	136	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-9-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carroll V. Crawford

in a Liner (Vault/Liner) Funeral date, time 2-11-88 Thurs. 10 AM

Church, Chapel, Graveside Delivery chapel ; 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 Yes WWI

Lot 150 Grave 1 Row ____ Section 4 Division/~~Block~~ 6

Grave space & Care Fund ..preneed B8495	-0-
Additional spaces and care fund	-0-
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 35692	606.00
Balance due	-0-

PAID 2-9-88 MT. HOPE CEMETERY CITY of SAN DIEGO

Greg at Lakeside

I hereby certify I am the Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Sam H. Bryan
Signature

39 Ramona Way
Address

Novato, Ca. 94945
State Zip Code

(415) 897-4962
Telephone

Invoice # ____

Acct. # ____

Work Order # E 7214

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7214

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Carroll V. Crawford	Male	Feb. 15, 1893	Feb. 8,1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Sam Bryan-Nephew 39 Ramona Way Novato Ca. 94945

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lakeside-Santee Funeral Chapel 9646 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: 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 Cloth Casket Crawford Body Rec'd at 3PM Cremated SCI
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 4.00	DATE PERMIT ISSUED: FEB 11 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/11/88 (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: N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 35692

Date: 2-9- , 19 88

From: Sam H. BRYAN Address: 39 RAMONA Wy Novato, CA 94945 (415) 897-4962

Six hundred six dollars and xx/100 Dollars ($ 606.00)

In Full Payment of interment of Carroll V. Crawford

Lot 150 Grave 1 Row Section 4 Division Block 6

Invoice No.

Acct. No.

W.O. E7214

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #3032

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

2-09 FEB 12 1988

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	100	—
Handling Fee	100 77185	145	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	6	—
TOTAL PAID	$	606	—

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-9-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward Tate - Theresa Trust

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	
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 35700	200.00
Balance due	406.00
35747	406.00

I hereby certify I am the _____ of the above named deceased and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Martha Niblock

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

PO Box 637
Address

Weaverville, CA 96093
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7215

Acct. # _____

PY-593 (REV. 8-95)

E7215

P.O. Box 637
Hydesville, Cal.

Feb. 5, 1988

Sandra Ward.

I would like to start Payment on a Preneed Trust for Edward Tate. for Intern-ment charges and Liner.

Enclosed is $200.00 to start the trust. To pay monthy.

Sincerely

Martha Walaskek

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 35700

Date: 2-9 19 88

From: Martha Wakefield Address: P.O. Box 637, Hydesville, Ca

Two hundred 10/100 Dollars ($ 200.00)

In Payment of Interest Trust for Edwards Estate

Lot 73 Grave 1 Row Section 4 Division 6 ~~Block~~

Invoice No.

Acct. No.

W.O. E-7215

BALANCE DUE 406.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 12 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	200 00
Sales Tax	60101 78390	
TOTAL PAID	$	200 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35747

Date: 2-19, 19 88

From: Martha Dolofek Address: P.O. Box 637, Hydesville, CA 95547

four hundred six no/100 Dollars ($ 406.00)

In _____ Payment of Preneed Trust for Edward Tate, paid in full

Lot 73 Grave 1 Row _____ Section 4 Division ~~Block~~ 6

Invoice No. _____

Acct. No. _____

W.O. E-7215

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 23 1988

ISSUED BY Sandra Wood

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	406.00
Sales Tax	60101 78390	
TOTAL PAID	$	406.00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-10-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Agatha Britton

in a Ash Vault (Vault/Liner) Funeral, date, time Thurs 3/10 11:30

Church, Chapel, Graveside Graveside : Neptune Soc. LA Mortuary.

All Funeral cars must arrive 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 _____ Row 12 Section 3 Division/~~Block~~ 2

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 35707	242.40
Balance due	0

Add'l 6 Vases

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7216

Acct. # _____

PY-593 (REV. 8-86)

2-10-88

to whom it may concern,

Enclosed is a check to cover opening of Grave for Alfretta Britton Lot 22, Row 12, Sec. 3, Div 2.

We will call at least 24 hours in advance as to when grave will be opened.

Thank you,

Charlene Kimball

213-549-6367

Address:
21207 So Avalon #101
Carson, Ca 90745

E7216

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35707

Date: 2-11, 1988

From: C.E. Kimball Address: 21207 S. Avalon Blvd #101 Carson

Two hundred forty-two 40/100 Dollars ($ 242.40)

In _____ Payment of Alfretta Britten Interment

Lot 22 Grave 12 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7216

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

0725

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 19 1988

007858

ISSUED BY Sandra L. Ward

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

82

E7216

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

C-35527

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Alfretta Ruey Britton	Female	Sept 30 1905	Feb 8 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Hawthorne	Los Angeles	Charlene E Kimball-Daughter 21207 S Avalon Blvd #101 Carson CA 90745

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
The Neptune Society of San Pedro	F-1289

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt Hope Cemetery 3751 Market Street San Diego CA 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Angeles Abbey 1515 E Compton Compton CA	DATE CREMATED 2-18-88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
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 ▶ Charlene E. Kimball DATE SIGNED Feb 9 1988
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED FEB 11 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature] LH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/10/88 (ENTER DATE) 22/12/3/2	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W Stetler 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 313 North Figueroa St Los Angeles CA 90012		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

COPY 1 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

Fiberglass Urn in C. Vault

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-10-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Estelle S Dickson

in a T.L. Vault Crypt (Vault/Liner) Funeral, date, time 2/12 Fri 10am

Church, Chapel, Graveside Chapel & Graveside Lewis Valencia Mortuary.

All Funeral cars must 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 887 Grave — Row — Section 3 Division/Block 8

Grave space & Care Fund	Pr Need
Additional spaces and care fund	non
Opening/Closing & Setup	330 00
Burial Container	175 00
Handling Fees Labor	170 00
Flower vases - Marker setting fee	—
Recording and filing fee	3 50
Sales taxes	10 50
Total Due	710 50
Paid receipt number 32715	710 50
Balance due	0

30 day note

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 [signature]

Address 2848 ENGLEWOOD Way

State CARLSBAD, CA Zip Code 92008

Telephone 729-3568

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # _____

Work Order # E 7217

Acct. # _____

PY-583 (REV. 8-86)

W.O. NO. E-7217

NOTE—STRAIGHT

$ 710.50 San Diego, California, Feb 10 1988 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 Seven Hundred Ten and 50/100 DOLLARS

with interest from March 12, 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 [signature]

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # A-3883499

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7217

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ESTELLE SOPHIA ERICSON	female	Apr 1, 1892	Feb 8, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Escondido	San Diego	Carl E. Ericson - son 10636 Arboretum Place San Diego, CA 92131

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: Cloth Covered State - Tan	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 Cemeto 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: $4.00	DATE PERMIT ISSUED: FEB 12 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/12/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Georgene Scott	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

№ 35715

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-12, 1988

From: Carl Ericson Address: 10636 Arboretum Pl, SD 92131

Seven hundred ten dollars 50/100 Dollars ($ 710.50)

In _____ Payment of Estelle S. Ericson's Burial Service

Lot 1887 Grave _____ Row _____ Section 3 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-7217

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1088

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 19 1988

ISSUED BY Sandra Ward

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 78380	10	50
TOTAL PAID	$	710	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/10/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shirley M. (W) Thomas

in a T.L. Vault Vault/Liner Funeral, date, time Fri 10:30 - 2-12

Church, Chapel, Graveside Church - H.L. : 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 2169 Grave ~ Row ~ Section ~ Division/Block 10

Grave space & Care Fund Space + Endowed Care	595.00
Additional spaces and care fund Rec 2168 for 90 days.	
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	3.50
Sales taxes	10.50
Total Due	1305.50
Paid receipt number Paid 3/2 35741	1305.50
Balance due	0

30 billing

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.

Charles T. Thomas
Signature

610 Bradford Rd. E. C. 92020
Address

619 447 6851
State Telephone Zip Code

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

[redacted]

Work Order # E 7218

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7218

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Shirley Mae Thomas	Female	July 1, 1930	Feb. 9, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Charles William Thomas, II - husband 610 Bradford Road El Cajon, CA 92019

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR P[illegible]	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: [illegible] Street 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 Metal Sealer Vault - Large Turnout Dr. Thomas - Nice People		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED FEB 12 1988
			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 2/12/88 (ENTER DATE) 2/69/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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

№ 35792

Date: 3/2/88, 19

From: Charles Thomas Address: 610 Bradford Rd - EC / 92019

Thirteen Hundred five and 50/100 Dollars ($ 1305.50)

In full Payment of Invoice - Interment of and for Shirley Thomas

Lot 2169 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No. —

W.O. E 7218

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 Gwyen Stetler

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 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022	—	—
Sales Tax	80101 78380	10	50
TOTAL PAID	$	1305	50

AC-212 (Rev. 10-87) 235163
25/148

Preneed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-10-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Bowling

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 2 Division/~~Block~~ 12

Grave space & Care Fund ... preneed grave ... 495.00

Additional spaces and care fund ... _____

Opening/Closing & Setup ... 6-17-99 ... _____

Burial Container ... _____

Handling Fees ... Paid in Full ... _____

Flower vases - Marker setting fee ... R-5124.9 ... _____

Recording and filing fee ... _____

Sales taxes ... 275.00 ... _____

23 @ $20.00
1 @ $35.00

Total Due ... 495.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Robert R. Bowling

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature

360 Tento Lane
Address

El Cajon, CA 92021
State Zip Code

Telephone

Invoice # _____

Work Order # E 7219

Acct. # _____

PY-593 (REV. 8-88)

OFFICIAL RECEIPT

50334

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8/28, 19 98

From: Robert Bowling Address: 13189 OLD Barona Rd Lakeside CA 92040

One hundred 00/100 Dollars ($ 100.00)

In Part Payment of Pre Need Lot

Lot 37 Grave 8 Row ____ Section 2 Division ~~Block~~ 12

Invoice No. ____

Acct. No. ____

W.O. E-7219

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 [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

50242

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7/30 19 98

From: Robert Bowling Address: 13159 Old Banana Rd Lakeside, Ca 92040

In Full Payment of One Hundred and 00/100 Dollars ($ 100.00)
Pre Need Lot for Robert Bowling

Lot 37 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7219

BALANCE DUE 375.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Tanya Bak

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

№ 35712

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-12, 1988

From: Robert Bowling Address: 360 Santo Lane, EC 92021

Twenty dollars no/100 Dollars ($ 20.00)

In _____ Payment of Coupon #1 Credit Lot

Lot 37 Grave 8 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7219

BALANCE DUE 475.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4/64

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 19 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	00	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	20	—

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7219 Credit Lot

Robert Bowling
360 Lento Lane
El Cajon, Ca 9202[illegible]

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 Robert Bowling

ADDRESS 360 Lento Lane

CITY El Cajon STATE CA ZIP 9202[illegible]

☐ check (✓) if this is new address

NAME Bowling, Robert 13189 OLD Barona Rd Lakeside CA 92040 ACCT. NO. E-7219

ADDRESS ~~360 Lento Lane, El Cajon, Ca 92021~~ RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Feb 10 88	Lot 37, Grave 8, Section 2, Division 12	495 00			
2-11 88	Coupon #1, Receipt # 35712			200 00	295 00
2/30 88				100 00	195 00
8/08 98				100.00	95.00
6-17-99	Pd balance R51249			95.00	0

DEED # 12324
MAILED 7-21-99

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/10/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edmond Bradley

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 11Am 2/12

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 Korean - army.

Lot 132 Grave 1 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund Spec'l Vets - End. Care	495.00
Additional spaces and care fund	
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	1205.50
Paid receipt number	
Balance due	

30 days Mt

Paid 3/10/88

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

Judith R. Bradley
Signature

706 Pecos St
Address

S Dring Valley Ca 92077
State Zip Code

619-462-9771
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7220

PY-593 (REV. 8-86)

W.O. NO. E7220

NOTE—STRAIGHT

$ 1205.50 San Diego, California, Feb 10, 1988

-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 March 12, 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 Judith A. Bradley

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # N-0356466

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7220

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDMOND BRADLEY	Male	Aug. 10, 1926	Feb. 7, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Judith Bradley - Wife 706 Pecos Street Spring Valley, Ca. 92077

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 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: 4.00 DATE PERMIT ISSUED: FEB 12 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Powers, M.D. C.S.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/12/88 (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	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 35861

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-10, 1980

From: Mrs. J Bradley Address:

fifteen 90/100 Dollars ($ 15.90)

In: Payment of Flower Vase for Edmund Bradley

Lot 132 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7220

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 16 1988

ISSUED BY Sandra L. 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 03/17/88

DATE: 03/17/88
TIME: 222901
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
D67188	03/07/88	D25608	JUDITH R. BRADLEY					03/10/88	CK	205	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-7220

OFFICIAL RECEIPT

3/17

№ 35860

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-10, 19 86

From: Mrs. Bradley Address: 706 Texas St, Spring Valley

Twelve hundred five 50/100 — Dollars ($ 1205.50)

In _____ Payment of Edmond Bradley's Burial Service

Lot 132 Grave 1 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. 067188

Acct. No. 025608

W.O. E-1220

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

205

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 18 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	9.9
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	$	1205 50

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-11-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie Mae Jones

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 2/16 2p.m.

Church, Chapel, Graveside Church & Grave Lagsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 19 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	175.00
Handling Fees	120.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	960.50
Paid receipt number 3/16/88	960.00
Balance due	.50

I hereby certify I am the Good Friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Gloria Jean Kodrick
Signature

711 So 37
Address

San Diego Ca 92113
State Zip Code

262-8186
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7221

PY-593 (REV. 8-85)

W.O. NO. E-7221

NOTE—STRAIGHT

$ 960.50 San Diego, California, February 11, 1988

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 50/100 DOLLARS.

with interest from none 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 Gloria Jean Hodrick

711 So 37th, SD 92113

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Calif. Driver Lic. #

E7221

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ANNIE MAE JONES	Female	Sept. 27,1921	Feb. 9, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Gloria J. Hodrick - Friend 711 S. 37th 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

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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: California
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE 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: 4.00 / DATE PERMIT ISSUED: FEB 1/2 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Powers M.D. C.E.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/16/88 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

067193 03/07/88 025607 GLORIA JEAN HUDRICK

E-7221

100	072	77181	000072	319.83
100	072	77182	000072	174.91
100	072	77183	000072	34.98
100	072	77184	000072	199.90
100	072	77185	000072	169.91
60101		78390		10.49
67007		77184		49.98

960.00 960.50. 0.50
PARTIAL PAYMENT

OR

03/14/88 CK 14241

OFFICIAL RECEIPT 3/23

№ 35885

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-16, 19 88

From: Anderson-Ragsdale Address: 5050 Federal Blvd
nine hundred sixty no/100 Dollars ($ 960.00)

In _____ Payment of Connie Mae Jones' Burial Service

Lot 19 Grave 1 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. 067193

Acct. No. 025607

W.O. E-7221

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 9250

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda 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	$	960	—

CITY TREASURER

SAN DIEGO, CALIFORNIA

8815	03/21/68	960.00	INVS
03/21/68	8815 2	960.00-	CH
03/21/68	8815 2	.00	BA

E7221

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Be Friday

Date 2-12-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lydia Kerberg

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 2/19 11am

Church, Chapel, Graveside Graveside ; Beardsley Mtl Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 5262 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	120.00
Flower vases - Marker setting fee	
Recording and filing fee	5.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 35746	710.50
Balance due	0

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 7222

Acct. # ____

PY-593 (REV. 8-85)

MOUNT HOPE CEMETERY

February 19, 19 88

The undersigned hereby requests and authorizes the interment of the remains of

Lydia Renberg in Lot 5262 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.

Lillian R. Cantinley

9385 Pagoda Reno, Nevada 89506

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

E7222

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7222

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LYDIA RENBERG	FEMALE	JAN 14, 1906	FEB 11, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
RENO	NV	LILLIAN CANTERBURY, DAUGHTER 9385 PAGODA RENO, NV 89506

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD, SAN DIEGO, CA 92107	F-816

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2 CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4 SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Solid Oak- non Sealer all Wood	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A Concrete 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: $4.00	DATE PERMIT ISSUED: FEB 17 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Ronald L. Parrish M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/19/88 (ENTER DATE) 8262-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Leon Willett	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE: N/A
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 35746

Date: 2-19 19 88

From: Lillian L. Canterbury Address: 9385 Pagoda, Reno, NV 89506

Seven Hundred Ten 50/100 Dollars ($ 710.50)

In Payment of Lydia Lenberg Burial Service

Lot 5262 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7222

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3723

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 23 1988

ISSUED BY Sandra L Ward

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 77185	170	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	10	50
TOTAL PAID	$	710	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-12-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kay L Clayton

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 163 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	Proceed E5719
Opening/Closing & Setup	
Burial Container double crypt	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	19.80
Total Due	669.80
Paid receipt number 35713	27.00
Balance due	642.80

Bal. Paid on E-7223

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 3162 L Street

State San Diego, CA Zip Code 92102

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7223

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

№ 35713

Date: 2-12, 1988

From: Kay L. Clayton Address: 3162 L Street, SD 92102

Twenty-seven no/100 Dollars ($ 27.00)

In _____ Payment of 1st Payment on Preneed

Double Crypt

Lot 163 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7223

BALANCE DUE 64280

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 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	27.00
Sales Tax	60101 78390	
TOTAL PAID	$	27.00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7223 Preneed Trust

Roy L. Clayton
3162 L Street
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. ▶ $ 27.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ 28.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

NAME Roy L. Clayton ACCT. NO. E-7223

ADDRESS 3162 L Street, San Diego, Ca 92102 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Fe 12	88	Double Crypt	669.80		2700	642 80
2-16	88	Receipt # 35716			500 00	142 80

AIGNER FORM NO. 25-204 Clayton, Roy L. 163 - 10 PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/12/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Earlie Comeaux

in a T.L. Vault (Vault/Liner) Funeral, date, time Wed 11AM - 2/17

Church, Chapel, Graveside Church 3S ; 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 4861 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	695.00
Additional spaces and care fund Res. for 90 day (4862 + 4863)	
Opening/Closing & Setup	320.00
Burial Container Sealed Counter Vault	175.00
Handling Fees Labor	170.00
Flower vases - Marker setting fee Marker must be upright	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1405.50
Paid receipt number	
Balance due	

Paid 4/25/88

I hereby certify I am the X 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.

Brenda Lawson
Signature

5961 Fennell Ave
Address

San Diego, 92114
State Zip Code

264-0322
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # [redacted]

Work Order # E 7224

Acct. # [redacted]

PY-593 (REV. 8-86)

W.O. NO. E 7224

NOTE—STRAIGHT

1405 50 — San Diego, California, Feb 12 — 19 85

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 50/100 DOLLARS.

with interest from March 15, 1985 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 Brenda Bevan

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7224

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EARLIE MAE COMEAUX	Female	Sept. 1, 1930	Feb. 10, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Brenda Fennell - Daughter 5961 Avenue San Diego, Ca. 92114

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 Heavy metal Sealed in 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 4.00	DATE PERMIT ISSUED FEB 17 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/17/88 (ENTER DATE) 4861-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. MTN

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/29/88

DATE: 04/29/88
TIME: 202420
PAGE: 11

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
067195	03/07/88	025606	BRENDA RAVEN					04/25/88	CK	3536	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		
			100	072		77185	000072				170.00		
			60101			78390					10.50		
			67007			77184					139.00		

E-7224

OFFICIAL RECEIPT

4/29

№ 36048

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 4-25, 19 88

From: Brenda Raven Address: 5961 Tennell Ave, SD

One thousand four hundred five & 50 Dollars $ 1405.50

In _____ Payment of Earlie Comeaux's Burial Service

Lot 4861 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7224

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3536

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra L. Wood

CREDIT	6700	
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	$	1405 50

CITY AUDITOR MAY 02 1988

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

aka Gladys Jordan

Date 2/16/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys Clayton

in a Double Crypt (Vault/Liner) Funeral, date, time Thurs - 2 PM - 2/18

Church, Chapel, Graveside Chapel #8 ; 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 163 Grave ~ Row ~ Section ~ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre need .....

Additional spaces and care fund ..... (Own) .....

Opening/Closing & Setup See E 5719 (½) .....

Burial Container E-7223 - D. Crypt .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee See E 5719 - (½) .....

Sales taxes .....

See E-7223

Total Due .....

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 7225

Invoice # _____

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

No 35716

Date: 2/16/88 19

From: Roy L. Clayton Address: 3162 L-St S.D. 92102

Five Hundred & 00/100 Dollars ($ 500 00)

In Part Payment of Pre-need Double Crypt -

Lot 163 Grave — Row — Section — Division — Block 10

Invoice No. —

Acct. No. —

W.O. E-7225

BALANCE DUE 142 50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

See 35713

AC-212 (Rev. 10-87) **

Bal of 142.50 at 50 mo.

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Roy L Clayton

CREDIT			
20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

ADDRESS

MORTUARY Willie P Clayton

LOT 161 162 163 GR ROW SEC DIV 10 $ 495.00

OPENING TIME DAY DATE

~~MARKET~~ BOX Bell (2) Pre-need 147.00

REMOVAL OR FOUNDATION VET.

$ TOTAL 642.00

PAID RECEIPT NUMBER 20873

BALANCE $

Reg. flush markers only

Lot 161 - Willie P. Clayton
" 162 - Irene Williams
" 163 - Roy L. Clayton
#7185

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON PHONE BY Willie Pearl Clayton

PAID
JAN 21 1972
TAKEN BY
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

W.O. NO. D 3990

FORM PR-974 REV.

E-7225

MORTUARY

Willie P Clayton

LOT 163 GR ROW SEC DIV 10

OPENING TIME (1) DAY DATE Pre-need 120 00

BOX Bell (1) SIZE Pre-need 84 80

REMOVAL OR FOUNDATION VET.

TOTAL 204 80

PAID RECEIPT NUMBER 21589 & 21592

BALANCE 0

PAID
AUG 19 1974
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON PHONE BY Willie Pearl Clayton ORDER TAKEN BY D Phillips

4866

W.O. NO. D INVOICE NO. CASH

FORM PR-974 REV. E7225

FORM AC-22

CITY OF SAN DIEGO, CALIFORNIA NO.

FORM AC-22

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-19 1983

CHARGE WILLIE PEARL CLAYTON - DAUG. 234-0772

ADDRESS 3162 "L" ST SD 92102

NAME OF DECEASED IRENE WILLIAMS

OWNER

ADDRESS

MORTUARY ANDERSON - RAGSDALE MORT.

LOT 162 - GR ____ ROW ____ SEC ____ DIV 10

OPENING/CLOSING TIME 2:00 CHAPEL DAY WED DATE 12-21-83

VAULT/LINER BELL SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Pd*

*PN opening/closing for Lot 163 Div 10 to be used for this burial.

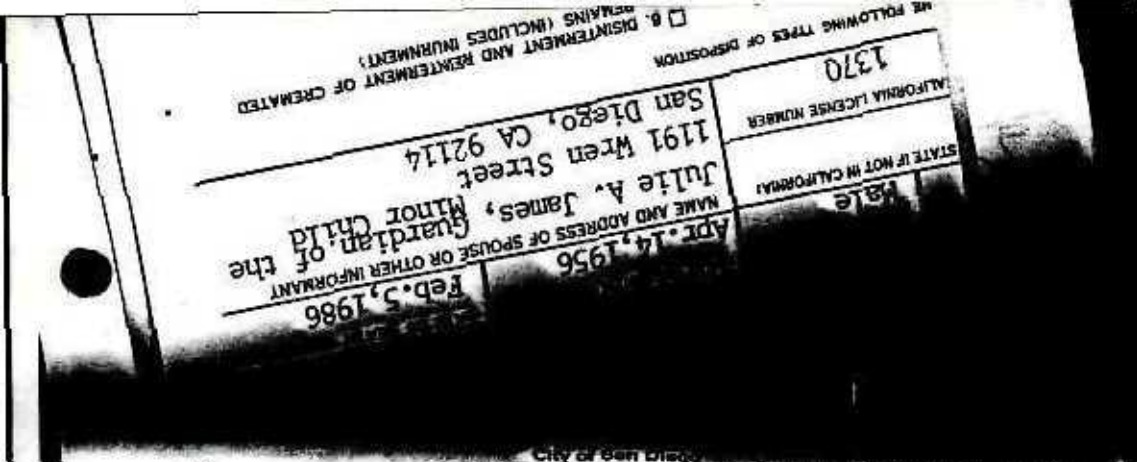
THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED
IN PERSON
PHONE BY Willie Pearl Clayton ORDER TAKEN BY

W.O. NO. E 4079 INVOICE NO.

PY-393 (4-82)

E 7225



City of San Diego

Date 02-11-86

Funeral Services - Star

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of W. P. Clayton & Boyd L. Clayton

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 161 + 163 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup 2 @ $320	640.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Record and filing fee 2 @ $35	70.00
Sales taxes	
Total Due	710.00
Paid receipt number 33095	710.00
Balance due	0

PAID
FEB 11 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Wilbur Paul Clayton
Signature
3162 "L" St.
Address
SD Ca 92102
State Zip Code

Telephone

Work Order # E 5719
PY-583 (REV. 8-86)

Invoice # _____

Acct. # _____

E7225

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 35716

Date: 2/16/88 19

From: Roy L. Clayton Address: 3162 L-St S.D. 92102

Five Hundred dollars and 00/100 Dollars ($ 500.00)

In Part Payment of Pre-need — Double Crypt —

Lot 163 Grave — Row — Section — Division 10 Block

Invoice No. —

Acct. No. —

W.O. E-7225

BALANCE DUE 142.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

See 35713
AC-212 (Rev. 10-87)
Bal of 142.50 at $5/mo.

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 19 1988

ISSUED BY Loyce Stelter

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	500	00
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

E7225

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Gladys Clayton Gladys Jordan	Female	Sept,12, 1925	Feb. 14, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Roy Clayton - Husband 219 South 29th Street San Diego, California 92113

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

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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 20ga Bank Metal	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 Non-Sealer - P.C. Combo Double Eight on Bottom		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED FEB 18 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/18/88 (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		

1631-10

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 35920

Date: 3-28- , 19 88

From: Willie Pearl Clayton Address: 3162 L St. S.D. 92102

One hundred forty-two dollars and 80/100 Dollars ($ 142.80)

In Full Payment of Pre-need Double Crypt

Lot 163 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-7225 C

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 0570

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 4 1988

ISSUED BY W. J. League

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	142	80
Sales Tax	60101 78390		
TOTAL PAID	$	142	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-16-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Althea T. Hebert

in a Vault (Vault/Liner) Funeral, date, time 2/17 Wed 10 AM

Church, Chapel, Graveside Chapel only drop off ; 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 42 Grave 1 Row _____ Section MAS Division/~~Block~~ R

Grave space & Care Fund preneed	
Additional spaces and care fund	
Opening/Closing & Setup	320.—
Burial Container	175.—
Handling Fees	170.—
Flower vases - Marker setting fee	
Recording and filing fee	35.—
Sales taxes	10.50
Total Due	710.50
Paid receipt number 35724	710.50
Balance due	0

PAID
FEB 17 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Called by Wally Will Bring check

Correct Legal and burial record

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7226

PY-693 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7226

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALTHEA THOMPSON HEBERT	Female	July 3, 1902	Feb. 12, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Hedge Leonard, Executrix 6793 Mohawk San Diego, Ca. 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY	8083

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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 n/a Octagon Doorknew - Wooden		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a C. 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: $4.00 / DATE PERMIT ISSUED: FEB 17 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/17/88 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 35724

Date: 2/17/88, 19

From Madge B. Leonard-Ex Address: 6793 Mohawk, S.D. 92115

Seven Hundred Ten and 50/100 Dollars ($ 710.50)

In full Payment of Interment of and for Althea Thompson

Robert-dec-

Lot 42 Grave -1- Row ~ Section MAS Division Block R

Invoice No. ~

Acct. No. ~

W.O. E 7226

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2417

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 19 1988

ISSUED BY Georgene Stella

CREDIT	67007		
20% Sales Cars	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 78360	10	50
TOTAL PAID	$	710	50

MT. HOPE CEMETERY

INTERMENT ORDER

Here @ 1 2:30
Thurs.

City of San Diego

AKA - SMITH Date 2/16/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hazel M. Smith (SWAIN) 1:00pm

in a Redwood Vault/Liner Funeral, date, time 2-18-88 Thurs

Church, Chapel, Graveside Church + HS ; Howard Heath Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot ____ Grave 13 Row 10 Section 8 Division/Block 7

Grave space & Care Fund	Pre need 1104 —
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 35742	606.00
Balance due	-0-

PAID
FEB 18 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Howard Heath has check

I hereby certify I am the OK - Vista Home of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7227

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

TO George

DATE _____ TIME _____

WHILE YOU WERE OUT

M Howard Heath

OF _____

PHONE _____ EXT. _____

TELEPHONED		PLEASE CALL	
RETURNED YOUR CALL		WILL CALL AGAIN	
WAS IN TO SEE YOU		WILL COME IN AGAIN	

MESSAGE Smyth Service
1 — Church
2-18-88 Thurs.

FORM BD-70 (Rev. 8-86) RECEIVED BY _____

E7227

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E7227

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HAZEL MAY SWAIN	FEMALE	OCT. 30, 1893	FEB. 15, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Richard E. Smith - Son 460 Kempton Street Spring Valley, CA 92077

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Heath Funeral Home 611 Highland National City	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		COUNTY
	Mt. Hope Cemetery, 3751 Market Street, San Diego, CA		San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	N/A		▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 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 $4.00 / DATE PERMIT ISSUED FEB 16 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/18/88 (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		

Funk Interstate Woodlawn Monument Bell Lawn

13/16/8/17

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

Via Heath

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35742

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

Date: 2/18/88 19 88

From: Ethelyn A. Smith Address: 1101 Kempton Dr. Spring Valley Ca. 92077

Six Hundred and Six and no/100 Dollars ($ 606.00)

In full Payment of Statement of and for Hazel May Swain
AKA - Hazel M. Smith - Deceased

Lot ~~~ Grave 13 Row 10 Section 8 Division Block 7

Invoice No. ~~~

Acct. No. ~~~

W.O. E-7227

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 23 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers Liner	100 77182	100	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	31	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	606	00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1982

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Re Need Land Deed

Date 2/16/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (Barbara Fay Lockhart) Alvin Becker

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 93 Grave 9 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund Space for Barbara	495.00
Additional spaces and care fund Reserve for 90 day - Lot 10, 11, 12	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales tax	
Total Due	495.00
Paid receipt number 35717	495.00
Balance due	0

not arranged for at this time

PAID
FEB 16 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify that I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Alvin Becker
Signature

6251 Thorn st
Address

San Diego, Calif. 92115
State Zip Code

286-6251
Telephone

Invoice # _____

Work Order # E 7228

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

№ 35717

Date: 2/16/88, 19

From: Alvin Becker Address: 6251 Thorn - S.D. 92115

Four Hundred Ninety five and 00/100 Dollars ($ 495.00)

In full Payment of Single Grave Space & Care - Interment fees not Paid - for Barbara

Lot 93 Grave 9 Row E Section 2 Division Block 12

Invoice No. —

Acct. No. —

W.O. E 7228

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) #2043

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 19 1988

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	80101 78390	—
TOTAL PAID	$	495.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-16-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MRS. TSUI, CHAN FUNG GIEW (X)

in a ASH Vault/Liner Vault Funeral, date, time Sat 3/5 1 pm

Church, Chapel, Graveside Graveside ; Poway - Bill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot O Grave 1 Row 11 Section I Division/~~Block~~ CHINESE

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	125.00
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	577.40
Paid receipt number 35814	577.40
Balance due	0

PAID
2.15.1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.
Cash 210.00

Mortuary 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 # _____

Work Order # E 7229

Acct. # _____

PY-593 (REV. 8-86)

5 March 1988
2:00 pm.
Verify with Mr. Comer

NOTE: Poway Mortuary will be charge of the services.

MOUNT HOPE CEMETERY

12 Feb 1988 19

The undersigned hereby requests and authorizes the interment of the remains of Mrs. Tsui, Chan Fung Giew in Lot ____ Gr #1 Row #11 (CHINESE SECTION) 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.

ALBERT WONG
Signature of relative or legal representative

Witness

Witness

c/o 5117 Hilda Road, San Diego, CA 92110
Address & relationship to deceased or authority to sign authorization
for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, Inc, owners.

Chinese Cemetery Financing Committee
Donation Stamp

E7229

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7229

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FUNG KIU CHAN aka CHAN FUNG GIEN TSUI	Female	1896	April 20, 1952

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Guangdong	China	Ying Hing Tsui-Son 4928 Cammington Drive San Diego, CA 92117

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Poway Bernardo Mortuary 13243 Poway Road Poway, CA 92064	F 1195

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: Coffee Urn - Comet Vault	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED: February 27, 1988
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00 / DATE PERMIT ISSUED: MAR 02 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/6/88 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 35814

Date: 3-5-, 1988

From: Penny-Bernardo Mortuary Address: 1243 Penny Road

Five hundred seventy-seven dollars and 40/100 Dollars ($ 577.40)

In Full Payment of interment fees for Chan, Fong Kiu

Lot 2 Grave 1 Row 11 Section I Division Block CHINESE

Invoice No.

Acct. No.

W.O. E7229

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 08 1988

ISSUED BY W.J. League

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 77185	60	—
Recording & Misc. Fees	100 77183	370	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	2	40
TOTAL PAID	$	577	40

Pre Need Trust
2 - Husband Wife

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/17/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mariel Kincaid White / Raymond A. White

in a ash 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 BK 5

Lot 180 Grave 1 Row _____ Section 4 Division/~~Block~~ 4

Grave space & Care Fund	Pre Need - Husband Est.	—
Additional spaces and care fund	none	—
Opening/Closing & Setup	@ 105.00	210.00
Burial Container	@ 40.00	80.00
Handling Fees	@ 60.00	120.00
Flower vases - Marker setting fee		
Recording and filing fee	@ 35.00 2.40	70.00
Sales taxes		4.80
Total Due		484.80
Paid receipt number 35721		484.80
Balance due		-0-

Daughter of Edward Kincaid Deceased - 1949

I hereby certify I am the Myself & My Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

PAID
FEB 17 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Signature of recorded holder of deed

X Raymond A. White
Signature

745 Leucadia Rd
Address

Cardiff Ca.
State

753-7135
Zip Code

Telephone

Invoice # _____

Work Order # E 7230

Acct. # _____

PV-583 (REV. 8-86)

OFFICIAL RECEIPT

Pre Need Trust deposit

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35721

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

Date: 2/17/88, 19

From: Raymond A. White Address: 745 Ocean Crest Rd - Cardiff by the Sea 92007

Four Hundred Eighty four and 80/100 Dollars ($ 484.80)

In full Payment of Pre-need Trust for placement of Sis & his wife's cremains in Her Mothers grave at Time of death.

Lot 180 Grave -1- Row — Section 4 Division — Block 5

Invoice No. —

Acct. No. —

W.O. E7230

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 132

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
FEB 19 1988

ISSUED BY Raymond White

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	484	80
Sales Tax	60101 78390		
TOTAL PAID	$	484	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret La Mar (Lamar)

in a Ash Vault (Vault/Liner) Funeral, date, time 2-20 Sat 2pm

Church, Chapel, Graveside Graveside ; Pacifica View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 42 Grave 2 Row _____ Section 2 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 Sat O.T.	210.00
Recording and filing fee	35.00
Sales taxes	2.40
Total Due	452.40
Paid receipt number 35749	452.40
Balance due	-0-

PAID
FEB 20 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

will bring ck Sat

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

Dorothy Lamar Con Stalley
Signature
2121 Arroyo Dr.
Address
Riverside CA 92506
State Zip Code
(714) 684-5365
Telephone

Invoice # _____

Work Order # E 7231

Acct. # _____

PY-693 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

35749

E7231

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARGARET FARR LAMAR	FEMALE	JUNE 23,1899	FEB. 17,1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
NEWPORT BEACH	ORANGE	DOROTHY L. SKELLEY-DAUGHTER 2121 ARROYO DRIVE RIVERSIDE,CA. 92506

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PACIFIC VIEW MEM. PARK, NEWPORT BEACH,CA.	F1176

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, MARKET ST., SAN DIEGO, CA.

COUNTY: SAN DIEGO

CREMATION

NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: PACIFIC VIEW MEM. PARK,NEWPORT BEACH,CA

DATE CREMATED: 2-19-88

SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶ 2-19-88 D.A. Macy

BURIAL AT SEA OR DISPOSITION OTHER 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: $4.00

DATE PERMIT ISSUED: FEB 18 1988

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ [signature] M.D. MS

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION

I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/20/87 (ENTER DATE) 2/2/24

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: 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.

COPY 1

#19390

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

As Above

C

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35749

Date: 2/20, 1988

From: Lamar and Corr Address: 1924 Monroe St - Riverside Ca 92504

Four hundred fifty two & 40/100 Dollars ($ 452.40/xx)

In full Payment of Interment of and for

Margaret Farr Lamar - Dec -

Lot 42 Grave 2 Row — Section 2 Division Block 4

Invoice No. —

Acct. No. —

W.O. E7231

BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

2303

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 23 1988

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	Pre Need Pd	
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	245	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	2	40
TOTAL PAID	$	452	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/17/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Erma Pierson

in a Vault (Vault/Liner) Funeral, date, time 2PM. Fri - 2/19

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 ____ .

Lot 83 Grave 7 Row ____ Section -1- Division/~~Block~~ 12

Grave space & Care Fund	395.00
Additional spaces and care fund Res of Sp for T.P.	
Opening/Closing & Setup	320.00
Burial Container Topland County 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	1105.50
Paid receipt number 35722	1105.50
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 ____ hold under deed.

Signature of recorded holder of deed

PAID
FEB 17 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Work Order # E 7232

PY-593 (REV. 8-85)

Leon Pierson
Signature
2464 - J St
Address
San Diego 92102
State Zip Code
239-0670
Telephone

Invoice # ____

Acct. # ____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7232

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Erna Pierson	Female	Feb. 20, 1918	Feb. 12, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Leon Pierson - Husband 2464 "J" Street San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 3000 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 Steel Sealer - 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 Last Supper - Com. Casket		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a Comite 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 $4.00	DATE PERMIT ISSUED FEB 17 1988
			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 2/19/88 (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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35722

Date: 2/17, 1988

From: Leon Pearson Address: 2464 J. SD 92102

Eleven Hundred five and 50/100 Dollars ($ 1105.50)

In full Payment of Interment of and for Erma Pearson - dec

Lot 83 Grave 7 Row Section Division Block 12

Invoice No. —

Acct. No. —

W.O. E7232

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 Geoyen Stelter

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	63033 9022	—	—
Sales Tax	60101 78390	10	50
TOTAL PAID	$	1105	50

AC-212 (Rev. 10-87)

Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/17/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leon Pierson

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 82 Grave 12 Row — Section 1 Division/Block 12

Grave space & Care Fund Space left to Wife	395.00
Additional spaces and care fund	
Opening/Closing & Setup — none arranged for at this time	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales tax 20.00	
Total Due	395.00
Paid receipt number	
Balance due	

Payable at 20.00 per mo. Payment #1 due 4/10/88

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

19 @ 20.00
1 @ 15.00

x Leon Pierson
Signature

2464 - 1st
Address

San Diego Ca 92102
City Zip Code

239-0670
Telephone

Work Order # E 7233

Invoice # _____

Acct. # _____

PY-693 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 35954

Date: 4-4 19 88

From: Leon Pierson Address: 2964 J Street, SD

Forty dollars 40.00 Dollars ($)

In Payment of Coupon 182 Credit Lot

Lot 82 Grave 12 Row Section 1 Division Block 13

Invoice No.

Acct. No.

W.O. E-7233

BALANCE DUE 355.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 6 1988

ISSUED BY Sandra Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	40	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	50101 75390		
TOTAL PAID	$	40	00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7233 Credit Lot

Leon Pierson
2464 J Street
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 Leon Pierson

ADDRESS 2464 J St

CITY San Diego STATE CA 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-7233 Credit Lot

Leon Pierson
2464 J Street
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 Leon Pierson

ADDRESS 2464 J St.

CITY San Diego STATE Ca ZIP 92102

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 36203

Date: 5-31 88

From: Jean Pierson Address: 2464 J Street SD

Forty 00/100 Dollars ($ 40.00)

In Payment of Coupon 384 Credit Lot

Lot 82 Grave 12 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-7233

BALANCE DUE 315.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 2 1988

ISSUED BY Linda Wood

CREDIT	87007	
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	50101 76390	
TOTAL PAID	$	40 00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7233 Credit Lot

Leon Pierson
2464 J Street
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

$ 28.00

Amount Received $ _____

NAME Leon Pierson

ADDRESS 2464 J St

CITY San Diego STATE CA 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-7233 Credit Lot

Leon Pierson
2464 J Street
San Diego, Ca 92102

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
			10								

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ 20.00

Amount Received $ _____

NAME Leon Pierson

ADDRESS 2464 J St

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36512

Date: 8 5, 1988

From: [illegible] Address: 2464 - J [illegible]

[illegible] Dollars ($ 40.00)

In payment Payment of Credit Lot Sale

Lot [illegible] Grave [illegible] Row Section Division Block [illegible]

Invoice No.

Acct. No.

W.O. C - 7233

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	40 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	40 —

AC-212 (Rev. 10-87)

Send or bring one coupon with each payment COUPON 5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7233 Credit Lot

Leon Pierson
2464 J Street
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

$ 20.00

Amount Received $ 20.00

NAME Leon Pierson

ADDRESS 2464 J St

CITY San Diego CA STATE ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7233 Credit Lot

Leon Pierson
2464 J Street
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

$ 20.00

Amount Received $ 20.00

NAME Leon Pierson

ADDRESS 2464 J St

CITY San Diego STATE Ca ZIP 92102

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36794

Date: 10-6-88

From: Leon Pierson Address: 2464 - Jst. SA. 92102

Forty and no/100 Dollars ($ 40.00)

In Coupon # Payment of 7+8 on Credit Sale E-7233

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. —

Acct. No. —

W.O. E-7233

BALANCE DUE 230.00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

OCT 14 1988

ISSUED BY Lorenzo Statto

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	40	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	40	00

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7233 Credit Lot

Leon Pierson
2464 J Street
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

Conf 10/6/88 $ 20.00

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-7233 Credit Lot

Leon Pierson
2464 J Street
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

Cash 10/6/88 $ 20.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37104

Date: 12-14, 19 88

From: Jean Pierson Address: 2464 J Street, SD

Forty no/100 Dollars ($ 40.00)

In Payment of Coupon 9 & 10 Credit Lot

Lot 82 Grave 12 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE 195.00

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	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
DEC 27 1988

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7233 Credit Lot

Leon Pierson
2464 J Street
San Diego, Ca 92102

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
			10								

Amount due when paid on, or before, due date above. $ ~~20.00~~

Amount due if paid more than ____ days after due date above. $ ~~1.00~~

$ 20.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7233 Credit Lot

Leon Sierson
2464 J Street
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

$ 20.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37365

Date: 2-15, 1989

From: Jean Pierson Address: 2464 J Street, SD

Forty Dollars no/100 Dollars ($ 40.00)

In _____ Payment of Coupons 11 & 12 Credit Lot

Lot 82 Grave 12 Row _____ Section 1 Division/Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7233

BALANCE DUE 155.00

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	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 76390	
TOTAL PAID	$	40 00

CITY AUDITOR
FEB 21 1989

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7233 Credit Lot

Leon Pierson
2464 J Street
San Diego, Ca 92102

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
			10								

Amount due when paid on, or before due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 20.00

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. B-7233 Credit Lot

Leon Pierson
2464 J Street
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

$ 21.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37659

Date: 4-10, 1989

From: Leon Pierson Address: 2464 J Street, SD 92102

forty dollars 00/100 Dollars ($ 40.00)

In Payment of Coupons 13 & 14 Outlet Lot

Lot 82 Grave 12 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. 8-7233

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.

CITY AUDITOR
APR 17 1989

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	80101 78390		
TOTAL PAID	$	40	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7233 Credit Lot

Leon Pierson
2464 J Street
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

$ 20.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

...ing one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7233 Credit Lot

Leon Pierson
2464 J Street
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

$ 20.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

NAME Pierson, Leon ACCT. NO. E-7233

ADDRESS 2464 J Street, San Diego, Ca 92102 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
2-17	88	Lot 82, Grave 12, Section 1, Division 12	395 00			
[redacted]	88	Coupon 1&2, Receipt 35954			40 00	355 00
5-31	88	Coupon 4&3, Receipt 36203			40 00	315 00
8-5	88	Coupon 5&6 Receipt 36512			40 00	275 00
10-6	88	Coupon 7&8 Receipt 36794			40 00	235 00
12-14	88	Coupon 9&10, Receipt 37104			40 00	195 00
2-5	89	Coupons 11&12, Receipt 37265			40 00	155 00
4-10	89	Coupon 13&14, Receipt 37659			40 00	115 00
8-7	89	Coupon 15,16,17,18,19,20 Receipt 38375			115 00	1 -0-

AIGNER FORM NO. 25-204 Pierson, Leon 82 - 12 - 1 - 12 PRINTED IN USA

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38375

Date: August 7, 1989

From: Leon Pierson Address: 2464 J street San Diego CA

One Hundred fifteen no/100 Dollars ($ 115:00)

In full Payment of Credit Lot

Lot 82 Grave 12 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7233

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 Sharon Crain

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	115	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	115	00

CITY AUDITOR
AUG 12 1989

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7233 Credit Lot

Leon Pierson
2464 J Street
San Diego, Ca 92102

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
			10								

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ 20.00

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-7233 Credit Lot

Leon Pierson
2464 J Street
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

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. B-7233 Credit Lot

Leon Pierson
2464 J Street
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 $ 20.00

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7233 Credit Lot

Leon Pierson
2464 J Street
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 $ 20.00

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. B-7233 Credit Lot

Leon Pierson
2464 J Street
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. $ 15.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ 15.00

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7233 Credit Lot

Leon Pierson
2464 J Street
San Diego, Ca 92102

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
			10								

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ 20.00

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nessie J. Simpson

in a T.S. Vault (Vault/Liner) Funeral date, time 7 am 2/22 11 am

Church, Chapel, Graveside Chapel & Grove 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 2357 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	575.00
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 + 35.00	50.90
Recording and filing fee	
Sales taxes	10.50
Total Due	1321.40
Paid receipt number 35964	1321.40
Balance due	0

Rosedale [illegible]

Notwelling will send 2/23

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

Thelma E. Thomas
Signature

1107 W. 158th St #1C
Address

Bardera Ca 90247
State Zip Code

213 532-1469
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7234

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

F7234

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA VERSIE JOYCE RAINWATER Versie Joyce Simpson	Female	July 14, 1951	Feb. 16, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Gertrude Edwards – Mother 227 South Pardee Street San Diego, CA. 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

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00	DATE PERMIT ISSUED: FEB 19 1988 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/22/88 (ENTER DATE) 2301/10	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

№ 35765

Date: 2-24, 1988

From: Anderson-Ranshale Address: 5050 Federal Blvd, SD 92105

Thirteen hundred twenty-one 40/100 Dollars ($ 1321.40)

In _____ Payment of Versie Joyce Simpson's Service

Lot 2351 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7234

BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 9130

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 26 1988

ISSUED BY Sandra Vaud

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	180	00
Handling Fee	100 77185	190	60
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	10	80
TOTAL PAID	$	1321	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Deborah A. Wallace

in a Bell Series (Vault/Liner) Funeral, date, time Tues 2/23 12:00

Church, Chapel, Gravesite Gravesite ; Togdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 14 Grave 6 Row ____ Section 2 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 35728	1101.00
Balance due	0

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Mary Etta Wallace
Signature
3382 Spring Garden Pl
Address
Calif 92102
State Zip Code
(619) 2339267
Telephone

Work Order # E 7235

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

F7235

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Deborah Ann Wallace	Female	Feb. 10, 1954	Feb. 14, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Betty Edward - Sister 3362 Spring Garden Place San Diego, California 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON)	CALIFORNIA LICENSE NUMBER
3990 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 Metal-20ga P.C. Vault Sealed	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 Plastic Hardware — Chapel 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 4.00	DATE PERMIT ISSUED FEB 18 1988 ▶
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/23/88 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 35728

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

14-6-2

Date: 2/17/2 88

From: Mary Wallace Address: 3362 Spring Garden St, SD

one thousand one hundred one Dollars ($ 1101.00)

In _____ Payment of Deborah A. Wallace's Service

Lot 14 Grave 6 Row _____ Section 4 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7235

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 23 1988

ISSUED BY Andrea Ward

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 77186	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. 10-87)

Prepaid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-18-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walter J. Collins

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 _____ Row _____ Section IOOF Division/Block 50

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 35735	710.50
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Myrna L. Preston

Signature

736 Terra Lane

Address

El Cajon, CA 92021

State Zip Code

(619) 447-6414

Telephone

I hereby authorize the interment in lot I hold under deed.

_____

Signature of recorded holder of deed

Invoice # _____

Work Order # E 7236

Acct. # _____

PY-593 (REV. 8-85)

E 7236 2-10-88

Sandy;

I talked to you yesterday. Am sending you a check for $710.50 which is supposed to take care of the pre-need for Walter L. Collins.

The open & close, record, and the liner (concrete).

Would you please send me a receipt for all of this. Would you please send me your card also. -

Thank You

Mayrna Preston
Daughter

Lot 18
Section 100 F
Block 50

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35735

Date: 2-18, 1988

From: Myrna L. Preston Address: 736 Terra Lane

Seven hundred ten 50/100 Dollars ($ 710.50)

In _____ Payment of Trended Burial Service for Walter J. Collins

Lot: 18 Grave _____ Row _____ Section IOOF Division Block 50

Invoice No. _____

Acct. No. _____

W.O. E-7236

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

1236

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 23 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	710	50
Sales Tax	60101 78390		
TOTAL PAID	$	710	50

Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/19/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROZEMA WILSON

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside Credit Sale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 40 ~~41~~ Grave 12 ~~8~~ ~~Row~~ _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... O.K. for Double Crypt	250.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	250.00
Paid receipt number	
Balance due	Ø

None arranged for at the time

Paid in full 6-1-1990

Credit Sale T.P. Contract

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature

2750 Gaston apt B
Address

S.D. 92111
State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7237

PY-593 (REV. 8-85)

E- 7237

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 19 day of Feb, 1988, between Royema Wilson, 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 41, Grave 8, 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: $_____ cash herewith, the receipt of which is hereby acknowledged; $10.00 on the 10 day of March, 1988; and the balance in installments of $10.00 or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

E-7237

WITNESS our hands this day and year above written.

Deed to be issued to:

Rozena Wilson
Name

2150 Boston apt B
Address

San Diego Ca 92101

Credit Sale
Coupon Book to
have
23 @ 10.00
1 @ 20.00
$250.00

PURCHASER

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Rozena Wilson

GWS:baa(2)62
2-14-86

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7237 Credit Lot

Rozema Wilson
2150 Gaston, Apt 8
San Diego, Ca 92111

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		10									

Amount due when paid on or before due date above ▶ $ 10.00

Amount due if paid more than ____ days after due date above: ▶ $ 1.00

$ 11.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

ENTIRE BOOK

ACCOUNT No. E-727 Credit Lot

Rozema Wilson
2150 Gaston, Apt. D
San Diego, Ca 92111

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 $ 11.00

NAME Rozema Wilson

ADDRESS 2150 Gaston D

CITY San Diego STATE Ca ZIP 92111

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7237 Credit Lot

Rozema Wilson
2150 Gaston, Apt B
San Diego, Ca 92111

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 Rozema Wilson

ADDRESS 2150 Gaston #B

CITY San Diego STATE Ca ZIP 92111

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7237 Credit Lot

Rozema Wilson
2150 Gaston, Apt. D
San Diego, Ca 92111

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 $ 11.00

NAME Rozema Wilson

ADDRESS 2150 Gaston St #D

CITY San Diego STATE Ca ZIP 92111

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7237 Credit Lot

Rozema Wilson
2150 Gaston, Apt. D
San Diego, Ca 92111

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
		10									

Amount due when paid on, or before, due date above ▶ $ 10.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7237 Credit Lot

Rozena Wilson
2150 Gaston, Apt B
San Diego, Ca 92111

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 Rozena Wilson

ADDRESS 2150 Gaston St #B

CITY San Diego STATE Ca ZIP 92111

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7237 Credit Lot

Rozema Wilson
2150 Gaston, Apt #0
San Diego, Ca 92111

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 Rozema Wilson

ADDRESS 2150 Gaston #0

CITY San Diego STATE Ca ZIP 92111

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7237 Credit Lot

Rosema Wilson
2150 Gaston, Apt. D
San Diego, Ca 92111

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 Rosema Wilson

ADDRESS 2150 Gaston #D

CITY San Diego STATE Ca. ZIP 92111

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7237 Credit Lot

Rozema Wilson
2150 Caston, Apt 8
San Diego, Ca 92111

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-7237 Credit Lot

Rozema-Wilson
2154 Caston, Apt. D
San Diego, Ca 92111

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 Rozema Wilson

ADDRESS 2150 Caston #D

CITY San Diego STATE Ca ZIP 92111

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7237 Credit Lot

Rozena Wilson
2160 Gaston, Apt 8
San Diego, Ca 92111

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
		10									

Amount due when paid on or before due date above ▶ $ 10.00

Amount due if paid more than ____ days after due date above ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7237 Credit Lot

Roxana Wilson
2150 Gaston, Apt. B
San Diego, Ca 92111

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

$ 11.00

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-7237 Credit Lot

Rozena Wilson
2160 Caston, Apt B
San Diego, Ca 92111

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		10									

Amount due when paid on, or before, due date above ▶ $ 10.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ 11.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7237 Credit Lot

Rozena Wilson
2150 Caston, Apt B
San Diego, Ca 92111

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 $ 33.00

NAME Rozena Wilson

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. S-7237 Credit Lot

Roxsea Wilson
2150 Gaston, Apt B
San Diego, Ca 92111

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
		10									

Amount due when paid on or before, due date above ▶ $ 10.00

Amount due if paid more than_____days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. COUPON 18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7237 Credit Loc

Roxanne Wilson
2150 Caston, Apt. B
San Diego, Ca 92111

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
		10									

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7237 Credit Lot

Rozena Wilson
2160 Caston, Apt B
San Diego, Ca 92111

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
		10									

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

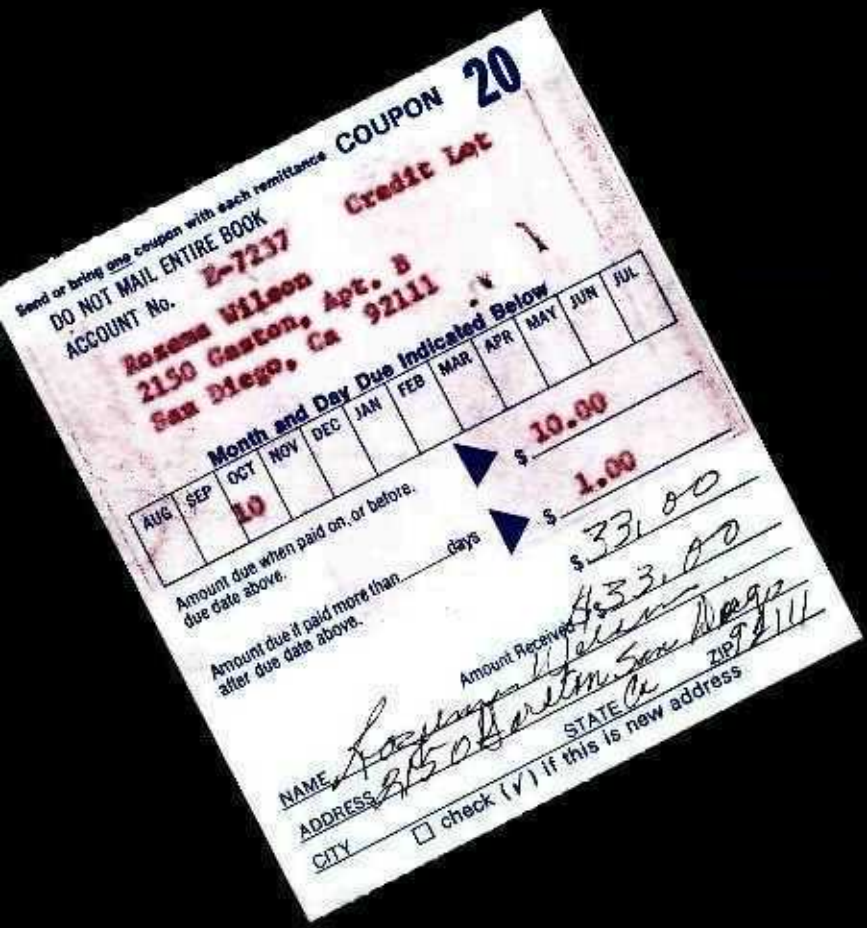
Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address


Send or bring one coupon with each remittance COUPON 20
DO NOT MAIL ENTIRE BOOK
ACCOUNT No. Z-7237 Credit Lot
Rozena Wilson
2150 Garston, Apt. B
San Diego, Ca 92111
Month and Day Due Indicated Below
AUG | SEP | OCT 10 | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL
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 $ 33.00
$33.00
NAME Rozena Wilson
ADDRESS 2150 Garston, San Diego
CITY STATE Ca ZIP 92111
☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7237 Credit Lot

Rozana Wilson
2150 Gaston, Apt B
San Diego, Ca 92111

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
		10									

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7237 Credit Lot

Roxana Wilson
2150 Caston, Apt. 3
San Diego, Ca 92111

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

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11771
E-7237

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Rozelma Benjamin for the sum of $ 250.00 (DOLLARS)

LEGAL DESCRIPTION Lot 40; grave 12; Section 2; Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-7237

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 12" X 24", Flat Marker Only

Wendy Jo League
Cemetery Manager

Property Director

PY-684

OFFICIAL RECEIPT

№ 35850

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-9, 1988

From: Rosina Wilson Address: 2150 Gaston, Apt B, SD
Eleven 20/100 Dollars ($ 11.00)

In: Payment of Coupon #1, Credit Lot

Lot 41 Grave 8 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7237

BALANCE DUE 239.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☒
226-2933-426

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 11 1988

ISSUED BY Sandy 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	—

OFFICIAL RECEIPT

№ 36034

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-20, 1988

From: Rozema Wilson Address: 2150 Gaston Apt. B. San Diego CA 92111

Eleven dollars & 00/100 Dollars ($ 11.00)

In: part Payment of Credit Sales coupon #2

Lot 41 Grave 8 Row CITY AUDITOR Section 2 Division Block 11

Invoice No.

Acct. No. E-7237

W.O.

BALANCE DUE $228.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐
Money order #226-4276-774

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

APR 29 1988

010482

ISSUED BY Nora Black

CREDIT 20% Sales Care	67007 77184		
20% 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

No 36176

Date: 5-20 19 88

From: Rosena Wilson Address: 2150 Fairstar, SD CA 92111

eleven hundred no/100 Dollars ($ 11.00)

In Payment of Cougar 3 Vault Lot

Lot 41 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7237

BALANCE DUE 217.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 26 1988

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100 77184	11	00
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77185	011505	
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	11	00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 226 768 164

ISSUED BY

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 36432

Date: 7-18 19 88

From: Rozena Wilson Address: 2150 Gaston, Apt 6, SD

Twenty-two 20/100 Dollars ($ 22.00)

In Payment of Coupon 4.85 Credit Lot

Lot 41 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7237

BALANCE DUE 195.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
227-2476-523

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUL 25 1988

ISSUED BY Lydia Ward

CREDIT 20% Sales Care	87007 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 90022		
Sales Tax	60101 78300		
TOTAL PAID	$	22	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36720

Date: 9-23 19 88

From: Rozenia Wilson Address: 2150 Gaston #B, San Diego

twenty two 10/100 Dollars ($ 22.00)

In _____ Payment of Coupon 7 & 8 Credit Lot

Lot 41 Grave 8 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7237

BALANCE DUE 173.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

227-7628-604

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

SEP 29 1988

ISSUED BY Andrea Ward

CREDIT 20% Sales Care	57007 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36908

Date: 11-3, 19 88

From: Lorena Wilson Address: 2150 Caston, 11 ft O San Diego

Thirty-three no/100 Dollars ($ 33.00)

In _____ Payment of Coupon 9, 10 and 11 Credit Lot

Lot 41 Grave 8 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7237

BALANCE DUE 140.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 227-8706-289

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 8 1988

ISSUED BY [signature]

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	33	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	$	33	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37510

Date: 3-14, 19 89

From: Rozema Wilson Address: 2150 Gaston, #B, SD

Twenty-two no/100 Dollars ($ 22.00)

In _____ Payment of Coupon 12 & 13 Credit Lot

Lot 41 Grave 8 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7237

BALANCE DUE 118.00

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 Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
100% 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	83033 9022		
Sales Tax	60101 78300		
TOTAL PAID	$	22	00

AC-212 (Rev. 10-87) 52-0002079

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38168

Date: 6-16, 1989

From: Dorena Wilson Address: 2150 Gesta Apt R, SD
Thirty-three No/100 Dollars ($ 33.00)

In _____ Payment of Amazon 15 Credit Lot

Lot 41 Grave 8 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. 8-7237

BALANCE DUE 85.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 229-0767-

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	33.00
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	$	33.00

CITY AUDITOR
JUN 19 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38420

Date August 14, 1989

From: Rozema Wilson Address: 2150 Gaston, Apt B S.D CA.

Thirty three no/100 — Dollars ($ 33.00)

In Payment of coupon 17, 18, 19 Credit dbt

Lot 41 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7237

BALANCE DUE 52.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 21 1989

ISSUED BY Sharon L Grain

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	33	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	$	33	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37949

Date: 9-19, 1989

From: Lozema Wilson Address: 2150 Gaston Apt. B San Diego, CA 92111

Thirty-three dollars 00/100 Dollars ($ 3300)

In part 8 Payment of Credit lot. Coupons 20, 21, 22

Lot 41 Grave 8 Row — Section 2 Division Block 11

Invoice No.

Acct. No. E-7237

W.O.

BALANCE DUE $1900

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

M.O.# 229-8409-288

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Nora Black

CREDIT	67007	33	00 SW
20% Sales Care	77184		
80% Sales of Lots	100 77184	~~33~~	~~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	$	33	00

CITY AUDITOR
SEP 25 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39291

Date: 6-1, 1990

From: Rozema Wilson Address: 1065 Granger Rd. 4236, C.V. 92011

Nineteen Dollars — Mn Dollars ($ 19.00)

In _____ Payment of Credit Lot

Lot 41 Grave 8 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-7237

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1055754323

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	19	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	$	19	00

CITY AUDITOR
JUN 08 1990

NAME Wilson, Rozema ACCT. NO. E-7237

ADDRESS 2150 Gaston, Apt B, San Diego, CA 92111 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
2-19	88	Lot 41, Grave 8, Section 2, Division 11	250 00			
3-9	88	Coupon #1 Receipt 35850			11 00	239 00
4-20	88	Coupon #2 ; receipt 36034			11 00	228 00
5-19	88	Coupon #3 receipt 36176			11 00	217 00
7-18	88	Coupon # 4 & 5 Receipt 36432			22 00	195 00
9-23	88	Coupon 7 & 8 Receipt # 36720			22 00	173 00
11-3	88	Coupon 9, 10 & 11 Receipt 36908			33 00	140 00
3-14	88	Coupon 12 & 13 Receipt 37370			22 00	118 00
6-16	89	Coupon 15 Receipt 38168			33 00	85 00
8-14	89	Coupon 17 18 19 Receipt 38420			33 00	52 00
9-19	89	Coupon 20 21 22 Receipt 37449			33 00	19 00
6-1-90		receipt #39291			19 00	-0-

AIGNER FORM NO. 25-204 Wilson, Rozema 41 - 8 - 2 - 11 PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-19-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorie Crow

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ Magdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 29 Grave 9 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund ..... Buried in Husbands

Additional spaces and care fund ..... Above

Opening/Closing & Setup 29.00

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due 29.00

Paid receipt number _____

Balance due _____

PA #1046888

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 7238

PY-593 (REV. 8-88)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Granted

Date 2-19-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henry E. Kiewel

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 68 - 394 Grave 69 - 42 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	4 @ 495.00	1980.00
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		1980.00
Paid receipt number 35748		1980.00
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. HENRY E KIEWEL

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature 4383 Caminito Tanya

Address SD CA 92129

State Zip Code

Telephone

Invoice # _____

Work Order # E 7239

Acct. # _____

PY-583 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35748

Date: 2-19, 19 88

From: Henry E. Kiewel Address: 14383 Cominata Tangus, SD
nineteen hundred eighty no/100 Dollars ($ 1980.00

In _____ Payment of Pre-need Cash Sale

Lot 68/69 Grave 3 & 4/1 & 2 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7239

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0004945572

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 23 1988

ISSUED BY Andrea Wood

CREDIT	67007	396	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	1584	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	$	1980	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna Mae Skipper

in a Vell Liner (Vault/Liner) Funeral, date, time 2/26 10:00

Church, Chapel, Graveside Chapel & Grave Casadale Mortuary.

All Funeral cars must 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 86 Grave 2 Row ____ Section 2 Division/Block 12

Grave space & Care Fund ... Single Burial	495.00
Additional spaces and care fund ... NONE	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Markers setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1101.00
Paid receipt number 35751	1101.00
Balance due	-0-

PAID
FEB 22 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Fred Hall, Brother
Signature
5127 Soloia Ave
Address
San Diego CA 92114
State Zip Code
(619) 264-1036
Telephone

Work Order # E 7240

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
284-3151

No 35751

Date: 2/22/88 19

From: Fred [redacted] Hill Address: 5127 Solola S.D. 92114

Eleven Hundred and One and no/100 Dollars ($ 1101.00)

In full Payment of Interment of and for Edna Mae Skipper-dec

Lot 86 Grave 2 Row — Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-7240

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 23 1988

ISSUED BY [signature]

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	141 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 78390	6 00
TOTAL PAID	$	1101 00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7240

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDNA MAE SKIPPER	Female	Nov. 21, 1923	Feb. 19, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Ophelia Hill - Mother 5127 Solola 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

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 - non Sealer 20 gauge	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	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $4.00 DATE PERMIT ISSUED: FEB 25 1988	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 2/26/88 (ENTER DATE) 86/2/2/12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Joyce Stattes
		LICENSE 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

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11497

E-7240

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Barbara Fay Lockhart - deceased for the sum of $ 495.00 (DOLLARS)

LEGAL DESCRIPTION Lot 94, Grave 9, Section 2, Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-7228

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 24" x 12" X 3"

Cemetery Manager

Property Director

PY-984

Change all records

E-7240

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11486

94

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Barbara Fay Lockhart - deceased - for the sum of $ 495.00 (DOLLARS)

LEGAL DESCRIPTION Lot ~~[illegible]~~ Grave 9, Section 2, Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-7228

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.

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Regulation Marker 24" x 12" x 3"

George W Stelter
Cemetery Manager

Martin Bulan
Property Director

PY-[illegible]

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35717
E-1240

Date: 2/16/88, 19

From: Alvin Becker Address: 6251 Thorn - S.D. 92115

Four Hundred Ninety five and 00/100 Dollars ($ 495.00)

In full Payment of Single Grave Space & Care - Interment fees not Paid - for Barbara

Lot 93 Grave 9 Row E Section 2 Division ~~Block~~ 12

Invoice No. —

Acct. No. —

W.O. E 7228

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) #2043

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
FEB 16 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY [signature]

CREDIT	67007	99	00
20% Sales Care	77184		
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

E-7240

Pre need Land + Care

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/16/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (Barbara Fay Lockhart) Alvin Becker

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 93 Grave 9 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund Space for Barbara -	495.00
Additional spaces and care fund Reserve for 90 day - Sp 10, 11, 12	
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 35717	495.00
Balance due	Ø

not arranged for at this time

PAID
FEB 16 1988
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 Alvin Becker
Signature

6251 Thorn st
Address

San Diego, Calif. 92115
State Zip Code

286-6251
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7228

PY-893 (REV. 8-85)

2043

16-4/1220

ALVIN BECKER
FAY L. BECKER
6251 THORN ST. 286-6251
SAN DIEGO, CA 92115

Feb 16 1988

Pay to the Order of MT. HOPE CEMETERY $ 495.00

Four hundred Ninty Five and No/100 Dollars

SECURITY PACIFIC NATIONAL BANK
College Grove Office #0432
3470 College Ave., College G. Ctr., San Diego, CA 92115

Mt. Cemetery Grave (Barbara) Alvin Becker

⑆122000043⑆ 2043⑈432⑈063125⑈

BANKPRINT-W

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Barbara Ivy Lockhart

in a T.S. Vault (Vault/Liner) Funeral, date, time 2/23 Tue 10:00

Church, Chapel, Graveside Graveside ; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 94 Grave 9 Row ____ Section 2 Division ~~Block~~ 12

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	____
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 35750	710.50
Balance due	-0-

PAID
FEB 22 1988
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

Signature: Calvin Becker

Address: 6251 Thorn st

State: San Diego, Cal. Zip Code: 92115

Telephone: 1-619-286-6251

Invoice # ____

Work Order # E 7241

Acct. # ____

PY-593 (REV. 8-85)

E-724c

E-7240

Pre Need Land + Care

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/16/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (Barbara Fay Lockhart) Alvin Becker

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 94 Grave 9 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund Space for Barbara - 495.00

Additional spaces and care fund Reserve for 90 day - Spaces - 8+7 of 94 + 12 + 11 of 93

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

not arranged for at this time

PAID
FEB 16 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 495.00

Paid receipt number 35717 495.00

Balance due Ø

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 Alvin Becker
Signature

6251 Thorn st
Address

San Diego, Calif. 92115
State Zip Code

286-6251
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7228

PY-593 (REV. 5-85)

2043

16-4/1220

ALVIN BECKER
FAY L. BECKER
6251 THORN ST. 286-6251
SAN DIEGO, CA 92115

Feb. 16 1988

Pay to the Order of MT. HOPE CEMETERY $ 495.00

Four hundred Ninty Five and No/100 Dollars

SECURITY PACIFIC NATIONAL BANK
College Grove Office #0432
3470 College Ave., College G. Ctr., San Diego, CA 92115

Mt. Cemetery Grave (Barbara) Alvin Becker

⑆122000043⑆ 2043⑈432⑈063⑆25⑈

BANKPRINT-W

E-7240

№ 35717

OFFICIAL RECEIPT

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: Alvin Becker Address: 6251 Thorn - S.D. 92115

Four Hundred Ninety five and 00/100 Dollars ($ 495.00)

In full Payment of Single Grave Space & Care - Interment fees not Paid - for Barbara

Lot 94 Grave 9 Row E Section 2 Division ~~Block~~ 12

Invoice No. —

Acct. No. —

W.O. E 7228

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

#2043

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
FEB 16 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY Joyce Stella

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

E-7240

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11486

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Barbara Fay Lockhart - dee for the sum of $ 495.00 (DOLLARS)

LEGAL DESCRIPTION Lot 93, Grave 9, Section 2, Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-7228

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 24" x 12" x 3"

George W Stelter
Cemetery Manager

Martin Burlan
Property Director

PY-864

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Barbara Joy Lockhart

in a T.S. Vault (Vault/Liner) Funeral, date, time 2/23 Tue 10:00

Church, Chapel, Graveside Graveside ; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 94 Grave 9 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 35750	710.50
Balance due	-0-

PAID
FEB 22 1988
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.

Signature: Calvin Becker
Address: 6251 Thorn St
State: San Diego, Cal. Zip Code: 92115
Telephone: 1-619-286-6251

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 7241

Invoice # ____

Acct. # ____

PY-583 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7241

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BARBARA FAY LOCKHART	Female	Aug. 12, 1936	Feb. 21, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Jerry Lockhart - Husband 1719 Adams Avenue San Diego, CA 92116

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 Metal - 20 ga - Sealer	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 Level Lock Sealer Consto 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 $ 4.00	DATE PERMIT ISSUED FEB 23 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 93/9/2/12 2/23 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyen 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

OFFICIAL RECEIPT

№ 35750

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-22, 1988

From: Alvin Becker Address: 6251 Thorn Street

Seven hundred 50/100 Dollars ($ 710.50)

In _____ Payment of Barbara Lockhart's Burial Service

Lot 93 Grave 9 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7241

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2047

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	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rev. Obee Bennett

in a Bell Liner — (Vault/Liner) Funeral date, time Wed 2/24 1pm

Church, Chapel, Graveside Church of Star Lapsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 45 Grave 2 Row — Section 2 Division/Block 11

Grave space & Care Fund ... Single Burial	300 00
Additional spaces and care fund ... none	—
Opening/Closing & Setup	320 00
Burial Container ... Bell Liner	100 00
Handling Fees ... Labor —	145 00
Flower vases - Marker setting fee ... none —	—
Recording and filing fee	35 00
Sales taxes	6 00
Total Due	906 00
Paid receipt number 35752	450 00
Balance due	456 00

Paid 4/4/88

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

x Tommie D. Bennett (Signature)

2843 "K" St (Address)

San Diego Ca. 92102 (State, Zip Code)

(619) - 232-2210 (Telephone)

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7242

PY-583 (REV. 8-85)

W.O. NO. E-7242

NOTE—STRAIGHT

$456.00 San Diego, California, 2/22/88

-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 & 00 DOLLARS, with interest from March 24, 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 Tommie D. Bennett

2843 "K" st SD Ca 92102

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # B0559535

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7242

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
OBIE ROLL BENNETT	Male	July 15, 1905	Feb. 18, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Tommie Bennett - Wife 2848 "K" 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

- [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: 20ga Metal Container	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: Frank Lesley - Hulls
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: Bell Tower N/A	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL 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: 4.00	DATE PERMIT ISSUED: FEB 23 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/24/88 (ENTER DATE) 45/2/31	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

№ 35752

Date: 2/22/88 19

From: Tommie G. Bennett Address: 2843 K St - S.D. Ca

Four Hundred Fifty and no/10 Dollars ($ 450.00)

In Part Payment of Interment of and for Rev. Obie Bennett - Dec

Lot 45 Grave 2 Row Section 2 Division ~~Block~~ 11

Invoice No. —

Acct. No. —

W.O. E-7242

BALANCE DUE $456.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 574

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 26 1988

008160

ISSUED BY Georgen Stotts

CREDIT 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	150	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	$	450	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35772

Date: 2-25, 1988

From: Humphrey Mortuary Address: 855 Broadway, Chula Vista

two hundred forty-two 40 Dollars ($ 242.40)

In _____ Payment of Coleman Thomas' Burial Service

Lot 44 Grave 6 Row _____ Section 15 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-7242

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

00278563

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED. "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 03 1988

ISSUED BY Sandra Ward

CREDIT	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

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/07/88

DATE: 04/07/88
TIME: 221320
PAGE: 9

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
067191	03/07/88	025609	TOMMIE G. BENNETT					04/04/88	CK	528	456.00	456.00	0.00
E-7242			100	072		77181	000072				170.00		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		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adelina Monroe

in a oak Vault Vault/Crypt Funeral, date, time 2/29 Mon. AYD

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 _____ . Disp-Off

Lot 44 Grave 6 Row _____ Section 15 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 35772	242.40
Balance due	0

Mortuary - pd 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 Connie Vaulton Connie Vaulton

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7243

Invoice # 1

Acct. # _____

PY-583 (REV. 8-86)

E-7243

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ADELMA THOMAS	Female	06-17-1910	Found 02-20-1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Burittie Molloy (Executrix) 1733 Harold Road Escondido, CA 92026

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
- ☐ SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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: 2/23/88	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		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00	DATE PERMIT ISSUED: FEB 23 1988 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Cornell, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/29/88 (ENTER DATE) 4/6/1977	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Leonel 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna Mae Wingo

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 1:00 2/26

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 _____ .

Lot 4309 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund Bal of Credit Lot	320.00
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	926.00
Paid receipt number 35768	726.00
35771-200.00 Balance due	0

PAID
FEB 25 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

[signature]
Signature

545 W. Figueroa Dr
Address

Altadena CA 91601
State Zip Code

(818) 791-9548
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7244

PY-593 (REV. 8-86)

NAME Wingo, Edna Mae ACCT. NO. E-6128

ADDRESS 549 W. Figueroa Drive, Altadena, Ca 91001 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Sept 3	86	Lot 4309, Division 10	595 00		275 00	32[illegible]00

AIGNER FORM NO. 25-204 Wingo, Edna Mae 4309 - 10 PRINTED IN USA

E-7244

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDNA MAE WINGO	FEMALE	NOV 14, 1918	FEBRUARY 21, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
PASADENA	LOS ANGELES	MR RALPH E WINGO - SON 549 WEST FIGUEROA DRIVE ALTADENA, CALIFORNIA 91001

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
ANDERSON-RAGSDALE MORTUARY-5050 FEDERAL-SAN DIEGO, CAL	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 N/A	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 4.00	DATE PERMIT ISSUED FEB 25 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/26/88 (ENTER DATE) 4309-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH VITAL RECORDS 313 NORTH FIGUEROA STREET LOS ANGELES, CALIFORNIA		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

COPY 1 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35768

Date: 2-24, 1988

From: Ralph E. Wingo Address: 549 W. Figueroa Dr. Ft. Hood
Seven hundred twenty-six Dollars ($ 726.00)

In _____ Payment of Edna Mae Wingo's Burial Service

Lot 4309 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7244

BALANCE DUE 200.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 26 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	119.00
80% Sales of Lots	100 77184	201.00
Opening/ Closing	100 77181	320.00
Burial Containers	100 77182	86.00
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	726.00

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

№ 35771

Date: 2/25, 19 88

From: Ralph Wingo Address: Altadna - Ca

Two Hundred and no/100 Dollars ($ 200.00)

In full Payment of Interment of and for Edna Mae Wingo-dec

Lot 4309 Grave ~ Row ~ Section ~ Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-7244

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 Geoyen Stetler

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	14 00
Burial Containers	100 77182	145 00
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	6 00
TOTAL PAID	$	200 00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of: Willie P. Boyd

in a Bell Liner (Vault/Liner) Funeral date, time Wed 2/24 10:00

Church, Chapel, Graveside Chapel & Glen Edgedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 580 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 35763	606.00
Balance due	0

Orders by Edgedale

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7245

Acct. # _____

PY-583 (REV. 8-88)

E-7245

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WILLIE PEARL BOYD	Female	July 18, 1914	Feb. 17, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Billie Jean Jones - Niece 8941 W. Monterry Way Phonix, Arizona 85037

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; 3751 Market St; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $1.00	DATE PERMIT ISSUED FEB 23 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/24/88 (ENTER DATE) 580/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35763

Date: 2-24 19 88

From: Mattie D. Evans Address: 1130 Garfield, Topeka, KS 66604

Six hundred six no/100 Dollars ($ 606.00)

In Payment of Willie P. Boyd's Burial Service

Lot 580 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-7245

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

403

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 26 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Cons	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	115	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 2-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna Gooden

in a Bell Liner Vault/Liner Funeral, date, time 2/23 Tues 1:00

Church, Chapel, Graveside _____ Featherhill & Dailey Mortuary.

All Funeral cars must 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 512 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	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 35760	606.00
Balance due	-0-

PAID
FEB 23 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary will observe needs

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7246

Acct. # _____

PY-693 (REV. 8-86)

E-7246

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ANNA F. GOODIN	female	July 26, 1903	Feb. 22, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Lemon Grove	San Diego	Mary E. Schultz, sister 668 Van Houten Ave. El Cajon, Ca. 92020

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY 6522 El Cajon Blvd. San Diego, Ca. 92115	1083

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT
NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market St., San Diego, Ca.
COUNTY: San Diego

CREMATION
NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a
DATE CREMATED:
SIGNATURE OF PERSON IN CHARGE OF CREMATORY: Portual Board Flatchena

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: $4.00
DATE PERMIT ISSUED: FEB 22 1988
SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.M.M

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION
I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/23/88 (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

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

№ 35760

Date: 2/23/88, 19

From: Featheringill Mortuary Address: 6322 El Cajon

Six hundred six and no/100 Dollars ($ 606.00)

In full Payment of Interment of and for Anna F. Goodin dec

Lot 512 Grave — Row — Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E-7246

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 7059

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 26 1988

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 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 2-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Grace Carter

in a T&S Vault (Vault/Liner) Funeral, date, time Fri 11 AM 2/26

Church, Chapel, Graveside Chapel & GS Greenwood Sharon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 137 Grave 10 Row ~ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	Single Burial	495.00
Additional spaces and care fund	Res - 4 Sp - 30 days	
Opening/Closing & Setup		320.00
Burial Container	Sealed Concrete Vault	175.00
Handling Fees	Labor - Vault	170.00
Flower vases - Marker setting fee		—
Recording and filing fee		35.00
Sales taxes		10.50
	Total Due	1205.50
	Paid receipt number 35758	800.00
	Balance due	405.50

Paid 4/18/88

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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Louis J Carter
Signature

1333 Five D's Dr
Address

Calif 92123
State Zip Code

579-8494
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7247

PY-593 (REV. 8-86)

E-7247

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Grace Mae Carter	Female	Dec. 15,1940	Feb. 22,1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Adrienne Carter Daughter 3980 Faircrees Place #37 San Diego,Cav 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary I-805 & Imperial 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 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 20 ga Steel Sealer Belmont -	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 Concrete Vault Damage Scratch on Backside - Foot Handle Weak -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED FEB 24 1988
			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 2/26/88 (ENTER DATE) 137/10/2/12	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 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

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35758

Date: 2-23, 19 88

From: Adrienne Cortez Address: 6566 Collier Ave #92 SD

Eight hundred dollars no/100 Dollars ($ 800.00).

In Payment of Fran Cortez's Burial Service

Lot 127 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7247

BALANCE DUE 405.50

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

777

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

FEB 26 1988

ISSUED BY Linda Reed

CREDIT		
20% Sales Care	67007 77184	79 00
80% Sales of Lots	100 77184	316 00
Opening/ Closing	100 77181	305 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	$	800 00

OFFICIAL RECEIPT

4/13

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ **35996**

Date: 4-8, 1988

From: Teresa Carter Address: 642 San Vicente Wy.

Four hundred five 50/100 Dollars ($ 405.50)

In Payment of Grave Liner Service

Lot 137 Grave 10 Row Section 2 Division Block 12

Invoice No. 067167

Acct. No. 02610

W.O. E-7247

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 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	
Sales Tax	60101 78380	
TOTAL PAID	$	405 50

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/18/88

DATE: 04/18/
TIME: 21024
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
067189	03/07/88	025610	LOUIS CARTER					04/18/88	JV	JV28198	405.50	405.50	0.0
			100	072		77181	000072				15.00		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		

E-7247

OK

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 405.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mahmoud Malek Jaber

in a _____ Vault/Liner Funeral, date, time Mon 2/22 4:00

Church, Chapel, Graveside Graveside Muslim Org Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot _____ Grave 56B Row _____ Section Muslim 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	135.00
Paid receipt number 35952	135.00
Balance due	

Bill Ahmed Mr. [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. MALEK JABER

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address 1135 East Lane

State Imperial Beach, Zip Code 92032

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7248

PY-593 (REV. 8-85)

E-7248

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MAHMOUD MALEK JABER	MALE	2-16-88	Found 2-21-88

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Imperial Beach, CA	San Diego	Malek Jaber 1135 East Lane Imperial Beach, Ca 92032

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Malek Jaber, 1135 East Lane, Imp. Bch.	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID DATE PERMIT ISSUED FEB 22 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature] M.D. for
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/22/88 (ENTER DATE) Mor Sec	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

COPY 1 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR OF VITAL STATISTICS (REV. 1-86) FORM VS-9

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35952

Date: 4-1, 1988

From: Mr. Achad Address: P.O. Box 261058, SD

one hundred thirty-five Dollars ($ 135.00)

In _____ Payment of Mahmoud Malek Jobe's Service

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7248

BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 116

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	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

Prepaid

Date 2-23-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clara Cunningham

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 22 Grave 5 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... 2 @ 495. 990.00

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... PAID ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due 990.00

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 2541 Calboa Vista

Address San Diego CA 92105

State 264-8081 Zip Code

Telephone

Invoice # _____

Work Order # E 7249

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
284-3151

No 35944

Date: 3-31 19 88

From: Clara Cunningham Address: 2541 Balboa Vista, CA

Forty-one 00/100 Dollars ($ 41.00)

In Payment of Cemetery #1 Adult Lot

Lot 27/21 Grave 2/6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7249

BALANCE DUE 949.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 6 1988

ISSUED BY 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	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	41	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36091

Date: 5-3, 1988

From: Clara Cunningham Address: 2541 Balboa Vista, SD

forty-one no/102 Dollars ($ 41.00)

In _____ Payment of Credit Lot

Lot 82/21 Grave 2/6 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7249

BALANCE DUE 908.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 06 1988

ISSUED BY Andrea Ward

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)

OFFICIAL RECEIPT

№ 36281

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-9, 1988

From: Clara Cunningham Address: 2541 Balboa Vista Dr. SD

Forty-One No/100 Dollars ($ 41.00)

In Payment of Canyon #3 Credit Lot

Lot 22/21 Grave 2/6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7249

BALANCE DUE 267.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 111

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 15 1988

012207

ISSUED BY Sandra Reed

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	41	00
Cash	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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 36402

Date: 7-11 19 88

From: Clara M. Cunningham Address: 2541 Balboa Vista SD

Forty-one no Dollars ($ 41.00)

In _____ Payment of Opening & Credit Lot

Lot 22/21 Grave 2/6 Row _____ Section 2 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7249

BALANCE DUE 826.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 140

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	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 80022		
Sales Tax	60101 78390		
TOTAL PAID	$	41	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 36549

Date: 8 - 11 , 19 88

From: Myra Cunningham Address: 2541 Bolboa Vista Dr

Forty - Dollars ($ 41.00)

In Payment of Credit Lot Sales

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7749

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 Mary Hart

CREDIT	57007		
20% Sales Care	77184	41	—
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	53033 9022		
Sales Tax	50101 78380		
TOTAL PAID	$	41	—

CITY AUDITOR
AUG 22 1988

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36701

Date: 9/19/88, 19

From: Clara Cunningham Address: 25 4 Balboa – Fortune Cd 10/100

Dollars ($ 41.00)

In Coupon #6 Payment of Credit Sale #6

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7249

BALANCE DUE $744.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

203

AC-212 (Rev. 10-67)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

SEP 21 1988

ISSUED BY [signature]

CREDIT	87007		
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	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	41	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36837

Date: 10-12, 1988

From: Clara Cunningham Address: 2541 Balboa Vista Dr. SD

Forty-one no/100 — Dollars ($ 41.00)

In Payment of Vaughn 7 Credit Lot

Lot 22/21 Grave 2/6 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-7249

BALANCE DUE 703.00

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	41	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	41	00

CITY AUDITOR
OCT 19 1988

AC-212 (Rev. 10-87)

226

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36965

Date: 11-14, 19 88

From: Clara Cunningham Address: 2541 Balboa Vista Dr.

Forty-one No/100 Dollars ($ 41.00)

In _____ Payment of Coupon & Credit Lot

Lot 21/22 Grave 6/2 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7249

BALANCE DUE 662.00

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.

CITY AUDITOR
NOV 21 1988

ISSUED BY Sandra Ward

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	80101 78390		
TOTAL PAID	$	41	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 37067

Date: 12-7 1988

From: Clara Cunningham Address: 2541 Balboa Vista Ln. San Diego, CA 92105

Forty-one dollars & 00/100 Dollars ($ 41.00)

In part Payment of Credit Lot Coupon #9

Recorded.

Lot 21 & 22 Grave 1 & 2 Row — Section 2 Division Block 12

Invoice No.

Acct. No. E-7249

W.O.

BALANCE DUE 621.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 275

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Nora Black

CREDIT	87007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	CITY AUDITOR	41 00
Opening/ Closing	100 77181	DEC 12 1988	
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 8022		
Sales Tax	60101 78360		
TOTAL PAID	$		41 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37244

Date: 1-20, 1989

From: Nora Cunningham Address: 2541 Galbaa Vista
Fifty-one rollers Dollars ($ 41.00)

In _____ Payment of Coupon 10 Credit Lot

Lot 21/22 Grave 6/2 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7249

BALANCE DUE 580.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-312 (Rev. 10-87) 312

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra [illegible]

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	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	41	00

CITY AUDITOR
JAN 29 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37359

Date: 2-13 19 89

From: Clara M. Cunningham Address: 2541 Calboa Vista Dr, SD

Forty-one no/100 Dollars ($ 41.00)

In _____ Payment of Coupon 11 Credit Lot

Lot 21/22 Grave 6/2 Row _____ Section 2 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. C-7249

BALANCE DUE 539.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

326

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	41	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	$	41	00

CITY AUDITOR
FEB 21 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37490

Date: 3-10, 1989

From: Clara Cunningham Address: 2541 Balboa Vista, SD

Forty-one 10/100 Dollars ($ 41.00)

In _____ Payment of Coupon 12 Credit Lot

Lot 21/22 Grave 6/2 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 2-7249

BALANCE DUE 498.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

361

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Andrea Vard

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	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	41.00

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

№ 37676

Date: 4-12, 1989

From: Clara Cummins from Address: 2541 Balboa Vista Dr. SD

Fort - one 20/100 Dollars ($ 41.00)

In _____ Payment of Vac pm B Credit Lot

Lot 21/22 Grave 6/2 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7249

BALANCE DUE 457.00

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 21 1989

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 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	68033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	41	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

№ 37810

Date: 5-11, 1989

From: Clara Cunningham Address: 254 Balboa Vista, CA 92105

Forty-one 00/100 Dollars ($ 41.00)

In Payment of 01 pgs 14 Grave Lot

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. 2-72174

BALANCE DUE 416.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

400

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Dodd

CREDIT	67007	
20% Sales Care	77184	11 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77161	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63003 9022	
Sales Tax	60101 76300	
TOTAL PAID	$	41 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

№ 38144

Date: 6-9, 1989

From: Clara Cunningham Address: 2541 Balboa Vista Dr. S

Forty-one No/100 Dollars ($ 41.00)

In Payment of Coupon 15 Credit Lot

Lot 21/22 Grave 6/2 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. 2-7249

BALANCE DUE 375.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

427

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	41.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	80101 78380	
TOTAL PAID	$	41.00

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

№ 38270

Date: 7-10, 1989

From: Clara Cunningham Address: 2541 Balboa Vista SD

Forty-one 00/100 Dollars ($ 41.00)

In Payment of Bauzon 16 Credit Lot

Lot 21/22 Grave 6/2 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7249

BALANCE DUE 334.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

451

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	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

CITY AUDITOR
JUL 14 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

№ 38396

Date: Aug 8 1989

From: Clara Cunningham Address: 2541 Balboa Vista Dr.
Dollars ($ 41 —)

In part Payment of Credit lot, Coupon 17

Lot 21 & 22 Grave 6 2 Row — Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 5-7249

BALANCE DUE $293.—

Pre-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	41 —
Opening/ Closing	100 77181	
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 —

CITY AUDITOR
AUG 12 1989

AC-212 (Rev. 10-87)

477

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38491

Date: 9-6, 1989

From: Clara Cunningham Address: 2541 Balboa Vista SD 92105

Forty-one 00/100 Dollars ($ 41.00)

In Payment of Canyon 18 Credit Lot

Lot 21/22 Grave 6/2 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7249

BALANCE DUE 252.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

501

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT 20% Sales Care	67007 77184	
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	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	41.00

CITY AUDITOR
SEP 11 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 38031

Date: 10-10, 1989

From: Clara M. Cunningham Address: 2541 Balboa Vista, SD

Forty-one no/100 Dollars ($ 41.00)

In _____ Payment of Canyon 19 Credit Lot

Lot 21/22 Grave 6/2 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. 8-7249

BALANCE DUE 211.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

528

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	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

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

№ 38620

Date: 12-4, 1989

From: Clara Cunningham Address: 2541 Balboa Vista Dr. SD

Eighty-two no/100 Dollars ($ 82.00)

In _____ Payment of Vaughan 20 & 21 Credit Lot

Lot 21/22 Grave 6/2 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7249

BALANCE DUE 129

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

574

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	69	00
80% Sales of Lots	100 77184	13	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	$	82	00

CITY AUDITOR
DEC 11 1989

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38816

Date: 1-30 19 90

From: Clara Cunningham Address: 2541 Palma Vista Dr. SD 92105

Forty-Two Dollars 00/100 Dollars ($ 42.00)

In Payment of Credit Lot

Lot 21+22 Grave 1+2 Row Section 2 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-7249

BALANCE DUE $97.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 630

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Walt

CREDIT	67007	42 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	42 00

CITY AUDITOR
FEB 02 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR

MAR 12 1990

№ 38933

Date: 3-5, 1990

From: Clara Cunningham Address: 2541 Balboa Vista 92105

Eighty Three Dollars Dollars ($ 83.00)

In _____ Payment of Cred + Lot

Lot 21 22 Grave 6 2 and Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7249

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	83	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	83	00

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
San Diego, Ca 91205

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 ▶ $ 41.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

Late Charge $ 42.00

Amount Received $ _____

NAME Clara m. Cunningham

ADDRESS 2541 Balboa Vista Dr.

CITY San Diego STATE Ca. ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
San Diego, Ca 91205

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 ▶ $ 41.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.90

$ ____

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-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
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 ▶ $ 41.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME Clara M. Cunningham

ADDRESS 2541 Balboa Vista Dr

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 ~ Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
San Diego, Ca 91205

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 ▶ $ 41.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ 41.00

Amount Received $ 41.00

NAME Clara M. Cunningham

ADDRESS 2541 Balboa Vista Dr.

CITY San Diego 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-7249 **Credit Lot**

Clara M. Cunningham
2541 Barbosa Vista Dr.
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. $ 41.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ 41.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

bring one coupon with each remittance **COUPON** **7**

NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
San Diego, Ca 91205

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. $ 41.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 41.00

NAME Clara M. Cunningham

ADDRESS 2541 Balboa Vista Dr.

CITY San Diego, STATE Ca ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
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. ▶ $ 41.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 41.00

NAME Clara M. Cunningham

ADDRESS 2541 Balboa Vista Dr

CITY San Diego, STATE Ca, ZIP 92105

☐ check if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
San Diego, Ca 91205

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 ▶ $ 41.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.90

$ _____

Amount Received $ 41.00

NAME Clara M. Cunningham

ADDRESS 2541 Balboa Vista Dr

CITY San Diego STATE Ca, ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 **Credit Lot**

Clara M. Cunningham
2541 Balboa Vista Dr.
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. $ 41.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ 41.00

NAME Clara M. Cunningham

ADDRESS 2541 Balboa Vista Dr

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
San Diego, Ca 91205

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. $ 41.00

Amount due if paid more than _____ days after due date above. $ 1.90

$ _____

Amount Received $ 41.00

NAME Clara M. Cunningham

ADDRESS 2541 Balboa Vista Dr.

CITY San Diego STATE Ca. ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 Credit Lot

Clara H. Cunningham
2541 Balboa Vista Dr.
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 ▶ $ 41.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME Clara M. Cunningham

ADDRESS 2541 Balboa Vista Dr

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
San Diego, Ca 91205

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. $ 41.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ 41.00

NAME Clara M. Cunningham

ADDRESS 2541 Balboa Vista Dr

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. COUPON **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
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. ▶ $ 41.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ 41.00

Amount Received $ _____

NAME Clara M. CUNNINGHAM

ADDRESS 2541 BALBOA VISTA Dr

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
San Diego, Ca 91205

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. ▶ $ 41.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.90

$ _____

Amount Received, $ _____

NAME Clara M. Cunningham

ADDRESS 2541 Balboa VISTA Dr

CITY San Diego STATE Ca. ZIP 92105

☐ check (✓) if this is new address

Ring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
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. $ 41.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 41.00

NAME CLARA M. CUNNINGHAM

ADDRESS 2541 Balboa vista Dr.

CITY San Diego STATE Ca. ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
San Diego, Ca 91205

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. $ 41.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ 41.00

Amount Received $ _____

NAME Clara M. Cunningham

ADDRESS 2541 Balboa Vista Dr.

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
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 ▶ $ 41.00

Amount due if paid more than ____ days after due date above ▶ $ 1.00

$ _____

Amount Received $ 41.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
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. $ 41.00

Amount due if paid more than _____ days after due date above. $ 1.40

$ _____

Amount Received $ _____

NAME Clara M. Cunningham

ADDRESS 2541 Balboa Vista Dr

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
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. ▶ $ 41.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 41.00

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-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
San Diego, Ca 91205

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. ▶ $ 41.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.40

$ _____

Amount Received $ 41.00

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-7249 Credit Loc

Clara M. Cunningham
2541 Bahia Vista Dr.
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. ▶ $ 41.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ 42.00

Amount Received $ _____

NAME C _____

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-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
San Diego, Ca 91205

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 ▶ $ 41.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ 42.00

Amount Received $ _____

NAME Clara M. Cunningham

ADDRESS 2541 Balboa Vista Dr

CITY San Diego STATE Ca, ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7249 Credit Lot

Clara M. Cunningham
2541 Balboa Vista Dr.
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 ▶ $ 42.00

Amount due if paid more than _____ days after due date above ▶ $ 1.00

$ 41.00

Amount Received $ _____

NAME Clara M. Cunningham

ADDRESS 2541 Balboa Vista Dr

CITY San Diego STATE Ca, ZIP 92105

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-24-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Norval J. Highfill

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 2/25 1:30

Church, Chapel, Graveside: 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 WW II

Lot 569 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	10.50
Total Due	710.50
Paid receipt number 35762	710.50
Balance due	0

I hereby certify I am the Step Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Barbara Del Baby
Signature
1009 White Deer Dr.
Address
La Cañada Ca 91011
State Zip Code
818 790-1019
Telephone

Invoice # _____

Work Order # E 7250

Acct. # _____

PY-503 (REV. 8-86)

E-7250

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
NORVAL JOHN HIGHFILL	MALE	APRIL 2, 1912	FEB. 22, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	IRENE HIGHFILL-WIFE 2715 AZALEA DR. SAN DIEGO, CA 92106

NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	CALIFORNIA LICENSE NUMBER
PACIFIC BEACH MORTUARY-4710 CASS ST. SAN DIEGO, CA 92109	815

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY-3751 MARKET ST.-SAN DIEGO, CA	COUNTY SAN DIEGO	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Metal-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 T.S. Vault N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED FEB 25 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D. JR.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/26/88 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Sharon 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 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

№ 35762

Date: 2-25, 19 88

From: Jackma Dolzo Address: 1009 White Deer Dr.

Seven hundred ten 50/100 Dollars ($ 710.50)

In _____ Payment of Norval Highfall's Burial Service

Lot 569 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7250

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 26 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	220	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

AC-212 (Rev. 10-87)

[redacted]

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-24-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Duarte

in a T.S. Vault Funeral, date, time Fri 2/26 10:00

Church, Chapel, Graveside Graveside Mayers Mortuary.

All funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 120 Grave 12 Row ____ Section 2 Division/Block 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	960.50
Paid receipt number 25713	960.50
Balance due	0

I hereby certify I am the Friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

D L Smith
Signature

1580 Taft Lemon Grove
Address

Ca. 92045
State Zip Code

463 8864
Telephone

Invoice # ____

Work Order # E 7251

Acct. # ____

PY-503 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35773

Date: 2-26, 1988

From: D. L. Smith Address: 1580 Loft, Lemon Grove CA 92045

nine hundred sixty 50/100 Dollars ($960.50)

In _____ Payment of Mary Dauria's Burial Service

Lot 120 Grave 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7251

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1460

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 03 1988

ISSUED BY Sandra L. 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 77185	170 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	10 50
TOTAL PAID	$	960 50

E-7251

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 Duarte	Female	Sept.12,1921	Feb.23,1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Donald L. Smith - Friend 1580 Taft Street Lemon Grove, CA 92045

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Mayer Mortuary 2859 Adams Av. San Diego, cA	1424

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St. San Diego, cA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Pink Arlington - P.C.	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Wooden - Concrete Vault	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Catholic father & Minister	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: 4.00 DATE PERMIT ISSUED: FEB 25 1988	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 2/26/88 (ENTER DATE) 120/12/3/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stutter LICENSE 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 2-24-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Susan V. Berger

in a T. S. Vault (Vault/Liner) Funeral, date, time Friday 1:30 2/26

Church, Chapel, Graveside Chapel & Grave Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 4690 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	10.50
Total Due	710.50
Paid receipt number 35769	710.50
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

Marjorie D'Costa
Signature

8626 - Mulvany Dr.
Address

San Diego 92119
State Zip Code

465-8742
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7252

PY-593 (REV. 8-85)

E-7252

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SUSAN VIOLET BERGER	Female	Oct. 16, 1903	Feb. 23, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Spring Valley	San Diego	Marjorie De Costa daughter 8626 Mulvaney Drive San Diego, California 92119

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Goddoody 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: 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 18 (s) Belmont Steel Sealer		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A Crypt 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: 4.00 / DATE PERMIT ISSUED: FEB 25 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/26/88 (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: 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

№ 35769

Date: 2-24, 1988

From: James De Costa Address: 8626 Mulvaney Dr, SD 92119

Seven hundred ten 50/100 Dollars ($ 710.50)

In _____ Payment of Susan Berger's Burial Service

Lot 4690 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7252

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 26 1988

CREDIT	67007		
20% Sales Care	77164		
[illegible] Sales	100		
[illegible]	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 76390	10	50
TOTAL PAID	$	710	50

ISSUED BY Sandra Varal

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jorge Castellanos 1 mon 1 day

in a — Vault/Liner Funeral, date, time Mon 2/29 2:00

Church, Chapel, Graveside — Calif Burial Jackie Mortuary.

All Funeral cars must 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 111 Grave 4 Row ____ Section IOOF Division/Block 43

Grave space & Care Fund Casket size 21"x10"	28.00
Additional spaces and care fund	
Opening/Closing & Setup	45.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	73.00
Paid receipt number	
Balance due	

P.A. Hoffsteader #1047075

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 067197

Acct. # 000952

Work Order # E 7253

PY-593 (REV. 8-85)

E-7253

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Jorge Castellanos	Male	10-8-1987	FOUND 11-19-1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Public Administrator(Admin.) 5201-A Ruffin Road San Diego, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
CALIFORNIA CREMATION & BURIAL CHAPEL 5682 El Cajon Blvd. San Diego, CA	F-1357

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT — NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market Street San Diego, CA — COUNTY: San Diego

CREMATION — NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A — DATE CREMATED: — SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 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: ▶ Per Authorization by: [signature]

DATE SIGNED: February 25, 1988

LOCAL REGISTRAR — THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT

AMOUNT OF FEE PAID: $4.00

DATE PERMIT ISSUED: FEB 29 1988

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald E. Carnes, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION — I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/29/88 (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 2-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ferdinand C. Brzezowski

in a T.S. Vault (Vault/Lines) Funeral date, time Mon 2/29 2:00

Church, Chapel, Graveside Chapel & Grove 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 WW II

Lot 56 Grave 2 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	Single Space & Care	495.00
Additional spaces and care fund		
Opening/Closing & Setup	Vets Plot	320.00
Burial Container	Concrete Sealed 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 36165	400.00
	Balance due	805.50

Paid 8/2/88

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

Signature Rita R. Engleman

Address 3506 30th St. Apt. E

State San Diego, Ca. 92104 Zip Code

Telephone (619) 295-7209

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7254

PY-593 (REV. 8-85)

W.O. NO. E-7254

NOTE—STRAIGHT

$ 1205 50/100 San Diego, California, Feb 25, 1988

-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 March 27, 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 Rita R. Englen

3506 30th Apt. S.D. Ca. 92104

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Calif. Driver Lic. #

E-7254

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FERDINAND C. BRZESOWSKI (AKA:Ferdinand Kazmiera Brzesowski)	male	July 30, 1923	Feb 23, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Rita R. Engleman - daughter 3506 - 30th St. #E San Diego, CA 92104

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1 BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2 CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4 SCIENTIFIC USE
- [ ] 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery - 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: Cloth Covered Wooden	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 Vault - Held at Monument		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a "Hand to chosen by Daughter on Fri - O.T."		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00	DATE PERMIT ISSUED: FEB 26 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: 2/29/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: [illegible]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: n/a		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No. 36165

Date: 5-16 19 88

From: Lita Epperson Address: 3506 30th St, Apt E

Four Hundred Dollars ($ 400.00)

In Payment of Ferdinand Krzyzowski Service

Lot 56 Grave 2 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-7254

BALANCE DUE 205.50

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

MAY 20 1988

ISSUED BY Sandra Wood

CREDIT	87007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	400	00

OFFICIAL RECEIPT

8/9

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36481

Date: 8/2/88, 19

From: Rita R. Engelman Address: 3506 - 30 St - Ave - S.D 92104

Eight Hundred five and 50/100 Dollars ($ 805 50/xx)

In full Payment of Interment fees for Ferd Bryzgowski a Veteran —

Lot 56 Grave 2 Row — Section 2 Division Block 11

Invoice No. 067196

Acct. No. 025611

W.O. E-7254

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☑ Check ☐

Cash

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 10 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	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	805 50

E 7254

CITY TREASURER
SAN DIEGO, CALIFORNIA

3883508/08/88		805.50 INVS
08/08/88 3883 5		805.50- CA
08/08/88 3883 5		.00 BA

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37500

Date: 3-13, 1989

From: Peter Engleman Address: 3506 30th St #E, SD

One hundred thirty-five Dollars ($ 135.00)

In _____ Payment of Marks Setting fee for Ferdinand Brzezowski

Lot 56 Grave 2 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7254

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	
60% 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 6022	
Sales Tax	60101 78390	
TOTAL PAID	$	135.00

CITY AUDITOR
MAR 16 1989

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/29/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rudolph J. Ellingsen

in a Mint Liner (Vault/Liner) Funeral, date, time 3/1/ 1:30 P.M/Tues

Church, Chapel, Graveside Chapel & G.S. ; Pacific Beach Eddie Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW1 - army.

Lot 93 Grave 5 Row ____ Section 1 Division/Block 11

Grave space & Care Fund ..... Pre Paid	
Additional spaces and care fund ..... (1) Pre Paid - 5-	
Opening/Closing & Setup	
Burial Container ..... on D-7990	
Handling Fees	
Flower vases - Marker setting fee ..... # V.A. Bronze -	135.00
Recording and filing fee	35.00
Sales taxes ..... #	
Total Due	170.00
Paid receipt number 35780	170.00
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.

Robert J. Ellingsen
Signature of recorded holder of deed

Son Bob

Signature

1103 Bradford Dr
Address

Glendora Ca. 91740
State Zip Code

818 963-4486
Telephone

Invoice # _____

Work Order # E 7255

Acct. # _____

PY-593 (REV. 8-85)

E-7255

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 JOHN ELLINGSEN	MALE	JUNE 28, 1897	FEB. 26, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
PASADENA	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 ST.-SAN DIEGO, CA	COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A Batesville Steel 20ga	DATE CREMATED: Sealed
	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 Cornito Lomin	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A Service at Monument Eddie in Chg.	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: ▶ DATE SIGNED:
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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: FEB 29 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald S. Pannas, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/1/88 (ENTER DATE) 93/5/1/11	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: LOS ANGELES COUNTY-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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35780

Date: 2/29/88, 19

From: Grace Ellingsen Address: San Diego Ca

One Hundred Seventy and no/100 Dollars ($ 170.00)

In full Payment of Setting G.I. Marker when comes from V.A. in Concrete Border & Recording & fitting fees & offer Period —

Lot 93 Grave 5 Row — Section 1 Division ~~Block~~ 11

Invoice No. —

Acct. No. —

W.O. E-7255
E-5800 - Record

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3304

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 03 1988

ISSUED BY Gregory Stetts

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	170	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	170	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Buck Linzy

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 3/1 11:00

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 17 Grave 10 Row _____ Section 15 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 35784	606.00
Balance due	0

Ragsdale 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 7256

PY-593 (REV. 8-85)

E-7256

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GEORGE BUCK LINSY, Jr.	Male	March 2, 1931	Feb. 12, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAn Diego	San Diego	George R. Montoya - Son 4951 Lise St. San Diego, Ca. 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-RAgsdale Mortuary: 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 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 Cloth Avenue Octogon	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 Flee Board Wooden	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Lewis Sewing at 1-9- Hand filled	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $4.00	DATE PERMIT ISSUED: FEB 19 1988 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 3/1/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Stetler LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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

№ 35784

Date: 3-1, 1988

From: Anderson-Ragsdale Address: 5050 Federal Blvd, SD 92102

Six hundred six no/100 Dollars ($ 606.00)

In _____ Payment of George Buck Fenzy, Jr.

Lot 17 Grave 10 Row _____ Section 15 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-7256

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

9167

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 03 1988

ISSUED BY Sandra Reed

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	390	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 2-29 88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jules Slatter

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs 3/3 2:30

Church, Chapel, Graveside ____ Twin 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 67 Grave 3 Row ____ Section 1 Division/Block 11

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	606.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker set	____
Recording and filing	35.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 36153	607.70
Balance due	0

3/8/88

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

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 7257

Acct. # ____

PY-593 (REV. 8-85)

E-7257

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JULIA C. SLATTERY	female	Nov 28, 1918	Feb 24, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
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
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 Pink Arlington PC - Wooden	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 Bell Liner	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a Drop off	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $4.00 DATE PERMIT ISSUED: MAR 3 1988	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 3/3/88 (ENTER DATE) 6/3/1/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce 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 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 36153

Date: 5-13, 1988

From: County of San Diego Address: 5201-A Ruffin Road, SD

Six Hundred Seven 70/100 Dollars ($ 607.70)

In _____ Payment of Julia C. Slattery's Burial Service

Lot 67 Grave 3 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7257

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 20 1988

ISSUED BY Sandra Ward

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	36	70
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	607	70

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/29/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Archie Girard

in a Bell Liner (Vault/Liner) Funeral, date, time Wed. 3/3 9:00

Church, Chapel, Graveside Chapel & Grave Featherhill Mortuary. Willis

All Funeral cars must 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 68 Grave 3 Row ____ Section 1 Division/Block 11

Grave space & Care Fund ... Pre Need D-4281	____
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 35800	606.00
Balance due	-0-

Mortuary will issue 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 # _____

Work Order # E 7258

Acct. # _____

PT-590 (REV. 5-86)

E-7258

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 ANATOLE GIRARD	Male	Aug. 5, 1907	Feb. 29, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Lemon Grove	San Diego	IreneE. Mosley, sister Rd#1 Lassey Rd. Terryville, Conn. 06786

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, Ca.	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. 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 Clothcovered Semi Oval Wooden		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a Bell		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00 / DATE PERMIT ISSUED: MAR 2 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/3/88 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 35800

Date: 3-3, 19 88

From: Leatherwood Mortuary Address: 6322 El Cajon, SD 92115

Six hundred six dollars — Dollars ($ 606.00)

In _____ Payment of Archie Girard's Burial Service

Lot 68 Grave 3 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7258

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

7082

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	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	320	00
Opening/ Closing	100 77181	100	00
Burial Containers	100 77182	145	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	6	00
TOTAL PAID	$	606	00

Renewed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John & Ellen Crockett

in a Double Depth Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 158 Grave 3 Row _____ Section 1 Division/Block 12

Grave space & Care Fund		395.00
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 320	640.00
Burial Container		330.00
Handling Fees	Renewal Grant	320.00
Flower vases - Marker setting fee		
Recording and filing fee	2 @ 35.00	70.00
Sales taxes		19.80
Total Due		1775.80
Paid receipt number 35788		1775.80
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. Mrs. Stevenson

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address 740 S. 36th Apt 207

State San Diego, CA 92113 Zip Code

Telephone _____

Invoice # _____

Work Order # E 7259

Acct. # _____

PY-883 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 35788

Date: 3-1, 1988

From: Mrs. Stevens Address: 740 S. 36th St, Apt 207, 92113

Seventeen hundred seventy-five 80 Dollars ($ 1775.80)

In _____ Payment of Grave & Pre-need Trust for John & Ellen Crockett

Lot 158 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7259

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 0148794

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 03 1988

ISSUED BY Sandra Ward

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 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	1380 80
Sales Tax	60101 78390	
TOTAL PAID	$	1775 80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/29/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of F. Elizabeth Wilson

in a Bell liner (Vault/Liner) Funeral, date, time 3/2 Wed 2 P.M.

Church, Chapel, Graveside Chapel + G.S. ; Howard Heath Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 139 Grave — Row — Section — Division/Block 10

Grave space & Care Fund ... Pre Paid D-4519 ...

Additional spaces and care fund ... none

Opening/Closing & Setup ... Pre Paid

Burial Container ...

Handling Fees ...

Flower vases - Marker setting fee ... none Pd

Recording and filing fee ... 35.00

Sales taxes ...

Total Due ... 35.00

Paid receipt number 35798 35.00

Balance due 0

Paid

I hereby certify I am the Via Howard Phone order of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot ____ hold under deed.

Paid

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 7260

Acct. # ____

PY-583 (REV. 8-85)

E-7260

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FLORENCE ELLEN WILSON	FEMALE	APRIL 9, 1894	FEB. 28, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Self (Pre-need, June 5, 1974) 829 Arcadia Place National City, CA 92050

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Heath Funeral Home, 611 Highland Ave., National City, CA	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: 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 Cloth Covered wooden		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A Duproff -		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00	DATE PERMIT ISSUED: MAR 1 1988 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Powers, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: 3/2/88 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 35798

Date: 3-2, 1988

From: Heather Funeral Address: 611 Highland Ave, SD

Thirty-five no/100 Dollars ($ 35.00)

In _____ Payment of Elizabeth Wilson's Burial Service

Lot 139 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7260

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2159

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		
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	80101 78390		
TOTAL PAID	$	35	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-1-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gerlene Garcia

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 135 Grave 1 & 2 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	

Pd-In-full 9-26-91

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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

4590 Hartley St.
Address

San Diego, CA 92102
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7261

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 35984

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: Girlene Garcia Address: 4590 Hartley St, SD

Forty-two no/100 Dollars ($ 42.00)

In Payment of Coupon 1&2 Credit Lot

Lot 135 Grave 1&2 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7261

BALANCE DUE 458.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2226

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	
50% Sales of Lots	100 77184	42 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	42 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 36355

Date: 7-5 19 88

From Sirlene Garcia Address: 4590 Hartley Street, SD

Forty dollars 20/100 Dollars $ 40.00

In Payment of Coupon 384 Undet Lot

Lot 135 Grave 182 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-7261

BALANCE DUE 418.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [ ] Cash [ ] Check [X]

AC-212 (Rev. 10-87) 2306

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	77164		
80% Sales of Lots	100 77164	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

№ 36587

Date: 8-25, 1988

From: Tirlene Garcia Address: 4590 Hartley, SD

eighty no/100 Dollars ($ 80.00)

In Payment of Coupons 5-8, Cridit Lot

Lot 135 Grave 1 & 2 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O.

BALANCE DUE 338.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2360

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 20% Sales Care-	67007 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	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	80	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37050

Date: 12-6, 1988

From: Irene Garcia Address: 4590 Hartley Street San Diego

forty dollars 00/100 Dollars ($ 40.00)

In _____ Payment of coupon 9 & 10 Credit Lot

Lot 135 Grave 1 & 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7261

BALANCE DUE 296.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2453

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	40	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	40	00

CITY AUDITOR
DEC 12 1988

OFFICIAL RECEIPT

№ 37309

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-6 19 89

From: Irlene Garcia Address: 4590 Hartley Street, SD

Forty Dollars 00/100 Dollars ($ 40.00)

In _____ Payment of Coupons 11 & 12 Credit Lot

Lot 135 Grave 1 & 2 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7261

BALANCE DUE 258.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

2520

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 10 1989

ISSUED BY Sandra Reed

CREDIT	67007		
20% Sales Cars	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	83033 9022		
Sales Tax	80101 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

№ 37778

Date: 5-8, 1989

From: Irene Garcia Address: 4590 Hartley Street, SD
Forty Dollars no/100 Dollars ($ 40.00)

In _____ Payment of Oaxaca B 8/14 Credit Lot

Lot 135 Grave 1 & 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7261

BALANCE DUE 218.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2630

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	
30% Sales Cars	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
MAY 12 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38288

Date: 7-14, 19 89

From: Gerline Garcia Address: 4590 Hartley St, San Diego

Forty dollars 00/100 — Dollars ($ 40.00)

In 1 Payment of Coupon 75-18 Credit Lot

Lot 135 Grave 1 & 2 Row ____ Section 2 Division ~~Block~~ 11

Invoice No. ____

Acct. No. ____

W.O. E-7261

BALANCE DUE 178.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
2705

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUL 24 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	40	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	40	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38058

Date: 10-16, 1989

From: Sirlene Garcia Address: 4590 Hartley Street SD

Forty dollars no/100 Dollars ($ 40.00)

In _____ Payment of Cash for 1 & 20 Credit Lot

Lot 135 Grave 1 & 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7261

BALANCE DUE 136.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2799

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Wood

CREDIT	67007		
20% Sales Care	77184	40	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	40	00

CITY AUDITOR
OCT 24 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38641

Date: 12-6, 19 89

From: Eileen Garcia Address: 4590 Hartley Street, D

Forty dollars no/100 Dollars ($ 40.00)

In Payment of Coupon 21822 Credit Lot

Lot 135 Grave 1&2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7261

BALANCE DUE 98.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

2844

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	2 00
80% Sales of Lots	100 77184	38 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	40 00

CITY AUDITOR
DEC 12 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38739

Date: 1-5 19 90

From: Silvia Garcia Address: 4590 Hartley St

Forty Dollars and no/100 Dollars ($ 40.00)

In Payment of Cedar Lot

Lot 135 Grave 1+2 Row Section 2 Division II

Invoice No.

Acct. No.

W.O. E-7261

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2884

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 16 1990

ISSUED BY Glen Waits

CREDIT	67007	40	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 78300		
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

№ 41294

Date: 9-26, 1991

From: Virlene Garcia Address: 4590 Hartley St. SD 92102

Fifty Eight 7/10/100 Dollars ($ 58.00)

In _____ Payment of Credit Lot

Lot 135 Grave 1+2 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7261

BALANCE DUE ✓

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Waite

CREDIT 20% Sales Care	67007 77184	58	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	$	58	00

AC-212 (Rev. 10-87)

NAME Garcia, Girlene ACCT. NO. E-7261

ADDRESS 4590 Hartley Street, San Diego, Ca 92102 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
88	Lot 135, Graves 1 & 2, Section 2, Division 11	500 00			
4-7 88	Lawson 1 & 2 Receipt 35784			400 00	100 00
7-5 88	Lawson 3 & 4 Receipt 36355			400 00	400 00
8-25 88	Lawson 5-8, Receipt 36587			800 00	3300 00
12-6 88	Lawson 9 & 10, Receipt 37050			400 00	2900 00
2-6 89	Lawson 11 & 12, Receipt 37309			400 00	2500 00
5-8 89	Lawson 13 & 14 Receipt 37778			400 00	2100 00
7-14 89	Lawson 15-18, Receipt 38288			400 00	1700 00
10-16 89	Lawson 19 & 20, Receipt 38258			400 00	1300 00
12-6 89	Lawson 21 & 22, Receipt 38641			400 00	900 00
1-5-89	Lawson 23 & 24 Receipt 38739			400 00	500 00
9-26-91	Receipt # 41394			58.00	-0-

PAID
SEP 26 1991
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-1-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gerlene Garcia

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 135 Grave 1 & 2 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

T. [illegible]
Signature

4590 Hartley St.
Address

San Diego, CA 92102
State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7261

PY-593 (REV. 8-85)

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 1 day of March, 1988, between Eileen Garcia, 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 ____, Grave ____, Row ____, Section 2, ~~Block~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $500.00, payable as follows: $ ____ cash herewith, the receipt of which is hereby acknowledged; $20.00 on the 10 day of April, 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.

WITNESS our hands this day and year above written.

Deed to be issued to: Gerlene Garcia
Name
4590 Hartley St.
Address
San Diego, CA 92102

PURCHASER

Z-J

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra Ward

GWS:baa(2)62
2-14-86

E-7261

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11802

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Girlene Garcia for the sum of $ 500.00 (DOLLARS)

LEGAL DESCRIPTION Lot 135; Graves 1 & 2; Section 2, Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-7261

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 12" X 24", Flat Marker Only

Wendy Jo League
Cemetery Manager

Property Director

PY-504

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 7261

Credit Lot

Girlene Garcia
4590 Hartley Street
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 $ 21.00

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-7261 Credit Lot

Girlene Garcia
4590 Hartley Street
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 $ 21.00

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. 7261

Credit Lot

Girlene Garcia
4590 Hartley Street
San Diego, Ca 92102

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
			10								

Amount due when paid on or before due date above. $ 20.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7261 Credit Lot

Girlene Garcia
4590 Hartley Street
San Diego, CA 92102

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
			10								

Amount due when paid on, or before, due date above ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 7261 **Credit Lot**

Girlene Garcia
4590 Hartley Street
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 $ 20.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7261 Credit Lot

Girlene Garcia
4590 Hartley Street
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 $ 20.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 7261

Credit Lot

Girlene Garcia
4590 Hartley Street
San Diego, Ca 92102

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
			10								

Amount due when paid on, or before, due date above ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 20,00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

1-800-323-0438
P.O. BOX 7800
CHICAGO, IL 60680
PRINTED IN U.S.A. BY RAND McNALLY REV 3-84

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7261 Credit Lot

Girlene Garcia
4590 Hartley Street
San Diego, CA 92102

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
		1	10								1

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 20.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 7261

Credit Lot

Girlene Garcia
4590 Hartley Street
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** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7261 Credit Lot

Girlene Garcia
4590 Hartley Street
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 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 7261 **Credit Lot**

Girlene Garcia
4590 Hartley Street
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

DO NOT MAIL ENTIRE BOOK

COUPON 12

ACCOUNT No. E-7261

Credit Lot

Girlene Garcia
4590 Hartley Street
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

$ _____

NAME _____ Amount Received $ _____

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. 7261 Credit Lot

Girlene Garcia
4590 Hartley Street
San Diego, Ca 92102

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			10								

Amount due when paid on or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

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-7261 Credit Lot

Cirlene Garcia
4590 Hartley Street
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. 7261 Credit Lot

Girlene Garcia
4590 Hartley Street
San Diego, Ca 92102

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
			10								

Amount due when paid on or before due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7261 Credit Lot

Girlene Garcia
4590 Hartley Street
San Diego, Ca 92102

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
			10								

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 7261 Credit Lot

Girlene Garcia
4590 Hartley Street
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 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7261 Credit Lot

Girlene Garcia
4590 Hartley Street
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 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 7261 Credit Lot

Girlene Garcia
4590 Hartley Street
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

$ _____

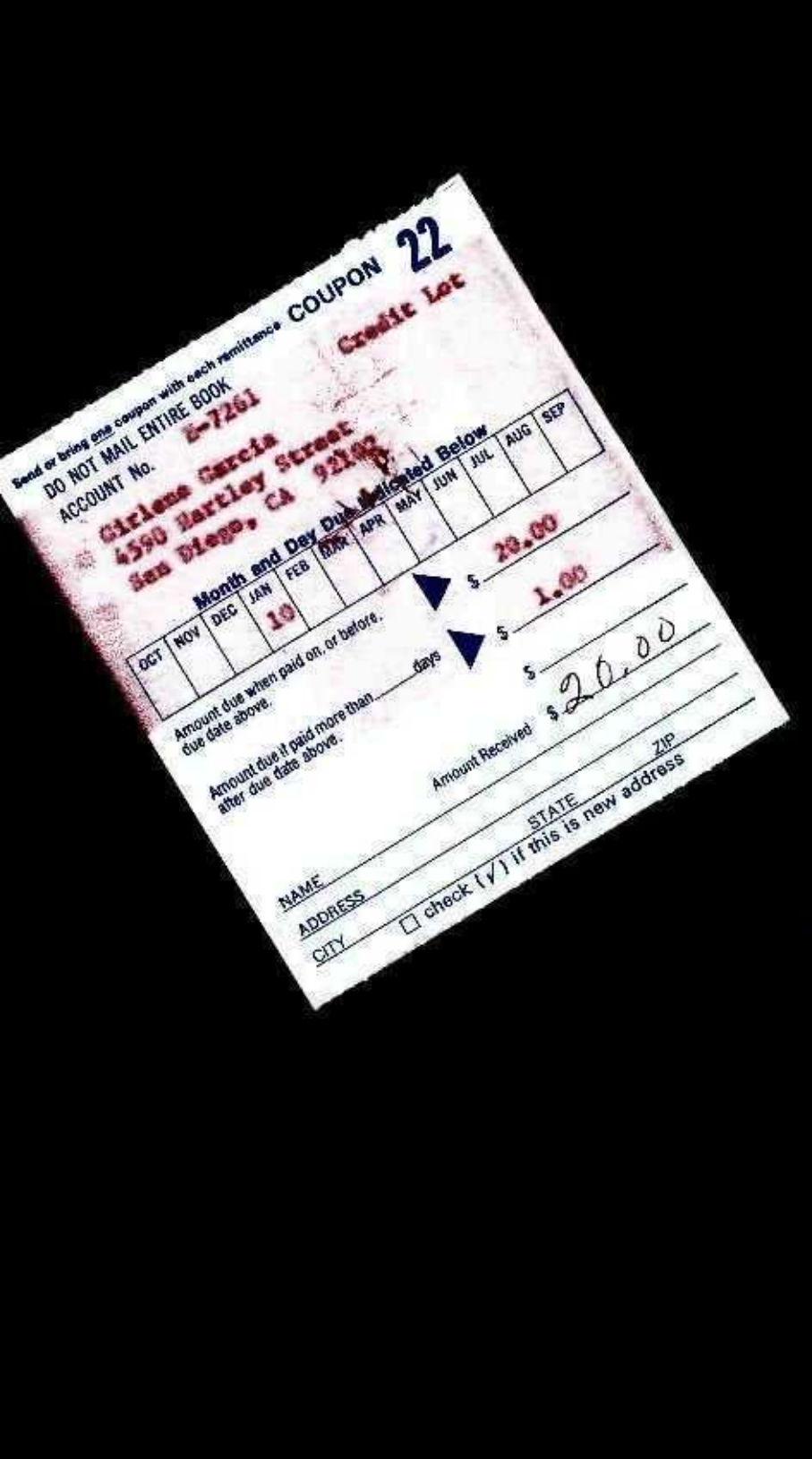
Amount Received $ 20.00

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-7261
Credit Lot
Girlene Garcia
4590 Hartley Street
San Diego, CA 92102
Month and Day Due Indicated Below
OCT NOV DEC JAN 10 FEB MAR APR MAY JUN JUL AUG SEP
Amount due when paid on, or before, due date above. $ 20.00
Amount due if paid more than ____ days after due date above. $ 1.00
$
Amount Received $ 20.00
NAME
ADDRESS
CITY STATE ZIP
☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 7261 Credit Lot

Girlene Garcia
4590 Hartley Street
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

CHICAGO, IL 60680
PRINTED IN U.S.A. BY RAND McNALLY REV 3/84

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7261 Credit Lot

Girlene Garcia
4590 Hartley Street
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 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7261 **Credit Lot**

Cirlene Garcia
4590 Hartley Street
San Diego, CA 92102

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
			10								

Amount due when paid on or before due date above: $ 40.00

Amount due if paid more than _____ days after due date above: $ 1.00

$ _____

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. 7261

Credit Lot

Girlene Garcés
4590 Hartley Street
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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-1-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bonnie E. Goodin

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 11Am - 3/4

Church, Chapel, Graveside Chapel + G.S. ; Heath Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 289 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund Preneed D-2970	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Will Bring Ck	
Total Due	35.00
Paid receipt number 35799	35.00
Balance due	0

I hereby certify I am the Dr Gwl Via Phone Howard Hatt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7262

PY-593 (REV. 8-85)

E-7262

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BONNIE E. GOODIN	FEMALE	JULY 3, 1897	MARCH 1, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Santee	San Diego	Self (Pre-need April 12, 1973) 922 East 5th Street National City, CA 92050

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Heath Funeral Home, 611 Highland Ave., Nat'l City	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: N/A	DATE CREMATED: Clothe and Wooden	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 Pre-need Bell Heath & Dept Coroner		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A Wendy's Sam		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00 — DATE PERMIT ISSUED: MAR 4 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Camras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/4/88 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 35799

Date: 3-2, 1988

From: Heath Funeral Address: 611 Highland Ave, DC
Thirty-five Dollars ($ 35.00)

In _____ Payment of Bonnie Frodin's Funeral Service

Lot 289 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-7262

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2166

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	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 3-2-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leo Martel

in a Liner (Vault/Liner) Funeral, date, time Fri - 9 Am - 3/4

Church, Chapel, Graveside Church - G.S. St Michael Birge Roberts Ben Mortuary.

All Funeral cars must 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 II - Disabled Vet

Lot 91 Grave 11 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	Single	250.00
Additional spaces and care fund	none	
Opening/Closing & Setup		320.00
Burial Container	Comute Bell Liner	100.00
Handling Fees	Labor	145.00
Flower vases - Marker setting fee	(GF Broze @ 135 - Later)	
Recording and filing fee		35.00
Sales taxes		6.00
	Total Due	856.00
	Paid receipt number 35791	856.00
	Balance due	0

PAID
MAR 02 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Jeannette King
Signature

x 826 Olive Ave
Address

National City Calif
State Zip Code

x 479-8067
Telephone

Invoice # ____

Work Order # E 7263

Acct. # ____

PY-503 (REV. 8-85)

E-7263

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LEO --- MARTEL	Male	Dec. 19, 1927	Mar. 1, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Mrs. Jeannette King-Sister 826 Olive 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

XXXX 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 4. SCIENTIFIC USE

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St., San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Min 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 Bell Liner — N/A	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID $4.00 / DATE PERMIT ISSUED MAR 3 1988	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 3/4/88 (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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 35791

Date: March 2, 1988

From: Samuel King Address: 826 Olivera Ave Nat. City Cal 92050

Eight hundred fifty six and 00/100 Dollars ($ 856.00)

In full Payment of Interment of land for Leo Mantel deceased (a disabled Veteran)

Lot 91 Grave 11 Row ____ Section 2 Division ~~Block~~ 11

Invoice No. ____

Acct. No. ____

W.O. E-7263

VA. Marker letter later

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 08 1988

ISSUED BY George W. Stelter

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 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	6	00
TOTAL PAID	$	856	00

OFFICIAL RECEIPT

№ 36038

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 4-20 19 88

From: Samuel Cain Address: 826 Olive Ave, National City

One hundred thirty-five Dollars ($ 135.00)

In _____ Payment of Installation Fee for Two Markers

VA markers

Lot 91 Grave 11 Row _____ Section 2 Division _____ Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7263

BALANCE DUE 0

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.

CITY AUDITOR

APR 29 1988

ISSUED BY Sandra Reed

CREDIT	57007	
20% Sales Care	77184	
50% 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	50101 76380	
TOTAL PAID	$	125 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-2-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Olivia J. Ladd

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon 3/7 11:00

Church, Chapel, Graveside Chapel & Shore 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 ____ .

Lot 68 Grave 9 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	____
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	710.50
Paid receipt number 35821	710.50
Balance due	0

Will 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

Invoice # ____

Work Order # E 7264

Acct. # ____

PY-593 (REV. 9-85)

E-7264

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
OLIVIA JONES LADD	Female	Oct. 11, 1920	Feb. 29, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Louis Edward Ladd - Husband 2581 Commercial St. San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 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 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 Batesville - 18ga White Rose Sealer		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A 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 $4.00	DATE PERMIT ISSUED MAR 4 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramros, M.D., B
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/7/88 (ENTER DATE) 68/9/2/12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Royen 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

OFFICIAL RECEIPT

№ 35821

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-7 1988

From: Louis E. Todd Address: 2581 Commercial St. SD

Seven hundred ten 50/100 Dollars ($ 710.50)

In _____ Payment of Olivia J. Todd's Burial Service

Lot 68 Grave 9 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7264

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

006860

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	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 76390	10	50
TOTAL PAID	$	710	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-2-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura Kina

in a Asb Vault Vault/Liner Funeral date, time 3/4 Fri 11:30

Church, Chapel, Graveside Graveside ; Neptune Soc. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 3 Grave 12 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container Concrete Vault - Large Cement	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 35790	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

Jean Tillman
signature
1362 Highway 80 #59
Address
El Cajon Ca. 92021
State Zip Code
443-9643
Telephone

Invoice # ____

Work Order # E 7265

Acct. # ____

PY-693 (REV. 8-85)

E-7205

The Lord is my shepherd; I shall not want.

He maketh me to lie down in green pastures: He leadeth me beside the still waters.

He restoreth my soul: He leadeth me in the paths of righteousness for His name's sake.

Yea, though I walk through the valley of the shadow of death, I will fear no evil: for Thou art with me; Thy rod and Thy staff they comfort me.

Thou preparest a table before me in the presence of mine enemies: Thou anointest my head with oil; my cup runneth over.

Surely goodness and mercy shall follow me all the days of my life: and I will dwell in the house of the Lord forever.

IN LOVING MEMORY OF

Laura E King

BORN
August 3, 1901
Thayer, Kansas

PASSED ON
February 26, 1988
El Cajon, California

Her wisdom and love will guide
our lives....
until we meet again

GRAVESIDE SERVICES
Mt. Hope Cemetery
March 4, 1988 at 11:30 a.m.
San Diego, California

E-7265

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Laura Edna King	Female	Aug 3, 1901	Feb 26, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Laura Jean Tillman-daughter

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	13162 Hwy 80 Sp 59 El Cajon, Ca 92021

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt Hope Cemetery 3751 Market St San Diego, Ca		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Inc 14065 Hwy 8 Bus. El Cajon,Ca	DATE CREMATED 3/3/88	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 4.00	DATE PERMIT ISSUED MAR 03 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/4/88 (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		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Conrad, 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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35790

Date: 3-2, 1988

From: L. Jean Tillman Address: 13162 Hwy 80, S 59, El Cajon

two hundred forty-two 40/100 Dollars ($242.40)

In: Payment of Laura King's Burial Hospital

Lot 3 Grave 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-7265

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.

008583

CITY AUDITOR

MAR 08 1988

ISSUED BY Sandra 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 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 3/2/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of J. D. Gibson, Sr.

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri - 2 P.M. 3/4

Church, Chapel, Graveside Church - 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 WW2 - army -

Lot 21 Grave 7 Row — Section 1 Division/Block 12

Grave space & Care Fund Pre-Need 3/2/83 - E-3063 —

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 3.00

Sales taxes 10.50

Total Due 710.50

Paid 4/8/88

30 day note

Paid receipt number —

Balance due —

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature Bettie L. Johnson

Address 4945 DEATON DR.

State CALIF Zip Code 92102

Telephone 262-1600

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

[redacted]

Work Order # E 7266

PY-883 (REV. 8-86)

W.O. NO. E 7266

NOTE—STRAIGHT

$ 710.50 San Diego, California, March 3 19 88

-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 Marvin Luther King Way, San Diego, CA 92102

the sum of Seven Hundred Ten and 50/100 DOLLARS.

with interest from April 4, 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 as reasonable attorney's fees

Bettie L. Johnson

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # M0271851

E-7266

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
"J" "D" GIBSON	Male	May 29, 1917	Feb. 27, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Dorothy Jean Lowery - Daughter 4936 Wyconda Lane San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 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

[illegible]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	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR [illegible]TION OTHER [illegible] A CEMETERY OF [illegible]MATED REMAINS	ADDRESS, NEAREST POINT OR SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Steel Sealer "Mormon" in T.S. Vault Late - 4PM		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED MAR 1 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/4/88 (ENTER DATE) 2/11/1/12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Geoyer Stett	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald G. Ramros, M.D. MM

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR [illegible] 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 04/21/88

DATE: 04/21/88
TIME: 213834
PAGE: 5

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
067618	03/22/88	025770	BETTIE JOHNSON					04/18/88	CK	2579	710.50	710.50	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				175.00		
			100	072		77183	000072				35.00		
			100	072		77185	000072				170.00		
			60101			78390					10.50		

E-7266

D.O.
10 to noon

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/3/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eva. Keefer

in a T.S. - Vault (Vault/Liner) Funeral, date, time Mon 3/7 10-Noon

Church, Chapel, Graveside Sims Family Mortuary. Sims Fremont Ch (408) 263-2868

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 764 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes (Check)	10.50
Total Due	710.50
Paid receipt number 38815	710.50
Balance due	-0-

Mortuary will bring

I hereby certify I am the Dup. off 8AM 3/8/88 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7267

Acct. # ____

PY-593 (REV. 8-85)

E-7267

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EVA LENA KIEFER	Female	Feb. 21, 1895	Mar. 2, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Jose	Santa Clara	Dennis Kiefer - Grandson 3073 Zion Lane San Jose, CA. 95132

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lima Family Fremont, Warm Springs Blvd. at Scott Creek Rd., Fremont, CA.	F-1262

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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: —	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: — Metal marker		
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: $4.00 — DATE PERMIT ISSUED: MAR 4 1988	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 3/7/88 (ENTER DATE) — 764/10	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 Avenue, San Jose, CA. 95128		Santa Clara

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 35815

Date: 3/8, 1988

From: Lima Family Mortuary Address: 48800 Warm Spring Blvd Fremont Ca 94539

Seven hundred Ten and 50/100 Dollars ($ 710.50)

In full Payment of Interment of & for Eva Lena Kieper - dec

Lot 845 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E-7267

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

00908

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 08 1988

ISSUED BY Georgia Stella

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 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83633 9022		
Sales Tax	80101 78390	10	50
TOTAL PAID	$	710	50

OFFICIAL RECEIPT

№ 36044

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-25, 1988

From: Lenni's T. Kiefer Address: 3073 Zeem Lane, San Jose

ne hundred twenty-five no Dollars ($ 125.00)

In _____ Payment of

Marker Installation fee for Eva Kiefer

Lot 764 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7267

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

703

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 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	125 00
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	125 00

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/4/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dallas C. Pate

in a Topsoil Concrete Vault (Vault/Liner) Funeral, date, time Mon 11AM 3/7

Church, Chapel, Graveside Chapel & G.S. ; Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 46 Grave — Row — Section — Division/Block 10

Grave space & Care Fund ... Pre need D-6226	—
Additional spaces and care fund ... Space 47-	—
Opening/Closing & Setup	320.00
Burial Container ... S.T. 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 35805	710.50
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

X Nilla Hamilton
Signature

X 3321 Alice St
Address

X San Diego Ca 92105
State Zip Code

583-8435
Telephone

Invoice #

Acct. #

Work Order # E 7268

PY-593 (REV. 8-85)

E-7268

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DALLAS C. PATE	male	Nov 25, 1904	March 2, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Thelma C. Pate - wife 3321 Alice Street San Diego, CA 92105

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 Silver Wood	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 Walnut Grove Vault Non Sealed		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED MAR 4 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/7/88 (ENTER DATE) 46/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH n/a		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Ronald L. Ramos, M.D. MPH

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 35805

Date: 3/4/88 19

From: Thelma Pate Address: 3321 Alert St. SD. 92104

Seven Hundred Ten and 50/100 Dollars ($ 710.50)

In full Payment of Interment of and for Dallas C Pate - dec'd

Lot 46 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E 7268

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAR 08 1988

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 77185	170 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	—
Sales Tax	60101 79390	10 50
TOTAL PAID	$	710 50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-4-88

SANDERS

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johonnie Mae Sanders

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 3/8 11 AM

Church, Chapel, Graveside Church & Grove Hazsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 89 Grave 11 Row ____ Section 2 Division ~~Block~~ 11

Grave space & Care Fund	Single Burial	300.00
Additional spaces and care fund	None	
Opening/Closing & Setup		320.00
Burial Container	Conrete 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		1010.50
Paid receipt number	35807	300.00
Balance due		710.50
	35842	200.00
		510.50

Ten day note

I hereby certify I am the Son of the above named decedent, and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature: [signature]

Address: 644 Porter St

State: San Diego CA 92114 Zip Code

Telephone: 619-264-3596

Invoice #

Acct. #

Work Order # E 7269

FY-593 (REV. 8-86)

W.O. NO. E7269

NOTE—STRAIGHT

$ 710.50 San Diego, California, March 4 19 88

10 days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Seven Hundred Ten and 50/100 DOLLARS,

with interest from March 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.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #

E-7269

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Johnnie Mae Sanders	Female	July 12, 1931	March 2, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Kelvin Van Arsdale - Son 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

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 $4.00	DATE PERMIT ISSUED MAR 7 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Powers, M.D. C.S.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/8/88 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 35807

Date: 3/4/88, 19

From: Kelvin VanCleasdale Address: S.D.

Three Hundred and no/100 Dollars ($ 300.00)

In Part Payment of Interment of ashes for Johnnie Mae Sanders

Lot 89 Grave 11 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7269

BALANCE DUE 710.50

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

MAR 08 1988

ISSUED BY Joyce Stith

CREDIT	67007	
20% Sales Care	77154	
80% Sales of Lots	100 77154	
Opening/ Closing	100 77151	300 —
Burial Containers	100 77152	
Handling Fee	100 77155	
Recording & Misc. Fees	100 77153	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76360	
TOTAL PAID	$	300 00

OFFICIAL RECEIPT

No 35842

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3/8/88 19

From: Church from Word of Life Christian Center Address: Fullerton Ca

Two Hundred and no/100 Dollars ($ 200.00)

In Part Payment of Interment of T for Johnnie Mae Landers

Lot 89 Grave 11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7269

BALANCE DUE 510.50

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 333

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 11 1988

ISSUED BY Georgia Letter

CREDIT 20% Sales Clerk	57007 77194	
80% Sales of Lots	100 77164	200 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	53033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	200 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 35854

Date: 3-10, 19 88

From: Irene Jackson Address:

two Hundred eighty Dollars Dollars ($ 280.00)

In Payment of Lonnie Mae Sanders Service

Lot 89 Grave 11 Row Section 2 Division 11 Block 11

Invoice No.

Acct. No.

W.O. E-7269

BALANCE DUE 230.50

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

MAR 11 1988

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161	230	00
Burial Container	100 77162	160	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	280	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35864

Date: 3-11, 19 88

From: Mary E. Holoway Address: 639 W. 74th St LA

two hundred thirty 50/100 Dollars ($ 230.50)

In _____ Payment of Johnnie Mae Sanders Service

Lot 89 Grave 11 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7269

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1926

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 16 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	15 00
Burial Containers	100 77182	170 00
Handling Fee	100 77185	35 00
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	10 50
TOTAL PAID	$	230 50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Side By Side

Date 3-7-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henry Clay Kenfro

in a T.S Vault (Vault/Liner) Funeral, date, time Tues 11:00 3/7

Church, Chapel, Graveside Graveside ; Lewis John Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 1231 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 35819	35.00
Balance due	0

Pre need Paid

PAID
MAR 07 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Dorothy L. Holder
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7270

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 35819

Date: 3/8/88

From: Dorothy Holder Address: P.O. 2894 - S.D. 92112

In full Payment of Recording fee on Henry C. Renfro - dec

Dollars ($ 35.00)

Lot 1231 Grave Row Section Division Block 10

Invoice No. ~

Acct. No. ~

W.O. E-7270

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1764

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 11 1988

ISSUED BY Georgia Stubbs

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	35
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	35 00

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7270

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HENRY CLAY RENFRO	male	March 5, 1906	found: March 4, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Dorothy Lee Holder - daughter 615 Pecos Street Spring Valley, CA 92077

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 Outgoing 3/4 Gray-Wooden Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a Graveside & Music		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00 / DATE PERMIT ISSUED MAR 7 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. MDM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/8/88 (ENTER DATE) 1231/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 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

Disinterment

MT. HOPE CEMETERY

~~INTERMENT~~ ORDER

City of San Diego

Date 3/7/88

You are hereby authorized and instructed, subject to your rules and regulations, to ~~inter~~ Disinter the remains of June W. Colldeweih

in a Vault (Vault/Liner) Funeral, date, time 3/16/88 - 1:30PM

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . Going to Greenwood for Dis. Then to Ft Rosecrans.

Lot 97 Grave 2 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees Removal fee - Disinterment	$ 700.00
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	$ 700.00
Paid receipt number 35818	700.00
Balance due	0

PAID
MAR 07 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Irwin R. Colldeweih
Signature
x 4854 Galicia Way
Address
x Oceanside, CA 92056
State Zip Code
x (619) 940-9186
Telephone

Invoice # _____

Work Order # E 7271

Acct. # _____

PY-583 (REV. 8-88)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 35818

Date: 3/7/88 19

From: A. R. Colldeweih Address:

Seven Hundred and no/100 Dollars ($ 700.00)

In full Payment of Disinterment Land for June W Colldeweih - Deceased
On 3/5/1974 and now interred at Mt. Hope Cemetery

Lot 97 Grave 2 Row Section -1- Division Block -11-

Invoice No.

Acct. No.

W.O. E7271

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 376

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 11 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	700 00
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	700 00

Dollar with 10 working days

E-7271

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE [redacted]

March 7 1988
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

June W. Colldewelh

from Lot 97 Grave 2 Section 1 Row ~~~ Block ~~~ Div 11
and to remove the same to and ~~reinter said remains in Lot ~~ Grave ~~
~~Section ~~ Row ~~ Block ~~ Div ~~~. allow Greenwood Mortuary to Remove from Grave Site.

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal [redacted]

x Irvin K. Colldewelh		
Signature	Signature	Signature
x Husband		
Relation to deceased	Relation to deceased	Relation to deceased
4854 Galicia Way Oceanside CA 92056		
Address	Address	Address

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

E-7271

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

2082

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
June Walles Colldeweih	Female	Mar 14, 1921	Mar 5, 1974

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego, CA.	San Diego, CA.	Irwin Ross Colldeweih 4854 Galicia Way Oceanside, CA. 92056

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Jim Halten Greenwood Mortuary, San Diego, CA	—

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: Fort Rosecrans National Cemetary, San Diego		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Greenwood Mortuary, San Diego, CA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Irwin R. Colldeweih DATE SIGNED: Mar 7, 1988
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 4.00	DATE PERMIT ISSUED: MAR 07 1988 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 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 Copy from
Lot 97, Gr 2, Sec 1, Div 11
March 16, 1988

Completed at 2:30 P.M.
Bob Jones - Ron Penney
Wendy - Scope

Scope Stetler
F802

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

199867

Date 3-7-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Talat Shalabi

in a _____ Funeral, date, time 3/8 Tues 2:30

Church, Chapel, Graveside (Vault/Liner) Graveside Muslim Org Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave 26 Row _____ Section _____ Division/~~Block~~ Muslim

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	250.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	285.00
Paid receipt number 35951	285.00
Balance due	0

Bill Mr. Azhad Muslim Org

I hereby certify I am the [signature] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

OMAR SHALABI
Signature

306 E. INDIAN ROCK
Address

VISTA CA 92084
State Zip Code

9412430
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7272

PY-583 (REV. 8-86)

E-7272

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Talat Mahmoud Shalabi	Male	Oct. 23,1953	March 5,1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Marcos	San Diego	Omar Shalabi Brother 306 E. Indian Rock Vista, Ca. 92084

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary I-805 & Imperial 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 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 2030 Graveside Large Mousl. Sawrie	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 Flee Board Sq. Box - No Liner - no grand - They filled	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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
		4.00	MAR 08 1988	▶ Donald G. Pomeroy, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/8/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
	#26	▶ Joyce Stett	

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH
	N/A

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 35951

Date: 4-1, 19 88

From: Mr. Ayad Address: P.O. Box 261058

Two Hundred eighty-five no Dollars ($ 285.00)

In Payment of Salat Shalabi's Burial Service

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-7272

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 116

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		
Opening/ Closing	100 77161	250	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	$	285	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-7-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles B. Wesley

in a Vault (Vault/Liner) Funeral, date, time Wed 3/9 11am

Church, Chapel, Graveside Chapel, D.L. ; Calif. 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 .

Lot 20 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	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	960.50
Paid receipt number 35820	300.00
Balance due	660.50
35868	115.00
	545.50

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 Mary Wesley

Address BOX BOX 513

State Bly Org. Zip Code 97622

Telephone 263-4428

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7273

PY-583 (REV. 9-85)

W.O. NO. E7273

NOTE—STRAIGHT

$660.50 San Diego, California, 3-7- 19 88

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 sixty dollars and 50/100 DOLLARS,

with interest from April 7 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 Aline Johnson

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

5-89

Calif. Driver Lic. # N8955205

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7273

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Charles B. Wesley	Male	Feb. 17,1929	March 3,1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Mary Ware-Sister Aline Johnson-Sister 1857 Beta San Diego, CA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
California Creamation & 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 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 - Morman Centre Crank		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass 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 Groockempes DATE SIGNED March 7, 1988
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED MAR 7 1988
			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 3/9/88 (ENTER DATE) 20/5/2/11	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 35820

Date: 3-7- , 19 88

From: Muary Wesley Address: P.O. Box 513 Bly Ore. 97622

Three hundred dollars and ^x/100 Dollars ($ 300.00)

In part Payment of interment of Charles B. Wesley

Lot 20 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E7273

BALANCE DUE 660.50

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

MAR 11 1988

ISSUED BY W.J. League

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	50	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022		
Sales Tax	60101 76390		
TOTAL PAID	$	300	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 35868

Date: 3-11 19 88

From: Bayview Baptist Church Address: 6126 Gordon Ave, SD

One hundred fifteen 00/100 — Dollars ($ 115.00)

In Payment of Charles B. Wesley's Funeral Service

Lot 40 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7273

BALANCE DUE 545.50

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

131

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 16 1988

ISSUED BY Sandra L. Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	115	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	53033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	115	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/7/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sarah Taylor in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 3/10 9:00 Church, Chapel, Graveside Church & Grove 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 85 Grave 4 Row ____ Section 14 Division/Block 7

Grave space & Care Fund	Prepaid C-4000 —
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	175.00
Handling Fees	120.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales tax	10.50
Total Due	710.50
Receipt number 35843	710.50
Balance due	0

PAID
MAR 08 1988
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 N. Westmoreland
Address 3663 Beta St.
San Diego,
State Calif. Zip Code 92113
Telephone 239-6355

Invoice # ____

Work Order # E 7274

Acct. # ____

PY-693 (REV. 8-85)

W.O. NO. E-7274

NOTE—STRAIGHT

$ 710.50 San Diego, California, March 7, 19 88

days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Martin Luther King Way, San Diego, CA 92102

the sum of Seven hundred ten dollars 50/100 — DOLLARS,

with interest from on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees

Hortensia Westmoreland
3663 Beta St. S.D. C.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #

E-7274

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SARAH W. TAYLOR	Female	08-23-1901	03-04-1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Frank A. Cervantes (Son) 2049½ Franklin Avenue San Diego, CA 92113

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 Metal PC - non Sealed 20ga		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00 / DATE PERMIT ISSUED: MAR 8 1988	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 3/9/88 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 35843

Date: 3/8/88 19

From: Delores Ford Address: 862 Romano - Apply Valley

Seven Hundred Ten 50/100 Dollars ($ 710.50)

In full Payment of Interment of and for Sarah Taylor on

Lot 85 Grave 4 Row Section 14 Division 7 Block

Invoice No.

Acct. No.

W.O. E-7274

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 11 1988

ISSUED BY

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161	220	00
Burial Containers	100 77162	175	00
Handling Fee	100 77165	70	00
Recording & Misc. Fees	100 77163	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	10	50
TOTAL PAID	$	710	50

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

51108

Date: 5-6 19 99

From: Frank cervaintes Address: 2049 1/2 Franklin St. SD 92103

One hundred sixty two Dollars ($ 162.00)

In full Payment of market setting fee for Sarah Taylor (Seaman Poe)

Lot 85 Grave 4 Row Section 14 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E 7274

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

93248 294403

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avallone

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	162	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	162	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/7/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stephanie Ann Terrey

in a Bell Liner (Vault/Liner) Funeral, date, time Tue 3/8 2pm

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 _____ .

Lot 102 Grave 3 Row _____ Section 2 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 35852	1101.00
Balance due	6

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

Fred E Sams
Signature

6333 Benson ave
Address

San Diego Ca 92114
State Zip Code

619 263-5286
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7275

PY-593 (REV. 8-85)

W.O. NO. E-7275

NOTE—STRAIGHT

$ 1101.00 San Diego, California, March 7, 1988

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 none 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 Trecy E. Soma

6333 Benson ave San Diego Ca 92114

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

V7012660 # D2

E-7275

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
STEPHANIE ANN TERRY	Female	Feb. 9, 1952	March 5, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Fred Sams - Brother 6333 Benson Avenue San Diego, California 92114

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

- [X] 1 BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2 CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4 SCIENTIFIC USE
- [ ] 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Nope 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, AND IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
*LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 4.00	DATE PERMIT ISSUED: MAR 8 1988 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/8/88 (ENTER DATE) 10/3/8/12	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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 35852

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-9, 1988

From: Fred Sams Address: 6333 Benson Ave, SD

One Thousand one hundred one Dollars ($ 1101.00)

In _____ Payment of Stephanie Ann Terry's Service

Lot 102 Grave 3 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7275

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4132

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 11 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	99	00
50% 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		
Sales Tax	60101 78390	6	00
TOTAL PAID	$	1101	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/7/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alice (NMN) Farris

in a Top Seal Vault (Vault/Liner) Funeral, date, time Thur - 12 Noon - 3/10

Church, Chapel, Graveside Chapel - G.S. ; Calif Bank 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.

Lot 116 Grave 12 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	Space Single & Care	395.00
Additional spaces and care fund	none	
Opening/Closing & Setup		320.00
Burial Container	Concrete Top Seal 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	1105.50
	Paid receipt number 36057	1105.50
	Balance due	0

30 day note

Send bill to Mortuary Justice

Sent 3/11/88

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

Signature: [signature]

Address: 9029 Jamacha Rd. #50

State: Spring Valley, Ca. Zip Code: 92077

Telephone: (619) 466-9407

Invoice # ____

Acct. # ____

Work Order # E 7276

PY-593 (REV. 8-86)

W.O. NO. E 7276

NOTE—STRAIGHT

$ 110.50 San Diego, California, March 7, 1988

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 Fifty & 50/100 DOLLARS,

with interest from April 10, 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 [signature]

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. #F0910764

E-7276

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Alice Farris	Female	March 16,1925	March 4, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Spring Valley	San Diego	Charles H. Farris-Husband 9029 Jamacha Road #32 Spring Valley, CA 92007

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

- ☒ 1 BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2 CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4 SCIENTIFIC USE
- ☐ 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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 92120	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED Wooden - Pink Arlington
	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 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 per authorization by: ▶ Karen Dieckempes DATE SIGNED March 9, 1988

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED MAR 9 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/10/88 (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			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 36057

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-28, 1988

From: California Cremt Burial Address: P.O. Box 3277, SD 92115

eleven hundred five 50/100 — Dollars ($ 1105-50)

In _____ Payment of Alice Harris' Burial Service

Lot 116 Grave 12 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7276

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4988

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 29 1988

ISSUED BY Sandra Ward

CREDIT	87007	79	00
10% Sales Care	77184		
90% 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	63033 9022		
Sales Tax	90101 78390	10	50
TOTAL PAID	$	1105	50

Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-7-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia Ann Flor (1956)

in a 00 Vault (Vault/Liner) Funeral, date, time 3/14

Church, Chapel, Graveside _____ ; Paris (Elmer) Mortuary.

All Funeral cars must arrive 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 ~ Row ~ Section 2 Division/~~Block~~ 8

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees Remove fee Disinterment $390.00

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due $390.00

Paid by Mortuary

Paid receipt number 35862 390.00

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 said interment in lot(s) _____ hold under deed.

_____
Signature of recorded holder of lot(s)

PAID
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.
MAR 14 1988

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 721

Acct. # _____

PY-503 (REV. 8-85)

Verified by Vicki Call
REG. 2123

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7277

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Patricia Ann Flor	Female	April 1, 1956	May 2, 1956

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	Loy L. Flor-Father 11315 Manzanita Road Lakeside, CA 92040

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Faris-Frederick Mortuary-374 E. Magnolia Ave. El Cajon CA 92020	795

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

From last Page 3/11/88

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☒ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

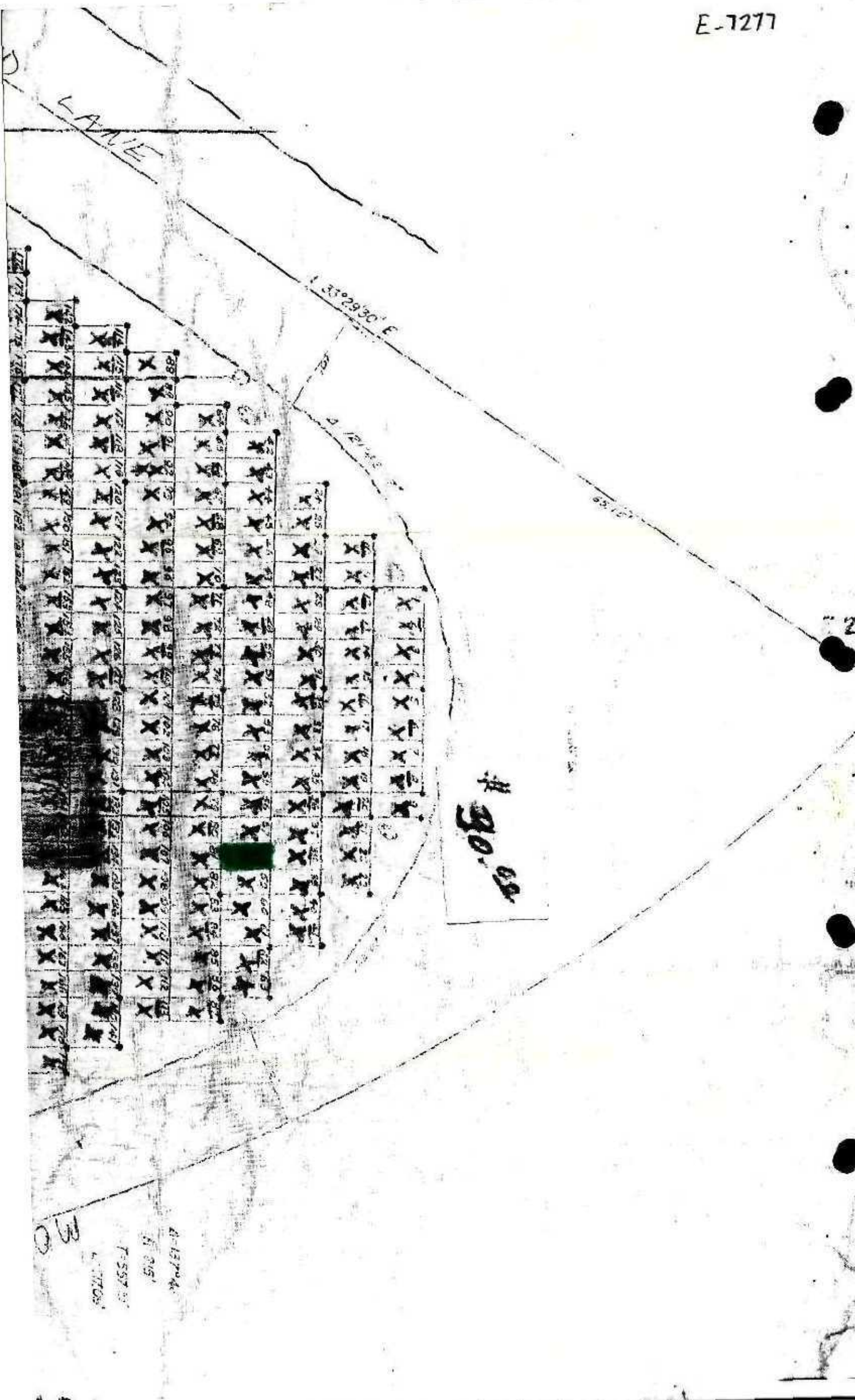
FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Alpine Cemetary-2495 Victoria Drive, Alpine, CA 92001		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE 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: March 9 1988
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00	DATE PERMIT ISSUED: MAR 9 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 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

E-7277



E-7277

THE CITY OF
SAN DIEGO
MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Patricia Ann Flor

from Lot 58 Grave ~ Section 2 Row ~ Block ~ Div 8
and to remove the same to and reinter said remains in ~~Lot Grave Section Row Block Div~~. Alpine Cemetery

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal and reinterment.

X [signature]	Signature	Signature
X Father		
Relation to deceased	Relation to deceased	Relation to deceased
X 11315 Monzonita Lakeside Ca.		
Address	Address	Address

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

Require 3 day notice
Permit from County Health
Deposit of $70.00

OFFICIAL RECEIPT

№ 35862

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-11, 1988

From: Paris Fredrick Address: P.O. Box 397

three hundred ninety no/— Dollars ($ 390.00)

In _____ Payment of Patricia Ann Flor's disinterment

Lot 58 Grave _____ Row _____ Section 2 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-7277

BALANCE DUE ✓

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 14488

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 16 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	390.00
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	390.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-8-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosa Lee Larsen

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 3/10 10:00

Church, Chapel, Graveside Chapel & Grave; Goodbody Kan Mortuary.

All funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 3631 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	10.50
Total Due	710.50
Paid receipt number 35844	710.50
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.

John S Larsen
Signature

1448 Betenda Pl.
Address

El Cajon CA 92020
State Zip Code

441-0985
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 7278

Acct. # _____

PY-693 (REV. 8-86)

E-7278

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROSA LEE LARSEN	Female	Sept. 9, 1907	March 8, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Santee	San Diego	John E. Larsen son 1498 Berenda Place El Cajon, California 92020

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		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 OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Wendy Hall N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	***This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.***		SIGNATURE OF APPLICANT ▶ DATE SIGNED

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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
		4.00	MAR 10 1988	▶ Ronald L. Ramos, M.D. mm

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
	3631-10 3/10/88	▶	

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

№ 35844

Date: 3-8 19 88

From: John Larsen Address: 1498 Lucinda St. EC 92020

Four Hundred Ten 50/100 — Dollars ($ 710.50)

In _____ Payment of Rose Lee Larsen's Burial Services

Lot 3631 Grave _____ Row _____ Section _____ Division/Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7278

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 11 1988

ISSUED BY Sandra Cody

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63003 9022		
Sales Tax	60101 78300	10	50
TOTAL PAID	$	710	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-5-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John O. Douglas

in a Bell liner (Vault/Liner) Funeral, date, time Friday 3/11 2pm

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 22 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 35884	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 7279

PY-583 (REV. 8-86)

E-7279

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 Omario Douglas	Male	October 29, 1958	DOA March 6, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Janet Douglas- Mother 3639 Hondo Street San Diego, CA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 5050 Federal Blvd. San Diego, CA 92102	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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 Metal—Non Sealer Conute 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 $4.00	DATE PERMIT ISSUED MAR 10 1988
			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 3/11/88 (ENTER DATE) 22/11/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stella	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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
284-3151

No 35884

Date: 3-16, 19 88

From Anderson-Rasdale Address: 5050 Federal Blvd, SD 92102

eight hundred fifty - 00/100 Dollars ($ 850.00)

In Payment of John O Douglas' Service

Lot 22 Grave 11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7279

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 9244

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 21 1988

ISSUED BY Linda Rod

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 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/9/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kasha Bush

in a Concrete (Vault/Liner) Funeral, date, time Fri 1 P.M. 3/11

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 No.

Lot 1792 Grave — Row — Section -1- Division/Block -9-

Grave space & Care Fund	Single Burial	100.00
Additional spaces and care fund	none	
Opening/Closing & Setup	yes	64.00
Burial Container	yes - Concrete	87.00
Handling Fees	yes	50.00
Flower vases - Marker setting fee	no -	
Recording and filing fee	yes	35.00
Sales taxes	yes	3.00
Total Due		299.00
Paid receipt number	35875	299.00
Balance due		0

Ragsdale to Bring Ck -

I hereby certify I am the M. 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

X [signature]
Signature

1322 S. 49th St
Address

SAN DIEGO, CA 92113
State Zip Code

(619) 264-1327
Telephone

Invoice #

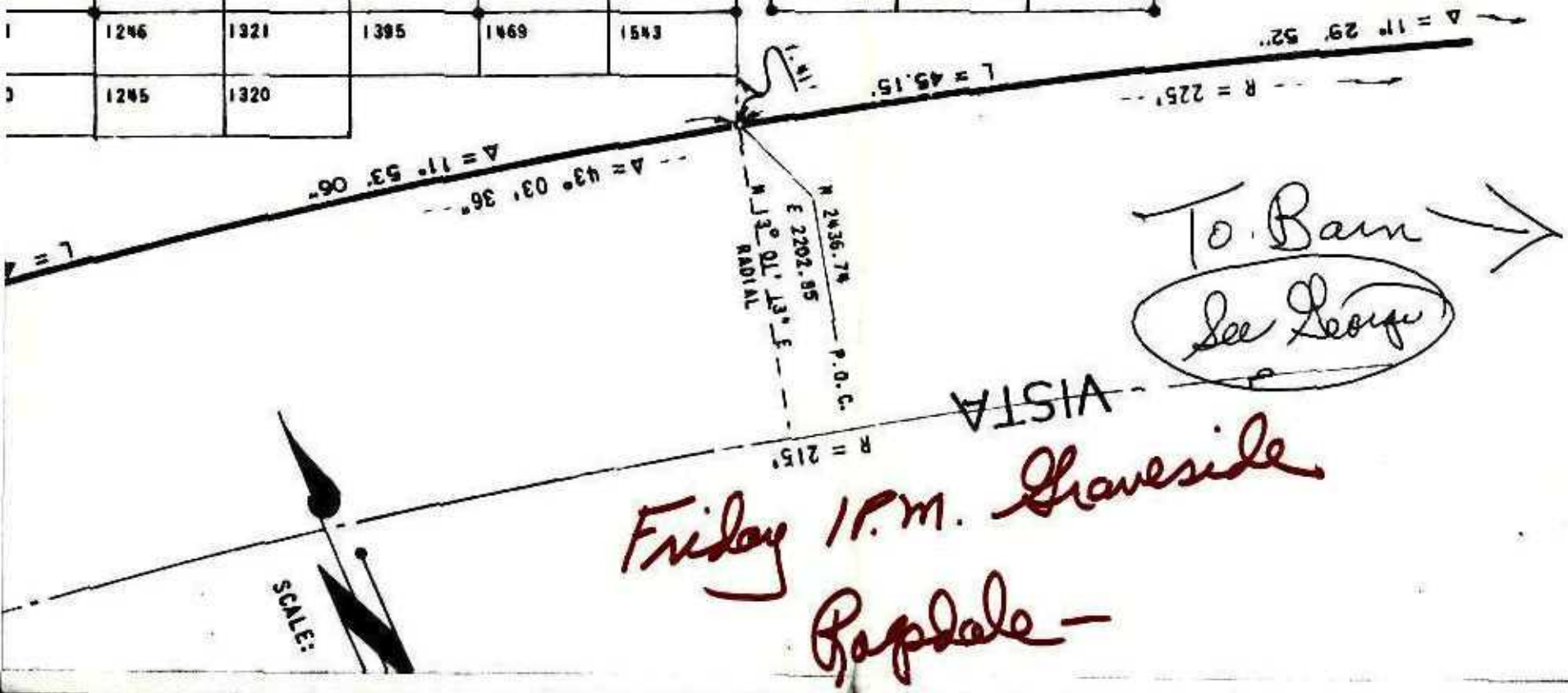
Acct. #

Work Order # E 7280

PY-593 (REV. 8-85)

E-7280

	1256	[illegible]	1405	1479	1553	1629	1709	179[illegible]	1892	1993
	1255	1330	1404	1478	1552	1628	1708	1796	1891	1992
	1254	1329	1403	1477	1551	1627	1707	1795	1890	1991
	1253	1328	1402	1476	1550	1626	1706	1794	1889	1990
	1252	1327	1401	1475	1549	1625	1705	1793	1888	1989
	1251	1326	1400	1474	1548	1624	1704	1792	1887	1988
	1250	1325	1399	1473	1547	1623	1703	1791	1886	1987
	1249	1324	1398	1472	1546	1622	1702	1790	1885	1986
	1248	1323	1397	1471	1545	1621	1701	1789	1884	1985
	1247	1322	1396	1470	1544	1620	1700	1788		
	1246	1321	1395	1469	1543					
	1245	1320								



To Barn

See George

Friday 1 P.M. Graveside

Rapdale –

MISC. MAP

SHEET № 4 of

E-7280

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Kasha Bush	Female	August 7, 1987	Found February 29, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	San Diego County Social Services

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER	
Anderson-Ragsdale Mortuary: 5050 Federal Blvd. San Diego, CA 92101	1329	5201-A Ruffin Road San Diego, CA 92123

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 Flat Top 2-0 ~1 n.m. OOA buoy 30' grave dep		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ / DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00	DATE PERMIT ISSUED: MAR 10 1988 / SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/11/88 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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
284-3151

№ 35875

Date: 3/14/88, 19

From: Rogsdale Mortuary Address: 5050 Federal Blvd - SD 92102

Dollars ($ 299.00)

In full Payment of Interment of ashes for Kasha Bush - Cremated

Lot _____ Grave _____ Row _____ Section 1 Division 9 Block _____

Invoice No. ~~~

Acct. No. ~~~

W.O. E-7280

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 9236

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 21 1988

ISSUED BY Lynn Stella

CREDIT	67007	20	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	60	00
Opening/ Closing	100 77181	60	00
Burial Containers	100 77182	30	00
Handling Fee	100 77185	50	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76360	33	00
TOTAL PAID	$	299	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-10-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugene Dickens

in a T.S. Vault/Liner Burial, date, time Mon 3/14 11:00

Church, Chapel, Graveside Chapel of the Hills ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 -

✓ Lot 101 Grave 17 Row _____ Section 2 Division/~~Block~~ 7

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	120.00
Flower vases - Marker setting fee	
Recording and filing fee	3.50
Sales taxes	10.50
Total Due	1405.50
Paid receipt number 35879	1405.50
Balance due	0

PAID
MAR 14 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Elizabeth P. Bryant
Signature
1113a Pine St.
Address
Lynwood, CA 90262
State Zip Code
213 / 774-8833
Telephone

Work Order # E 7281

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

W.O. NO. E-7281

NOTE—STRAIGHT

$ 1405.50 San Diego, California, March 10, 1988

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 four hundred five 50/100— DOLLARS,

with interest from on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If an action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

x Elizabeth L. Bryant

11132 Pine St, Lynwood, CA 90262

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

B1066599

E-7281

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GINO EDWARD PICKENS	Male	Dec. 1, 1923	March 8, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Elizabeth Bryant - Sister 11132 Pine Street Lynwood, California 90262

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 Market Street; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED: Metal PC - Non Sealer Vault - Veteran	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶ Stone
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: 4.00	DATE PERMIT ISSUED: MAR 14 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: 3/14/88 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 35879

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: Elizabeth Bryant Address: 11132 Pine St Lynwood, CA

One Thousand four hundred five 50/100 Dollars ($ 1405.50)

In _____ Payment of Eugene Pickens Service

Lot 101 Grave 17 Row _____ Section 2 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-7281

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

001611

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 21 1988

ISSUED BY Sandra Wood

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	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	$	1405.	50

Pri Ned

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/10/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillie Brashear

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 _____ . Total of 9 Sps.

to as Lot 135 Grave 9 Row — Section 2 Division/Block 11

Grave space & Care Fund	@ 250.00	$2250.00
Additional spaces and care fund	Lot 135-Sp 8+7 / Lot 134 Sp 12-11-10-9-8-7	
Opening/Closing & Setup		320.00
Burial Container	Trust one Sewa — Comite 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		2960.50
Paid receipt number	35859	2960.50
Balance due		0

Trust for use of Belinda Anders

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 hold underdeed.

Signature of recorder/holder of fees

PAID
MAR 10 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

x Lillie Brashear
Signature

2941 Imperial
Address

S.D. 92102
State Zip Code

235-8500
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7282

PY-593 (REV. 8-88)

E - 7282

Jack Anders
Tyrone Anders
Tanya Enskip
Zardies Brashear
Samuel Daniel
Anders
Norweida Brashear
Kimmieko Brashear
Demetrious
Brashear
Mecca Anders

FFICIAL RECEIPT

№ 35859

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3/10/88, 19

From: Lillie Brashear Address: 2941 Imperial Ave - S.D. 92102

Twenty nine Hundred Sixty and 50/100 Dollars ($2960.50)

In full Payment of Nine (9) Pre need grave spaces and Pre Need Trust of 710.50 for Belinda Anders -

Lot 135/134 Grave 7/8/9/7-8-9-10-11-12 Row — Section 2 Division ~~Block~~ 11

Invoice No. —

Acct. No. —

W.O. E-7282

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87) ck# 0109

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 16 1988

ISSUED BY Joyce Stetter

CREDIT	67007	450	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	1800	00
Opening/Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	710	50
Sales Tax	50101 78380		
TOTAL PAID	$	2960	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Prepaid Trust

Date 3-10-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lola Callow

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 7 Row _____ Section IOOF ~~Division~~ Block 11

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 35858	400.00
Balance due	310.50

PAID IN FULL 9-8-97

310.50

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

State _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 7283

Acct. # _____

PY-583 (REV. 8-86)

OFFICIAL RECEIPT 43526

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-5, 1997

From: LOLA CALLOW Address: PO BOX 22068 S.D. 92122

TWENTY-SIX Dollars ($ 26.00)

In PART Payment of OPENING/CLOSING T.S. VAULT RECORDING FEE

Lot 4 Grave 7 Row Section LOOF Division Block 11

Invoice No.

Acct. No.

W.O. E-7283

BALANCE DUE 102.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 6-94) 1613

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

MAY 05 1997

ISSUED BY H. Ferguson

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	26	00
Sales Tax	60101 78360		
TOTAL PAID	$	26	00

NAME Callow, Lola P.O. Box 22068 San Diego, CA 92122 ACCT. NO. E-7283

ADDRESS RATING LIMIT

DATE		(4-7-100F-11) ITEMS	DEBIT	✓	CREDIT	BALANCE
[illegible]0	88	Opening/Closing, Top Seal Vault, Recording Fee	710 50		400 00	310 50
10-8	96	CPN 1 & 2 R-47895			26.00	284.50
11-5	96	CPN 3 & 4 R-47979			26.00	258.50
12-5	96	5 & 6 R-48076			26 00	232 50
1-8	97	7 & 8 R-48192			26.00	206.50
2-10	97	9 & 10 R-48286			26.00	180.50
3-5	97	11 & 12 R-48350			26.00	154.50
4-9	97	13 & 14 R-48451			26 00	128 50
5-5	97	15 & 16 R 48526			26 00	102 50
6-5	97	17 & 18 R-48659			26.00	76.50
7-11	97	19 & 20 R-48781			26.00	50.50
8-5	97	21 & 22 R-48841			26.00	24.50
9-8	97	23 & 24 R-48949			26.00	0

Paid in full 9-8-97

E-7283

3-8-88

To:

Mt. Hope Cimetary Record Dept.,

re. payment for.....

Grave opening

" closing

Liner.

total Cost = $ 710.50

FOR: Lola L. Callow

100F BLK. 11, Lt. 4, Gr. 7.

Enclosed is her check # 401,

in the amt. of. $ 400.00 on acct.

Sincerely,

Shirley Cantrell

Daughter of Lola L. Callow

Pre-need trust

September 5, 1990

E-7283

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 3 day of October, 19 88, between Lola Callow, 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 4, Grave 7, Row ____, Section 100F, Block/~~Division~~ 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $710.50, payable as follows: $ 400.00 cash herewith, the receipt of which is hereby acknowledged; $ 13.00 on the 10 day of October, 19 90; and the balance in installments of $ 13.00 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 INTERMENT FEES IN THE 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 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

E-7283

WITNESS our hands this day and year above written.

Deed to be issued to:

X Lola Callow
Name

X P.O. Box 22068
Address

X San Diego, California, 92192

- 710.50
400.00 down payment.
310.50 balance

23 payments at $13.00
1 payment at $11.50

PURCHASER

X LOLA CALLOW
Print Name

X Lola Callow
Signature

X P.O. Box 22068
Street Address (Mail)

X San Diego California 92192
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Catina Jurgeon

SLW:st(62-1)
1-23-90

E-7283

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed Trust

Date 3-10-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lola Calbow

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 7 Row _____ Section IOOF ~~Division~~/Block 11

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 35858	400.00
Balance due	310.50

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Lola Calbow
Signature

X P.O. Box 22068, San Diego
Address

X California 92192
State Zip Code

X (619) 455-9383
Telephone

(619) 582-1363

Invoice # _____

Acct. # _____

Work Order # E 7283

PY-593 (REV. 8-85)

E-7283

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

September 5, 1996

Lola Callow
P.O. Box 22068
San Diego, CA 92122

Re: Pre-need Trust

Dear Ms. Callow:

Per our telephone converstion on September 4, 1996, enclosed is the Internment/Purchase Order, Contract, and Coupon Book for purchase of your Pre-need Trust.

Please sign both the Internment/Purchase Order and the Contract by the red "x's" and return them back to me. The coupon book is for your monthly payments. You will be making payments for 24 months. The payments are as follows, 23 payments at $13.00 and 1 payment at $13.50. The payments are do on the 10th of each month. You can mail your payments in, along with the coupon.

If you have any questions, please do not hesitate to write or contact me at (619) 527-3400.

Sincerely,

Catina M. Turgeon
Catina Turgeon
Clerical Assistant II

Enclosures

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E-7283

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Prepaid Trust

Date 3-10-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lola Callow

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 7 Row _____ Section IOOF ~~Division~~/Block 11

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 35858	400.00
Balance due	310.50

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ State Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 7283

Acct. # _____

PY-593 (REV. 8-86)

Pre-need trust

September 5, 1996

E-7283

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 3 day of October, 1996, between Lola Callow, 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 4, Grave 7, Row ____, Section 100E, Block/~~Division~~ 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $710.50, payable as follows: $400.00 cash herewith, the receipt of which is hereby acknowledged; $13.00 on the 10 day of October, 1996; and the balance in installments of $13.00 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 INTERMENT FEES IN THE 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 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

E-7283

WITNESS our hands this day and year above written.

Deed to be issued to:

X _____
Name

X _____
Address

X _____

PURCHASER

X _____
Print Name

X _____
Signature

X _____
Street Address (Mail)

X _____
City State Zip Code

710.50
400.00 down payment.
310.50 balance

23 payments at $13.00
1 payment at $11.50

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Catina Jurgen

SLW:st(62-1)
1-23-90

E-7283

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Lola Callow

Address P.O. Box 22068 San Diego, CA 92122

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 4, Grave 7, Row ____, Section IOOF, Block/~~Division~~ 11 in Mt. Hope Cemetery, entered into on March 10, 1988, by and between Mt. Hope Cemetery and Lola Callow that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 29 day of August, 1996.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Catina Turgeon
Catina Turgeon
Clerical Assistant II

2-14-86

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35858

Date: 3-10, 19 88

From: Lela Callow Address: P.O. Box 22568, San Diego, CA 92122

four hundred 00/100 Dollars ($ 400.00)

In Payment of Perpet Trust

Lot 4 Grave 7 Row Section IOOF Division Block 11

Invoice No.

Acct. No.

W.O. E-7283

BALANCE DUE 310.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 16 1988

CREDIT	67007		
50% Sales Care	77184		
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need T/Cst	63033 9022	400	00
Sales Tax	50101 78390		
TOTAL PAID	$	400	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

ISSUED BY Sandra Ward

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

48659

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-5 19 97

From: Shirley Carroll Leesch Address: P.O. Box 22068 San Diego 92192

Twenty six and no/100 Dollars ($ 26.00)

In part Payment of pre-need trust for Lola Callow

Lot 4 Grave 7 Row _____ Section 100F Division 11 Block

Invoice No. _____

Acct. No. _____

W.O. E-7283

BALANCE DUE 76.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77186		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	26	00
Sales Tax	60101 76390		
TOTAL PAID	$	26	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1020

ISSUED BY Catina Jurgen

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

48041

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-5 19 97

From: Shirley Carroll Leesch Address: PO Box 22008 San Diego 92122

Twenty Six and no/100 Dollars ($ 26.00)

In part Payment of pre-need trust for Lola Callon

Lot 4 Grave 7 Row Section 100F Division Block 11

Invoice No.

Acct. No.

W.O. E-7283

BALANCE DUE 24.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT		
20% Sales Care	47007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	26 00
Sales Tax	60101 78380	
TOTAL PAID	$	26 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1056

ISSUED BY C. Aragon-Avalos

AC-212 (Rev. 5-94)

48781

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-11 19 97

From: Lola Callow Address: PO Box 22068 San Diego 92192

Twenty Six Dollars ($ 26.00)

In part Payment of Re. Bed Trust

Lot 4 Grave 7 Row Section 100F Division 11 Block

Invoice No.

Acct. No.

W.O. E- 7283

BALANCE DUE 50.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1045

AC-212 (Rev. 5-90)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY A. Shackelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77181		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022	26	00
Sales Tax	60101 76360		
TOTAL PAID	$	26	00

OFFICIAL RECEIPT

40350

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
627-3400

Date: 3-5 19 97

From: Lola Callow Address: PO Box 22068 San Diego 92129

Twenty Six and No/100 Dollars ($ 26.00)

In Full Payment of pre-need trust

Lot 4 Grave 7 Row _____ Section 100F Division _____ Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7283

BALANCE DUE 154.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 983

AC-212 (Rev. 5-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Aragon

CREDIT	$7007		
20% Sales Com	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 9002	26	00
Sales Tax	60101 79390		
TOTAL PAID	$	26	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 0286

Date: 2-10 19 97

From: Lola Callow Address: P.O. Box 220168 San Diego 92192

Twenty six and 00/100 Dollars ($ 26.00)

In Full Payment of pre-need trust

Lot 4 Grave 7 Row Section 100F Division Block 11

Invoice No.

Acct. No.

W.O. E-7283

BALANCE DUE 180.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 967

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jungen

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	69033 9022	26	00
Sales Tax	80101 76360		
TOTAL PAID	$	26	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48192

Date: 1-8 19 97

From: Lola Callow Address: P.O. Box 22608 San Diego 92122

Twenty six and 00/100 Dollars ($ 26.00)

In part Payment of pre-need trust

Lot 4 Grave 7 Row _____ Section 100F Division Block 3 II

Invoice No. _____

Acct. No. _____

W.O. E-7283

BALANCE DUE 206.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 950

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Duncan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Loss	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	26	00
Sales Tax	60101 78300		
TOTAL PAID	$	26	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48076

Date: 12-5, 1996

From: Shirley Leesch Address: P.O. Box 22068 San Diego 92192

Twenty Six Dollars ($ 26.00)

In part Payment of Pre-Need Trust for Lola Callow

Lot 4 Grave 7 Row Section 100F Division Block 11

Invoice No.

Acct. No.

W.O. E-7283

BALANCE DUE 232.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
932

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Shackelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	26	00
Sales Tax	60101 76360		
TOTAL PAID	$	26	00

AC-212 (Rev. 6-94)

OFFICIAL RECEIPT

47979

CITY OF SAN DIEGO, CALIFORNIA

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 11-5 19 96

From: Shirley Carroll Leesch Address: P.O. Box 22068 San Diego 92122

Twenty Six and no/100 Dollars ($ 26.00)

In part Payment of Pre-need trust

Lot 4 Grave 7 Row Section 100F Division Block 11

Invoice No.

Acct. No.

W.O. E-7283

BALANCE DUE 258.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 915

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jurgrm

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	26	00
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47?95

Date: 10-8, 19 96

From: Lola Callow Address: P.O. Box 22068 San Diego 92122

Twenty Six and no/100 Dollars ($ 26.00)

In Part Payment of pre-need trust

Lot 4 Grave 7 Row Section 100F "Division Block 11

Invoice No.

Acct. No.

W.O. E-7283

BALANCE DUE 284.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 905

AC-212 (Rev. 8-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jungm

CREDIT 20% Sales Com	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 8022	26	00
Sales Tax	60101 78360		
TOTAL PAID		$ 26	00

OFFICIAL RECEIPT

43451

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-9, 1997

From: Lola Callon Address: PO Box 22068 San Diego 92192

Twenty Six Dollars ($ 26.00)

In part Payment of Pre-Need Trust

Lot 4 Grave 7 Row Section 100F ~~Division~~ Block 11

Invoice No.

Acct. No.

W.O. E-7283

BALANCE DUE 128.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
995

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shichelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	26	00
Sales Tax	60101 76390		
TOTAL PAID	$	26	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

48949

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 9-8 19 97

From: Shirley Carroll Address: PO Box 22068 San Diego 92192

Twenty Six and no/100 Dollars ($ 26.00)

In full Payment of preneed trust for

Lola Callow

Lot 4 Grave 7 Row Section IOOF Division Block 11

Invoice No.

Acct. No.

W.O. E-7283

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	65033 6022	26	00
Sales Tax	60101 76360		
TOTAL PAID	$	26	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 1070

ISSUED BY C Swigon-Avallone

AC-212 (Rev. 5-96)

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-IOOF-11)

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 ▶ $ 13.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS Lola M. Callow

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. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-IOOF-11)

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.* $ 13.00

Amount due if paid more than _____ days after due date above. $ _____

Amt. Pd. on V# 905.
$26.00 for Coupons 1 & 2 $ _____

Amount Received $ _____

NAME

ADDRESS Same As Above

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. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-IOOF-11)

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 ▶ $ 13.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Same as above

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. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-IOOF-11)

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. ▶ $ 13.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS Same as above

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. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-IOOF-11)

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 ▶ $ 13.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 13.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-IOOF-11)

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. ▶ $ 13.00

Amount due if paid more than_____days after due date above. ▶ $ _____

$ _____

Amount Received $ 13.00

NAME _____

ADDRESS _____

CITY STATE ZIP*

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-IOOF-11)

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 ▶ $ 13.00

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** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-IOOF-11)

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. ▶ $ 13.00

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** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-100F-11)

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. $ 13.00

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 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-IOOF-11)

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. ▶ $ 13.00

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 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-IOOF-11)

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 ▶ $ 13.00

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 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-100F-11)

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 ▶ $ 13.00

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 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-10OF-11)

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 ▶ $ 13.00

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 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-IOOF-11)

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. ▶ $ 13.00

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 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-7283

Lola Callow
P.O. Box [redacted]
San Diego, CA 92122
(4-7-100F-11)

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 ▶ $ 13.00

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 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA $2122
(4-7-IOOF-11)

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 ▶ $ 13.00

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 payment. **COUPON 17**

DO NOT MAIL ENTIRE [redacted]

ACCOUNT No. [redacted] Trust E-7283

Lola Callow
P.O. Box 22066
San Diego, CA 92122
(4-7--IOOF--11)

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. ▶ $ 13.00

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** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-7263

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-100P-11)

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.* $ 13.00

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 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust P-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-100F-11)

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. ▶ $ 13.00

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 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92192
(4-7-100F-11)

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. ▶ $ 13.00

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 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Revocable Trust E-7283

Lola Calise
P.O. Box 22068
San Diego, CA 92122
(4-7-100F-11)

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 ▶ $ 13.00

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 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-100F-11)

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. ▶ $ 13.00

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 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-7283

Lola Callow
P.O. Box 22068
San Diego, CA 92122
(4-7-100F-11)

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 ▶ $ 13.00

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. Pre-need Trust [illegible]-7263

Lois Callow

P.O. Box [illegible]

San Diego, CA [illegible]

(4-7-100P-11)

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. $ 13.00

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

Date 3-14-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Opal F. Belt

in a Vault (Vault/Liner) Funeral, date, time 3/15 Tues 2:00

Church, Chapel, Gravesite Greenwood Hayes 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 24 Grave 6 Row ____ Section LOF Division/Block T

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 35871	710.50
Balance due	-0-

16 chairs

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.

Virginia Louise Smith
Signature

3615 Bonnie Dr.
Address

S.D. CA 92109
State Zip Code

274-2417
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 7284

Acct. # ____

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7284

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
OPAL FAYE BELT	FEMALE	MAY 5, 1904	MARCH 11, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	VIRGINIA L. SMITH-DAUGHTER 3615 BAYONNE DR. SAN DIEGO, CA 92109

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PACIFIC BEACH MORTUARY-4710 CASS ST. SAN DIEGO, CA 92109	815

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1 BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2 CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4 SCIENTIFIC USE
- ☐ 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY-3751 MARKET ST.-SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Cheap Metal - Guy's Vault -	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 $4.00	DATE PERMIT ISSUED MAR 14 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Remal, M.D. LR.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/15/88 (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 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 35871

Date: 3-14, 19 86

From: Virginia Smith Address:

Seven hundred ten 50/100 Dollars ($ 710.50)

In Payment of Opal F Betts' Burial Service

Lot 24 Grave 6 Row Section IOOF Division Block T

Invoice No.

Acct. No.

W.O. E-7284

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

991

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 16

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Cars	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	83033 9022		
Sales Tax	80101 78390	10	50
TOTAL PAID	$	710	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-14

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harry J. Woodson

in a Bell Liner (Vault/Liner) Funeral, date, time 3/17 Thurs 11am

Church, Chapel, Graveside Angel & Gore ; 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 25 Grave 1 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	D-8297
Additional spaces and care fund	
Opening/Closing & Setup	Prepaid D-8398
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	Free 16
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 35896	35.00
Balance due	0

Rosedale Bell Liner

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7285

Acct. # ____

PY-583 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7285

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HARRY JOSEPH WOODSON	Male	Aug. 2, 1907	March 11, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Pre-Arrangements Records 5050 Federal Blvd. San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: San Diego, CA	F 1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED		COUNTY
	Mt. Hope Cemetery: 3751 Market St. San Diego, CA		San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	N/A		▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
	N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
	N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00	DATE PERMIT ISSUED: MAR 16 1988 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/17/88 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 35896

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 3-21 19 88

From: Anderson-Rosedale Address 5050 Federal Blvd SD

Thirty-five and 00/100 Dollars ($ 35.00)

In Payment of Reserving Site for Harry Wooster

Lot 25 Grave 1 Row Section 2 Division / Block 12

Invoice No.

Acct. No.

W.O. E-7205

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
9255

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 24 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	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300		
TOTAL PAID	$	35	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-14-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gertrude M. Edwards

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 2352 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number 35870	200.00
Balance due	395.00

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.

c/o Thelma E. Thomas

Signature

I hereby authorize the interment in lot I hold under deed.

_____

Signature of recorded holder of deed

1107 W 158th St #1C

Address

Gardena CA 90247

State Zip Code

1-800-262-1395 X 277

Telephone

Invoice # _____

Work Order # E 7286

Acct. # _____

PY-593 (REV. 8-88)

MARCH 3, 1988

E-7286

MT. HOPE CEMETERY

ATTENTION: SANDY

PER OUR TELEPHONE CONVERSATION OF 3 MARCH 1988, ENCLOSED PLEASE FIND A CHECK IN THE AMOUNT OF $200.00 AS DOWN PAYMENT ON LOT 2352 DIVISION 10 IN THE NAME OF: GERTRUDE MAE EDWARDS.

THANKING YOU IN ADVANCE FOR YOUR COOPERATION.

THELMA E. THOMAS
1107 WEST 158th ST. # 1C
GARDENA, CALIFORNIA 90247
1 - 800 - 262-1395 EXT 277

Thelma E. Thomas

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35870

Date: 3-14, 1988

From Helma Thomas Address 1107 W. 158th St #1C, Gardena, CA

two hundred no Dollars ($ 200.00)

In Payment of Credit Lot for Gertrude M. Edwards

Lot 2352 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-7286

BALANCE DUE 395.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1586

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 16 1988

ISSUED BY Sandra Wark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	—
Opening/ Closing	100 77181		
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	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37794

by Thelma Thomas

Date: 5-9, 1989

From: Michael Edwards Address: 1107 W. 15th Street

Three hundred Dollars ($ 395.00)

In _____ Payment of Pre-need Lot

Lot 2352 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7286

BALANCE DUE —

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1031

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	119.00
80% Sales of Lots	100 77184	276.00
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	$	395.00

CITY AUDITOR
MAY 12 1989

NAME Edwards, Gertrude M C/O Thelma Thomas ACCT. NO. E-7286

ADDRESS 1107 W. 158th Street, Apt 1C, Gardena, CA 90247 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
3-14	88	Lot 2352, Division 10	595 00		200 00	395 00
3[illegible]	89	Receipt 37794			395 00	00

AIGNER FORM NO. 25-204 Edwards, Gertrude c/o Thelma Thomas 2352 - 10 PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-14-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby M. Kirk

in a Vault/Liner Bol lined Funeral, date, time Fri 3/18 2pm

Church, Chapel, Graveside Graveside ; Heath Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 2382 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	330.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	25.00
Sales taxes	6.00
Total Due	606.00
Paid receipt number 35893	606.00
Balance due	-0-

PAID
MAR 18 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Heath will bill AC.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

OK - Heath Home

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 7287

Acct. # _____

PY-593 (REV. 9-85)

E-7287

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RUBY MAE KIRK	FEMALE	JUNE 5, 1901	MARCH 12, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Carl G. Kirk - Son 4775 Normandie Place La Mesa, CA 92041

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING)	CALIFORNIA LICENSE NUMBER
National City Heath Funeral Home, 611 Highland	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 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 Pt Arlington Woodson - Lemis - Riverside Conn		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00 DATE PERMIT ISSUED MAR 16 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/18/88 (ENTER DATE) 2352-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 35893

Date: 3/18, 1988

From Heath Funeral Home Address: 811 Highland Ave - Nat City 92050

Six Hundred Six and no/100 Dollars ($ 606.00)

In full Payment of Interment of and for Ruby Mae Kirk - dec

Lot 2382 Grave — Row — Section — Division — Block 10

Invoice No —

Acct. No —

W.O. E-7287

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 2/88

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 24 1988

ISSUED BY [signature]

CREDIT - 20% Sales Care	57007 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	83033 9022	—	—
Sales Tax	60101 76390	6	00
TOTAL PAID	$	606	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-14-88

Prepaid

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruthie Shelby Anderson or Arthur M. Anderson

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 126 Grave 2,3,4 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... 3 @ 250.00	750.00
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	750.00
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 6563 Osler St

State SD CA Zip Code 92111

Telephone 276-1831

Work Order # E 7288

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

NAME Anderson, Ruthie Shelby or Arthur M. Anderson ACCT. NO. E-7288

ADDRESS 6563 Osler Street, San Diego, Ca 92111 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
3-14	88	Lot 126, Graves 2, 3, 4, Section 2, Division	11 750 00			
5-5	88	Coupon 1 & 2 Receipt 36116			63 00	687 00
6-6	88	Coupon 3 Receipt 36254			21 00	656 00
8-4	88	Coupon 5 Receipt 36499			31 00	625 00
9-15	88	Coupon 6, Receipt 36692			31 00	594 00
10-17	88	Coupon 7 Receipt 36855			31 00	563 00
12-28	88	Coupon 8 Receipt 37130			32 00	531 00
3-13	89	Coupons 9-11 Receipt 37498			96 00	435 00
4-17	89	Coupons 12 & 13 Receipt 37687			64 00	371 00
5-3	89	Receipt 37748			62 00	309 00
8-28	89	Coupon Receipt 38495			62 00	247 00
12-19	89	Coupon Receipt 38692			62 00	185 00
3-12	90	Receipt 38998			62 00	123 00
8-1	90	Receipt 39526			62 00	61 00
11-13	90	Receipt 39936			61 00	0

AIGNER FORM NO. 25-204 Anderson, Ruthie Shelby + ARTHUR 126 - 2,3,4 - 2 - 11 PRINTED IN USA

OFFICIAL RECEIPT

№ 36116

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-5 1988

From: Lillie Kelly Anderson Address: 6563 Aster Street
Sixty-three no/100 Dollars ($ 63.00)

In Payment of Coupon 1 & 2 Credit Lot

Lot 126 Grave 2, 3, 4 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7268

BALANCE DUE 687.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 11 1988

ISSUED BY Sandra L. Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	63 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	$	63 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

№ 36254

Date: 6-6 1988

From: Arthur Anderson Address: 6563 Osler Street

Thirty one no/100 Dollars ($ 31.00)

In _____ Payment of Coupon 3 Credit Lot

Lot 126 Grave 2-4 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7268

BALANCE DUE 656.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 13 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	31	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	$	31	00

AC-212 (Rev. 10-87) 4864

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 36499 Rd

Date: 8-4, 1988

From: [illegible] Address: 6823 [illegible] Street

Thirty One dollars Dollars ($ 31.00)

In Payment of Credit Lots

Lot 126 Grave 2, 3, 4 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7288

BALANCE DUE 625 CA

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	31	—
Opening/ Closing	100 77181		
Burial Containers	[illegible]		
Handling Fee	100 77185		✓
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	31	—

AC-212 (Rev. 10-87)

4630

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36692

Date: 9-15, 1988

From: Ruthie S. Anderson Address: 6563 Osler Street SD
Thirty-one 00 Dollars ($ 31.00)

In _____ Payment of Coupon 6 Credit Lot

Lot 126 Grave 2-4 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7288

BALANCE DUE 594.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

5365

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

SEP 21 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	31.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	93033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	31.00

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

№ 36855

Date: 10-17, 1988

From: Mrs. Kathie Anderson Address: 6563 Osler Street, SD 92111

Thirty-One no/100 Dollars ($ 31.00)

In _____ Payment of Coupon 7 Credit Lot

Lot 126 Grave 2-4 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7288

BALANCE DUE $63.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 5528

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 19 1988

ISSUED BY Sandy Ward

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	31	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	$	31	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37130

Date: 12-28, 1988

From: Mrs. Arthur Anderson Address: 6563 Osler Street, SD
thirty-two no/100 — Dollars ($ 32.00)

In _____ Payment of Coupon 8 Credit Lot

Lot 126 Grave 2, 3, 4 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7206

BALANCE DUE 531.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

5496

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JAN 09 1989

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
20% Sales	100	32.00
1/4 Lots	77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	32.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37498

Date: 3-13 1989

From: Ruthie L. Anderson Address: 6563 Ashe Street
Ninety-six no/100 Dollars ($ 96.00)

In _____ Payment of credit lot

Lot 126 Grave 2-4 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7286

BALANCE DUE 435.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

5679

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	96.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	96.00

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

№ 37684

Date: 4-14 1989

From: Mrs. Arthur Anderson Address: 6563 Osler Street SD
Sixty-four no 1100 — Dollars ($ 64.00)

In _____ Payment of Vaugans 12 & 13 Credit Lot

Lot 126 Grave 2, 3, 4 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. C-7288

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

5149

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 21 1989

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 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	83033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	64.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37748

Date: 5-3 19 89

From: Mrs. Arthur M Anderson Address: 6563 Otter St San Diego CA 92111

Sixty-two dollars & 00/100 Dollars ($ 62.00)

In part Payment of Credit Sales — for no coupons with her

Lot 126 Grave 2,3,4 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-1288

BALANCE DUE 309.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5179

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Dora Black

CREDIT	97007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	62	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	$	62	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
284-3151

No 38445

Date: 8-22, 19 89

From: Mrs Arthur Anderson Address: 6363 Alvarado Court, SD 92111

Sixty-two 00/100 Dollars ($ 62.00)

In ____ Payment of Cemetery Lot

Lot 126 Grave 2-4 Row ____ Section 2 Division/Block 11

Invoice No. ____

Acct. No. ____

W.O. E-7288

BALANCE DUE 24.1.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5165

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 28 1989

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100 77184	12	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	62	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38692

Date: 12-19, 1989

From: Mrs. Arthur Anderson Address: 6563 Osler Street D

Sixty-two no/100 Dollars ($ 62.00)

In Payment of Funeral Credit Lot

Lot 126 Grave 2-4 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. C-7282

BALANCE DUE 165.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 5922

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT	67007	
20% Sales Care	77184	62.00
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	$	62.00

CITY AUDITOR
DEC 26 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

CITY AUDITOR

MAR 20 1990

NO 38998

Date: 3-17, 1990

From: Cathy Anderson Address: 6563 Osler St. S.D. 92111

Sixty-Two Dollars ($ 62.00)

In Payment of Credit Lot

Lot 126 Grave 2,3,4 Row Section 2 Division 11

Invoice No.

Acct. No.

W.O. E-4178

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4948

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY John Waits

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	62 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	$	62 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39526

Date: 8-1, 1990

From: Ruth Anderson Address: 6563 Osler St SD 92111

Sixty Two Dollars 00/100 Dollars ($ 62.00)

In _____ Payment of Credit Lot

Lot 126 Grave 2, 3, + 4 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-4288

BALANCE DUE $61.00

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 Waits

CREDIT 20% Sales Care	67007 77184	62	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	62	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

№ 39936

Date: 11-13, 1990

From: Mrs Arthur McArdle Address: 6563 Osler St. San Diego, Ca 92111

Sixty-One dollars & 00/100 Dollars ($ 61.00)

In full Payment of Credit CT

Lot 126 Grave 2,3,4 Row — Section 2 Division 11 Block —

Invoice No.

Acct. No.

W.O. E-2288

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5086

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lora Black

CREDIT	67007	61	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	$	61	00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 3-7288 Credit Lot

Rithie Shelby Anderson
6563 Osler Street
San Diego, Ca 92111

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. $ 31.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 32.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7288 Credit Lot

Ruthie Shelby Anderson
6563 Osler Street
San Diego, Ca 92111

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* ▶ $ 31.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ 32.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. L-7288 Credit Lot

Réthie Shelby-Anderson
6563 Osler Street
San Diego, Ca 92111

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. $ 31.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ 31.00

NAME Rethie Shelby-Anderson

ADDRESS 6563 Osler St

CITY San Diego STATE Ca ZIP 92111

☐ check (X) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7288 Credit Lot

Rathie Shelby Anderson
6563 Osler Street
San Diego, Ca 92111

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 ▶ $ 31.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

31.00
ck
4630

$ 31.00

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-7288 Credit Lot

Ruthie Shelby Anderson
6563 Osler Street
San Diego, Ca ~ 92111

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. $ 31.00

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-7288 Credit Lot

Ritchie Thelby Anderson
6563 Osler Street
San Diego, Ca 92111

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 ▶ $ 31.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ 31.00

Amount Received $ 3

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-7288 Credit Lot

Ruthie Shelby Anderson
6563 Osler Street
San Diego, Ca 92111

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. $ 31.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 32.00

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. 2-7288 Credit Lot

Ritchie Shelby Anderson
6563 Osler Street
San Diego, Ca 92111

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 ▶ $ 31.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ 32.00

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-7288 Credit Lot

Ruthie Shelby Anderson
6563 Osler Street
San Diego, Ca 92111

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. ▶ $ 31.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ 32.00

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. 5-7288 Credit Lot

Ritchie Shelby Anderson
6563 Osler Street
San Diego, Ca 92111

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 ▶ $ 11.00

Amount due if paid more than ____ days after due date above ▶ $ 1.00

$ 32.00

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-7288 Credit Lot

Ruthie Shelby Andereon
6563 Osler Street
San Diego, Ca 92111

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 ▶ $ 31.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 32.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 7288 Credit Lot

Kathie Shelby Anderson
6563 Opler Street
San Diego, Ca 92111

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. $ 31.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 32.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Prepaid

Date 3-14-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Melvon Terell Anderson

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 126 Grave 5, 6 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

T. J.
Signature
6563 Osler St
Address
SD CA 92111
State Zip Code
278-1831
Telephone

Invoice # _____

Work Order # E 7289

Acct. # _____

PY-693 (REV. 8-85)

OFFICIAL RECEIPT

№ 36094

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 5-4 19 88

From: Melvin L. Anderson Address: 1563 Osler Street

Twenty Dollars no/100 Dollars ($ 20.00)

In Payment of Crypt # 2 Master Lot

Lot 126 Grave 5&6 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-7289

BALANCE DUE 480.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

236

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 06 1988

ISSUED BY Sandra Viral

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 8022		
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

№ 36485

Date: 8 3 1988

From: Alvin Anderson Address: 6563 Osler Street

Twenty dollars Dollars ($ 20.00)

In payment Payment of Credit Lot

Lot 126 Grave 1546 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7289

BALANCE DUE 460.00

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 324

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	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

No 36492

Date: 8-3 88

From: Nelson Anderson Address: 7363 Osler Street

Twenty Dollars Dollars ($ 20.00)

In payment Payment of Credit Lot

Lot 126 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. C-7287

BALANCE DUE 44.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
3
AUG 09 1988

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	-
Opening/ Closing	100 77161		
Burial Containers	100 77182		✓
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63003 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	20	-

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY Nancy Hart

AC-212 (Rev. 10-87)

333

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36643

Date: 9-7 1988

From: Melvin Anderson Address: 6563 Osler Street SD
twenty no/100 Dollars ($ 20.00)

In _____ Payment of Coupon 5 Credit Lot

Lot 126 Grave 5&6 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7289

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
SEP 13 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 6022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

AC-212 (Rev. 10-87) 362

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36835

Date: 10/12, 1988

From: Melvin Anderson Address: 6563 Osler Street, SD
Forty no/100 Dollars ($ 40.00)

In _____ Payment of Coupon 6&7 Credit Lot

Lot 126 Grave 5&6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7289

BALANCE DUE 380.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 437/438

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
50% 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 8022	
Sales Tax	60101 78380	
TOTAL PAID	$	40 00

CITY AUDITOR
OCT 19 1988

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37082

Date: 12-9 1988

From: Nelson Anderson Address: 6563 Osler Street, SD

forty dollars no/100 — Dollars ($ 40.00)

In _____ Payment of Coupon 8&9 Credit Lot

CITY AUDITOR
Dec 14 1988

Lot 126 Grave 5&6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. J-7289

BALANCE DUE 340.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

493

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184	40	00
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 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

№ 37225

Date: 1-12 1989

From: Melvin Anderson Address: 6563 Osler Street, SD

twenty-one no/100 Dollars ($ 21.00)

In _____ Payment of Coupon 10 Credit Lot

Lot 126 Grave 5&6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7289

BALANCE DUE 319.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

528

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	87007		
20% Sales Cars	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	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	21	00

CITY AUDITOR
JAN 23 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR

APR 07 1989

№ 37621

Date: 4-5, 1989

From: Melvin R. Anderson Address: 6563 Osler Street SD

eighty-two no/100 Dollars ($ 82.00)

In _____ Payment of Coupon 11-14 Credit Lot

Lot 126 Grave 5 & 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7289

BALANCE DUE 237.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

644

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Andrea L. [illegible]

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	82	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	$	82	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38431

Date: 8-16, 1989

From: Melvin Anderson Address: 6563 Osler Street, SD

Twenty no/100 Dollars ($ 20.00)

In Payment of Credit Lot

Lot 126 Grave 5 & 6 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O.

BALANCE DUE 217.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

762

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 21 1989

ISSUED BY Sandra Weeks

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

№ 38068

Date: 10-19, 19 89

From: Nelson Renee Anderson Address: 6563 Osler Street, San Diego

eighty - no/100 Dollars ($ 80.00) 92113

In Payment of Coupon 15-18 Credit Lot

Lot 126 Grave 5 & 6 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7289

BALANCE DUE 137.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

847

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	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

CITY AUDITOR
OCT 24 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

FEB 26 1990

No 38903

Date: 2-22, 1990

From: Mayra Andrews Address: 6563 Osler St. SD 92113

Sixty Dollars 00/100 Dollars ($ 60.00)

In _____ Payment of Cedar Lot

Lot 126 Grave 5+6 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. F-7241

BALANCE DUE 60.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 925

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Ward Watt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	60	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	60	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39329

Date: 6-6, 1990

From: Anderson, Melvin L. Address: 0563 Osler St. SD

Sixty-Four 70/100 Dollars ($ 64.00)

In _____ Payment of Credit Lot

Lot 126 Grave 5+6 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-11289

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 4976

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Watts

CREDIT	67007	64 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	$	64 00

CITY AUDITOR
JUN 08 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39417

Date: 6 29, 1990

From: Melvin Anderson Address: 6563 Osler Mtg Rd

Sixty Dollars Dollars ($ 60.00)

In _____ Payment of Credit Lot

Lot 126 Grave 5+6 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7289

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1071

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wait

CREDIT 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185	JUN 30 1990	
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022		
Sales Tax	60101 78390		
TOTAL PAID	$	60	00

P.O. BOX 7900
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-7289 Credit Lot

Melvon ~~Renee~~ Anderson
6563 Osler Street
San Diego, Ca 92111

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
			10								

Amount due when paid on, or before, due date above. ▶ $ 20.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ 21.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK ▸ ▸

ACCOUNT No. E-7289 Credit Lot

Melvon Renee Anderson
6563 Osler Street
San Diego, Ca 92111

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. ▶ $ a.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-7289 Credit Lot

Melvon Renee Anderson
6563 Osler Street
San Diego, Ca 92111

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 _____

_____

STATE _____ ZIP _____

if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7289 Credit Lot

Melvon Renee Anderson
6563 Osler Street
San Diego, Ca 92111

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. $ a.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-7289 Credit Lot

Melvon Renee Anderson
6565 Osler Street
San Diego, Ca 92111

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. ▶ $ 0.00

$ _____

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-7289 Credit Lot

Melvon Renee Anderson
6563 Ogler Street
San Diego, Ca 92111

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** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7289 Credit Lot

Nelson Renee Anderson
6563 Osler Street
San Diego, Ca 92111

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-7289 Credit Lot

Melvon Ranee Anderson
6563 Osler Street
San Diego, Ca 92111

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. $ 4.00

$ _____

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-7289 Credit Lot

Nelson Renee Anderson
6563 Osler Street
San Diego, Ca 92111

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 $ 21.00

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-7289 Credit Lot

Melvon Renee Anderson
6563 Osler Street
San Diego, Ca 92111

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. $ 4.00

$ 21.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7289 Credit Lot

Nelson Renee Anderson
6563 Osler Street
San Diego, Ca 92111

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

$ 21.00

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-7289 Credit Lot

Melvon Renee Anderson
6563 Osler Street
San Diego, Ca 92111

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. ▶ $ 0.00

$ 20

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-7289 Credit Lot

Nelson Renee Anderson
6563 Osler Street
San Diego, Ca 92111

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

$ 20

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. B-7278 Credit Lot

Melvon Anderson
6563 Osler Street
San Diego, Ca 92111

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 10 days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7289 Credit Lot

Melven Renee Anderson
6563 Osler Street
San Diego, Ca 92111

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. $ 0.00

$ _____

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-7289 Credit Lot

Nelson Renee Anderson
6563 Osler Street
San Diego, Ca 92111

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-7289 Credit Lot

Melvon Renee Anderson
6563 Osler Street
San Diego, Ca. 92111

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. $ 4.00

$ _____

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. B-7259 Credit Lot

Nelson Renee Anderson
6563 Osler Street
San Diego, Ca 92111

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-7278 Credit Lot

Melvin Anderson
6563 Osler Street
San Diego, Ca 92111

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 10 days after due date above. $ 1.00

$ 20.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

...g one coupon with each remittance **COUPON** **20**

...OT MAIL ENTIRE BOOK

...CCOUNT No. E-7275 Credit Lot

Helvoa Anderson
6563 Haler Street
San Diego, Ca 92111

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 10 days after due date above. $ 1.00

$ 20.00

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-7289 Credit Lot

Melvon Renee Anderson
6563 Osler Street
San Diego, Ca 92111

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
			19								

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than ____ days after due date above. $ 4.00

$ _____

Amount Received $ 20

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-7289 Credit Lot

Nelwon Renee Anderson
6563 Osler Street
San Diego, Ca 92111

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

...ing one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7289 Credit Lot

Nelven Renee Anderson
6563 Osler Street
San Diego, Ca 92111

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. ▶ $ 4.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

...or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7259 Credit Lot 5

Nelson Renee Anderson
6563 Culer Street
San Diego, Ca 92111

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 _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-14-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillie M Nancy Shelby

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 127 Grave 1 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	250.00
Paid receipt number 35873	20.00
Balance due	230.00

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

T. T
Signature
3758 Valle Ave
Address
San Diego CA 92113
State Zip Code
278-1831
Telephone

Invoice # _____

Work Order # E 7290

Acct. # _____

PY-693 (REV. 8-85)

OFFICIAL RECEIPT

№ 35873

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-14, 1988

From: Mathie or Nora Shelby Address:
Twenty dollars Dollars ($ 20.00)

In Payment of Prepaid Lot

Lot 1217 Grave 1 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7290

BALANCE DUE 230.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

226-2436-509

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 21 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Metal 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
284-3151

No 36160

Date: 5-16 19 88

From: Luttie Shelby Address: 3158 Valle Ave, SD, CA 92113

One hundred 20/100 — Dollars ($ 100.00)

In Payment of Crypt 6-10 Under Lot

Lot 127 Grave 1 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. K-7270

BALANCE DUE 130.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 226-7275-963

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 20 1988

ISSUED BY Linda Ward

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	100	00

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. F-7290 Credit Lot

Shelby, Ruthie or Nancy
3158 Valle Ave.;
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 _____

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-7390 Credit Lot

Shelby, Ruthie or Nancy
3158 Valle Ave.
San Diego, Ca , 92113

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
			10								

Amount due when paid on, or before, due date above ▶ $ 10.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 7290 Credit Lot

Shelby, Ruthie or Nancy
3158 Valle Ave.,
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 10 days after due date above. $ 11.00

$ _____

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-7290 Credit Lot

Shelby, Ruthie or Nancy
3158 Valle Ave.
San Diego, Ca 92113

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
			10								

Amount due when paid on or before due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 7290 Credit Lot

Shelby, Ruthie or Nancy
3158 Valle Ave.,
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 _____

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

№ 36420

Date: 7-12, 1988

From: Lyrone Brown Address:

Fifty dollars no/100 Dollars ($ 50.00)

In Payment of Credit Lot for Ruthie Shelby

Lot 127 Grave 1 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7290

BALANCE DUE 80.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Vaud

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	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	50.00

CITY AUDITOR
JUL 19 1988

AC-212 (Rev. 10-87)

NAME Shelby, Ruthie or Nancy ACCT. NO. E-7290

ADDRESS 3158 Valle Ave., San Diego, Ca 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
3[illegible]	88	Lot 127, Grave 1, Section 2, Division 11	250 00		20 00	230 00
5-16	88	Coupon 6-10 Receipt 36160			100 00	130 00
7-11	88	Receipt 36420			50 00	80 00
5-3	89	Receipt 37749			80 00	00

AIGNER FORM NO. 25-204 Shelby, Ruthie or Nancy 127 - 1 - 2 - 11 PRINTED IN USA

Burned

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-14-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura C. 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 127 Grave 2 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 35874	20.00
Balance due	230.00

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

T. J.
Signature

3758 Valle Ave
Address

San Diego CA 92113
State Zip Code

239-5785
Telephone

Invoice # _____

Work Order # E 7291

Acct. # _____

PY-583 (REV. 8-86)

OFFICIAL RECEIPT

№ 35874

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-14, 1988

From: Louis C. Lopez Address:

twenty dollars Dollars ($ 20.00)

In Payment of Preneed lot

Lot 127 Grave 2 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7291

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.

CITY AUDITOR
MAR 21 1988

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 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

№ 36208

Date: 5-31, 1988

From: Louis C Jones Address: 315 E Valle Ave, SD

ne hundred no/100 Dollars ($ 100.00)

In Payment of Credit Lot

Lot 127 Grave 2 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7291

BALANCE DUE 130.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 877199885

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 2 1988

ISSUED BY Sandra L. Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36421

Date: 7-12, 1988

From: Jeanne Brown Address:

fifty dollars no/100 Dollars ($ 50.00)

In Payment of Louis Jones Credit Lot

Lot 127 Grave 2 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7291

BALANCE DUE 80.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

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

CITY AUDITOR
JUL 19 1988

AC-212 (Rev. 10-87)

NAME Jones, Louis C. ACCT. NO. E-7291

ADDRESS 3158 Valle Avenue, San Diego, Ca 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
3-14	88	Lot 127, Grave 2, Section 2, Division 11	250.00		20 00	230 00
[illegible]31	88	Receipt 36208			100 00	130 00
7-12	88	Receipt 36421			50 00	80 00
5-12	89	Receipt 37815			80 00	00

AIGNER FORM NO. 25-204 Jones, Louis C. 127 - 2 - 2 - 11 PRINTED IN USA

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37815

Date: 5-12, 1989

From: Louis C. Jones Address: 3158 Valle Ave, SD 92113

eighty dollars no/100 — Dollars ($ 80.00)

In _____ Payment of Credit Lot - Final payment

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7241

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 280

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	50	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	30	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	80	00

CITY AUDITOR
MAY 19 1989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-14-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward Tate

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 3/15 10:00

Church, Chapel, Graveside Graveside : Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Yes

Lot 73 Grave 1 Row _____ Section 4 Division/~~Block~~ G

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... Prepaid _____

Burial Container ..... Trust _____

Handling Fees ..... 7215 _____

Flower vases - Marker setting fee ..... E-7215 _____

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 7292

Acct. # _____

PY-593 (REV. 8-86)

NAME Tate, Edward C/O Martha Walashek ACCT. NO. E-7215

ADDRESS PO Box 637, Hydesville, Ca 95547 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Feb 9	88	Opening/Closing, Bell Liner, Recording Fee	606 00		200 00	406 00
2-19	88	Receipt # 35747 Payment in full			406 00	[redacted]

AIGNER FORM NO. 25-204 Tate, Edward C/O Martha Walashek 73 - 1 - 4 - 6 [redacted] PRINTED IN USA

E - 7292

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 MORGAN TATE	Male	Nov. 20, 1918	March 13, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Martha Walashek - Sister P.O. Box 637 Hydesville, CA 95547

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 Market St. - San Diego, CA 92102	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Wooden — grey Cloth 3/4 octagon	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	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $ 4.00 DATE PERMIT ISSUED: MAR 14 1988	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 3/15/88 (ENTER DATE) 73/1/4/6	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Slette LICENSE 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

№ 37416

Date: 3-1, 1989

From: Sat Novels Address: P.O. Box 267 Hyde Sville, CA

One hundred twenty-five Dollars ($ 125.00)

In _____ Payment of Marker Letting fee for Edward Sate

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7292

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

04-433042776

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 06 1989

ISSUED BY Andrea Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	125	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Military

Date 3-14-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harold L. Marshman

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs 3/17 11am

Church, Chapel, Graveside Chapel & Grave Merkley-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Korea & VN — Navy

Lot 3759 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	Purchased from Marsh —
Additional spaces and care fund	One —
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 35890	606.00
Balance due	0

PAID
MAR 16 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary bring check

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

Glenna Marshman
Signature

8817 Tabiso #10
Address

Panorama City, Ca
State Zip Code

818-891-9632
Telephone

Invoice #

Work Order # E 7293

Acct. #

PY-693 (REV. 8-85)

E-7293

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 Leroy Marshman	Male	Dec. 12, 1933	Mar.13, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
North Hollywood	Los Angeles	Glenna Marshman Wife 8817 Tobias Ave.#10 Panorama City, CA 91402

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Merkley-Mitchell Mortuary 3655 5th Ave. San Diego,CA	F-119

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED Metal - Non - Sealer	SIGNATURE OF PERSON IN CHARGE OF CREMATORY — Lanie
BURIAL AT SEA OR DISPOSITION OTHER 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 Military Sqd - U.S.N. Veteran		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED MAR. 14 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Robert Mate LK
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/17/88 (ENTER DATE) 3759/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Royce Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH L.A. Co. Health Dept. 313 No. Figeuroa St. L.A.,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.

OFFICIAL RECEIPT

№ 35890

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3/17/88, 19__

From: Merkley Mitchell Mortuary Address: 3655-5th S.D. 92103

Six Hundred Six and no/100 Dollars ($ 606.00)

In full Payment of Intermenfeer for Harold Leroy Marshman - A Veteran - deceased 3/13/88 -

Lot 3759 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. —

Acct. No. —

W.O. A-7293

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

6653

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 21 1988

ISSUED BY Goyen 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	83033 9022	—
Sales Tax	60101 78390	6.00
TOTAL PAID	$	606.00

OFFICIAL RECEIPT

№ 36291

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-13, 1988

From: Glenna Marshman Address: 6460 Canvas Ct, #201 SD
One hundred fifty 92/100 — Dollars ($ 150.92)

In _____ Payment of Marker Installation and Flower Vase for Harold Marshman

Lot 3759 Grave _____ Row _____ Section _____ Division Block 16

Invoice No. _____

Acct. No. _____

W.O. E-7293

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

134

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 15 1988

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	5	00
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183	135	00
Pre-Need Trust	63093 9022		
Sales Tax	60101 78390		32
TOTAL PAID	$	150	92

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-15-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James March

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 3759 & 60 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund .....

Additional spaces and care fund E. Minton Letter

Opening/Closing & Setup ..... To Glenna Marshman

Burial Container ..... 8817 Tobias #10

Handling Fees ..... Panorama City, CA 94102

Flower vases - Marker setting fee .....

Recording and filing fee ..... Deed Transfer 35.00

Sales taxes .....

Total Due 35.00

Paid receipt number 35882 35.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7294

PY-693 (REV. 8-85)

E-7294
6/5/1969
4371

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Dr. E. Minton Fetter for the sum of $ 290.00 (DOLLARS)

LEGAL DESCRIPTION Lots 3759 & 3760 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER C-7277

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

REGULATION FLUSH MARKER ONLY

R.W. Dehne/DOP
Cemetery Manager

Eric Quart
Public Works Director

FORM PW-584

E-7294

POWER OF ATTORNEY

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, *E. Minton Fetter*, 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:

Lots 3759 and 3760
Division 10
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 12-16-86 day of _____, 19____.

E. Minton Fetter

STATE OF CALIFORNIA }
COUNTY OF San Diego } ss.

On this 16th day of December, in the year 19 86, before me, the undersigned, a Notary Public in and for said State, personally appeared E. Minton Fetter

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed it.

WITNESS my hand and official seal.

Jeanette Stell
Notary Public in and for said State.

OFFICIAL SEAL
JEANETTE STELL
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Exp. May 6, 1988

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35882

Date: 3-15, 1988

From: James Marsh Assoc. Address: 644 S. Loyd Ave

Thirty-five No 100 Dollars ($ 35.00)

In Payment of Deed Transfer E. Minton Letter To Glenna Marshman

Lot 3759 & 3760 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7294

BALANCE DUE 6

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 21 1988

ISSUED BY Sandra Wack

CREDIT	67007		
20% Sales Care	77184		
60% 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 76390		
TOTAL PAID	$	35	00

AC-212 (Rev. 10-67)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-18-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Evan West (casket 41)

in a Bell liner Vault/Liner Funeral, date, time Mon 3/21 10:00

Church, Chapel, Graveside Graveside Lewis Colonial Mortuary.

283-7211

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 907 Grave _____ Row _____ Section 2 Division/~~Block~~ 9

Grave space & Care Fund	195.00
Additional spaces and care fund	
Opening/Closing & Setup	195.00
Burial Container	75.00
Handling Fees	25.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	4.50
Total Due	529.50
Paid receipt number 35926 3/28/88	300.00
Balance due	229.50

16 chairs

Mailed payment

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Mr. West
Signature

5131 Guava
Address

La Mesa, 9 5113
State Zip Code

463-8466 Hm
Telephone

698-4[illegible] message

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7295

PY-583 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-1295

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JAMES EVAN WEST III	Male	May 5, 1981	March 18, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	Michael D. Pasarilla - Uncle 1398 Oleander Avenue Chula Vista, CA 92011

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
3051 El Cajon Blvd. Lewis Colonial/Benbough, San Diego, CA	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED 3751 Market St. Mount Hope Cemetery - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A 53" Casket In gravel Pack and Concrete Covers		Cash Uboden 6 Handles
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Embalmed body		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED MAR 21 1988
			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 3/21/88 (ENTER DATE) 907/2/9	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Stettes	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 35926

Date: 3-28- 19 88

From: Judith L. Reid Address: 5113 Guava Ave, La Mesa 92041

Three hundred dollars and xx/100 Dollars ($ 300.00)

In part Payment of interment for Evan West

Lot 907 Grave 2 Row Section Division 9 Block

Invoice No.

Acct. No.

W.O. E7295

BALANCE DUE 229.50

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

852

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 4 1988

ISSUED BY W.J. League

CREDIT	67007	39 00
20% Sales Care	77164	
80% Sales of Lots	100 77164	156 00
Opening/ Closing	100 77181	105 00
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78360	
TOTAL PAID	$	300 —

Greenwood

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-18-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesse H. Wilson

in a T.S. Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 2620 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	10.50
Total Due	710.50
Paid receipt number 35894	710.50
Balance due	-0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

P.O. Box 975
Address

Bandon, Or 97411
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7296

Acct. # _____

PY-593 (REV. 8-86)

E-7296

March 16 - 1988

Mt Hope cemetery -
San Diego Coly 92102 -

Sirs -

I was told the final cost of opening and closing of my grave plot and also the cemet work would total $710.50 which the enclosed check will cover. I wish to pay this now to save future problems for my family.

The plot will probably be under the name of my late husband Herbert C. Wilson

Thanking You
J Jan Wilson
P.O. Box 970 -
Bandon Or. 97411

OFFICIAL RECEIPT

№ 35894

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-8 19 88

From: Jean H. Wilson Address: P.O. Box 975, Barton, Or 97411

Seven hundred Ten 50/100 — Dollars ($ 710.50),

In payment of Prepaid Trust for Lawn Service

Lot 2620 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7296

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 593

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 24 1988

ISSUED BY

CREDIT	67007		
20% Sales Cars	77164		
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	50
Sales Tax	60101 78350		
TOTAL PAID	$	710	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/21/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth D. Carter

in a Topland Vault Vault/Liner Funeral, date, time Wed 3/23 11:00

Church, Chapel, Graveside Angel & Pine ; 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 13½ Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Acrute 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 35929	1205.50
Balance due	0

30 days note

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Marco Dyl
Signature
2855 55th St #14
Address
SD CA 92105
State Zip Code
619 266 8718
Telephone

Work Order # E 7297

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

W.O. NO. E-7297

NOTE—STRAIGHT

$ 1205.50 San Diego, California, March 21, 1988

-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 Seven and 50/100 DOLLARS.

with interest from April 25, 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 Moses Dyl

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

X CA Y0950286

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 MARGARET CARTER	Female	June 20, 1944	March 13, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Rural Baker	San Bernardino	Mark Anthony Rhodeman - Son 9434 Twin Trails Dr. Apt. 102 San Diego, CA 92129

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: San Diego, CA	F 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 Steel Sealer Bumper - Golden Rose - Hardware 19ga - 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: $4.00 DATE PERMIT ISSUED: 3-18-88	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [illegible] M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/23/88 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 35929

Date: 3/28/88, 19

From: Moses Rye Address: 2855-55th St #114 - SD. 92105

Twelve Hundred five and 50/00 Dollars ($ 1205.50)

In full Payment of Settlement of Land for Ruth Carter-Decand

Lot 134 Grave 2 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7297

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑
12-708067 B

AC-213 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 4 1988

ISSUED BY

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 77185		170 00
Recording & Misc. Fees	100 77183		55 00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78090		10 50
TOTAL PAID		$	1205 50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-21-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mickey Johnson in a TS Vault (Vault/Liner) Funeral, date, time 3/25 Fri 10:00 Church, Chapel, Graveside Chapel & Grave, Sagedale Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____.

Lot 49 Grave 6 Row — Section 2 Division/Block 11

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container 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	1010.50
Paid receipt number 35899	1010.50
Balance due	0

Before Burial

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 this authorization and interment.

PAID
MAR 22 1988
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

Signature

3061 GRAPE ST.
Address

SAN DIEGO, CA 92102
State Zip Code

(619) 233-0138
Telephone

Work Order # E 7298

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RICKY HARVEY JOHNSON	Male	June 11, 1950	March 20, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Arne Johnson, Jr.- Brother 3065 Grape 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 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Blue Mormon Gulls	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 Vault Centre Crank Sealer 2092		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED MAR 25 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Darrell G. Ramras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/25/88 (ENTER DATE) 49/6/2/11	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35899

Date: 3-22, 19 88

From: Rose Johnson Address: 3065 Grape St, SD

One Thousand Ten 50/100 Dollars ($ 1010.50)

In Payment of Keeley Johnson's Burial Service

Lot 49 Grave 6 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-7398

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 24 1988

ISSUED BY Sandra Wood

CREDIT		
20% Sales Care	67007 77184	60 00
80% Sales of Lots	100 77184	240 00
Opening/ Closing	100 77181	350 00
Burial Containers	100 77182	175 00
Handling Fee	100 77185	110 00
Recording & Misc. Fees	100 77193	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	10 50
TOTAL PAID	$	1010 50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/21/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Catherine A. Hansen

in a Bell Liner Funeral, date, time 3/22 Tues 2:45

Church, Chapel, Graveside Graveside ; Merkley-Mit Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 1708 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 35900	606.00
Balance due	0

Mortuary 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 7299

PY-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CATHERINE ANN HANSEN	FEMALE	MARCH 26, 1914	MARCH 20, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	RICHARD B. HANSEN, SON 531 RIMINI ROAD DEL MAR, CA 92014

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Steel - non Sealed non-embalmed		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Bell Lener		2:45 to 3:40 Graveside
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED MAR 21 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/22/88 (ENTER DATE) 1708/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE N/A
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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
284-3151

№ 35900

Date: 3-22, 1988

From Merlla - Mitchell Address: 3655 Fifth Ave. SD 92103

Two hundred six Dollars ($ 206.00)

In Payment of Catherine C Hansen's Service

Lot 1708 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7277

BALANCE DUE C

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 24 1988

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	325	00
Burial Containers	100 77182	100	00
	100	14	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	3	00
Pre-Need Total	83033 9022		
Sales Tax	80101 78390	6	00
TOTAL PAID	$	606	00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

6684

ISSUED BY Sandra Ward

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/21/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Belenky Anders

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon 3/21 12:30

Church, Chapel, Graveside Graveside Eagledale Mortuary.

All Funeral cars must arrive 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 9 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	____
Additional spaces and care fund	____
Opening/Closing & Setup	____
Burial Container	____
Handling Fees	____
Flower vases - Marker setting fee	____
Recording and filing fee	____
Sales taxes	____
Total Due	6
Paid receipt number ____	____
Balance due	____

Prepaid E-7382

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7300

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

NAME Brashear, Lillie ACCT. NO. E-7282

ADDRESS 2941 Imperial Avenue, San Diego 92102 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted] 88	Opening/Closing, Top Seal Vault, Recording Fee	710 50		710 50	00

AIGNER FORM NO. 25-204 Brashear, Lillie 135 - 9 - 2 - 11 PRINTED IN USA

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Belinda Ruth Anders	Female	Oct. 24, 1953	March 14, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Quency Anders - Father 722 S. 42nd Street San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 5050 Federal Blvd. San Diego, CA 92102	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; 3751 Market Street; San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a Steel Non Sealer — Pink —	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 (Made no arrangements for burial) Came at noon Hr - Held in Vitsaver.	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a T.S. 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: $4.00 DATE PERMIT ISSUED: MAR 18 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramras, M.D. M.H.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/21/88 (ENTER DATE) 135/9/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Gorgen 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.