MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/11/88

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

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

Church, Chapel, Graveside ; Doris Mortuary.

All Funeral cars must arrive 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 OOA Liner	20.00
Handling Fees W. Lobrecht	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	20.00
Paid receipt number 35911	20.00
Balance due	0

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 7301

Acct. # ____

PY-583 (REV. 6-86)

OFFICIAL RECEIPT

№ 35911

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

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

Date: 3-24, 1988

From: Paris Tolbert Address: P.O. Box 397, El Cajon CA

Twenty dollars Dollars ($ 20.00)

Payment of Cell Liner

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7301

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
5201

AC-212 (Rev. 10-67)

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

CITY AUDITOR

APR 4 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	20	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 8022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

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 Nils Hane

in a T-S. Vault (Vault/Liner) Funeral, date, time Wed 3/23 1:30

Church, Chapel, Graveside Church & Graveside Rathergill Mortuary.

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

Lot 484 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

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	10.50
Total Due	710.50
Paid receipt number 35904	710.50
Balance due	0

Mortuary will send 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 7302

Acct. # _____

PY-593 (REV. 8-85)

E7302

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
NILS EPHRIM HANE	Male	Sept. 18, 1893	March 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	Lawrence Hane, son 4395 70th St., #27 La Mesa, Ca.

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.		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 MAR 22 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 3/23/88 (ENTER DATE) 4/4/88	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

OFFICIAL RECEIPT

№ 35904

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

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

Date: 3-23, 19 88

From: Fatherwright Address: 6322 El Cajon Blvd, SD
Seven hundred ten 92115 Dollars ($ 710-50)
In Payment of Nils Hansen Funeral Service

Lot 484 Grave Row Section 3 Division Block 8

Invoice No.
Acct. No.
W.O. E-7302
BALANCE DUE ~~0~~

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

AC-212 (Rev. 10-87) 7158

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

CITY AUDITOR
APR 4 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	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 3/21/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John C. McLaughlin Sr.

in a Top Seal Vault (Vault/Liner) Funeral date, time Thurs. 3/24 1pm

Church, Chapel, Graveside Chapel & Graveside Rites 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 974 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 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	1305.50
Paid receipt number	1305.50
Balance due	0

Paid 3/17/88

30 day note

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 Mrs John C. McLaughlin Sr.
Signature

4086 Pollard
Address

S.D. 92105
State Zip Code

284-3837
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7303

PY-593 (REV. 8-85)

W.O. NO. E-7303

NOTE—STRAIGHT

$ 1305.50 San Diego, California, March 21, 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 Martin Luther King Way, San Diego, CA 92102

the sum of Thirteen Hundred Five 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 John C. McLachlan Jr.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # 20304163

E7303

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 CLYDE McLACHLAN SR	male	June 24, 1905	March 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	Lois H. McLachlan - wife 4086 Poplar 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	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 Wooden		
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 23 1988 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Ramos, M.D. C.E.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/24/88 (ENTER DATE) 974-1-18	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 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

E7303

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/20/88

DATE: 05/20/88
TIME: 202939
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
068262	04/07/88	025914	JOHN C. MCLACHLAN, JR.					05/17/88	CK	6257	1,305.50	1,305.50	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				476.00		
			100	072		77185	000072				170.00		
			60101			78390					10.50		
			67007			77184					119.00		

E-7303

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/22/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Eileen Hawes in a Bell Liner (Vault/Liner) Funeral, date, time Fri 3/25 10:30 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 53 Grave 7 Row ____ Section 2 Division/Block 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup Owned E-4491	16.30
Burial Container Not guaranteed	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes will wait check	
Total Due	16.30
Paid receipt number 35903	16.30
Balance due	0

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

Mrs. Alan
Signature

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

_____
Signature of recorded holder of deed

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 7304

Acct. # _____

PY-593 (REV. 8-86)

E7304

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 IRENE FLOWERS	Female	12-26-1899	03-22-1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Escondido	San Diego	Dorothy Allen (Daughter) 248 Highway #78 Julian, CA 92036

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED MAR 22 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/25/88 (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 OR COUNTY OF DEATH		

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

OFFICIAL RECEIPT

№ 35903

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

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

Date: 3-23 1988

From: Dorothy Allen Address: 248 Way 78, Julian CA 92036

Sixteen 30/100 Dollars ($ 16.30)

In Payment of Dorothy Flowers Burial Service

Lot 53 Grave 7 Row Section 2 Division 7 Block

Invoice No.

Acct. No.

W.O. E-7304

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
1121

AC-212 (Rev. 10-87)

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

CITY AUDITOR

APR 4 1988

009498

ISSUED BY Sandra Wad

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	16	30
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	16	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/22/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James P. Orr

in a T.L. Vault (Vault/Liner) Funeral, date, time 1PM - Thur - 3/24

Church, Chapel, Graveside Graveside ; Family - Torrance Mortuary.

All Funeral cars must 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 -1- West 40' Grave — Row — Section IOOF Division/Block 46

Grave space & Care Fund ..... Pre need	—
Additional spaces and care fund ..... 2 + possible 1	—
Opening/Closing & Setup	320.00
Burial Container ..... T.L. 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 35907	710.50
Balance due	0

Will Legg 12:45 by Ind Cy

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

Thomas P. Stirby

I hereby authorize the interment in lot hold under deed.

Signature of recorded holder of deed

PAID
MAR 24 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Work Order # E 7305

PY-593 (REV. 8-85)

M. Evelyn Nagle
Signature

1455 Hillcrest Pl.
Address

El Cajon Ca. 92020
City, State Zip Code

4472927
Telephone

Invoice # ____

Acct. # ____

E7305

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 Patterson Orr	Male	Oct. 1, 1918	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
Harbor City	Los Angeles	Michael Hogeland - Executor 235 Queensbury Dr. # 5 Huntsville, AL. 35802

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
A. M. Ganby Mortuary Box 877 Lomita, Ca.	716

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 Hardwood-Solid Wood	SIGNATURE OF PERSON IN CHARGE OF CREMATORY Batesville Casket
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 Concrete Vault - Cremation by Boat 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 21 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/24/88 (ENTER DATE) 1-1-100F-46	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 Los Angeles County Health Dept. 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.

OFFICIAL RECEIPT

№ 35907

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

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

Date: 3/24/88 19__

From: M. Beverly Neal Address: 1455 Bathurst Place - El Cajon

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

In full Payment of Interment fees for James P. Orr - dec

Lot -1- Grave West-40" Row Section I.O.O.F. Division Block 46

Invoice No. —

Acct. No. —

W.O. E 7305

BALANCE DUE

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

AC-212 (Rev. 10-87) 2756

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

CITY AUDITOR

APR 4 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	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 3/23/88

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

in a T.L. Vault (Vault/Liner) Funeral, date, time 3/25 Fri 1:00

Church, Chapel, Graveside Chapel & 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 N/A

Lot 122 Grave 7 Row ____ Section 1 Division 12

Grave space & Care Fund Single Burial -	395.00
Additional spaces and care fund	
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	1105.50
Paid receipt number 35910	1105.50
Balance due	0

Pay by Burial -

PAID
MAR 24 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 [redacted].

Signature of recorded holder of deed

Signature Helen Joyner

Address 3255 Armstrong Apt H-29

State San Diego Zip Code 92111

Telephone 584-1102 or 560-7878

Invoice # ____

Work Order # E 7306

Acct. # ____

PY-583 (REV. 8-85)

E7306

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 Wayne Decatur	Male	Nov. 29, 1950	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	Ralph Decatur - Brother 4056 48th 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 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 Centu Parlor - Gulls - 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 24 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 3/25/88 (ENTER DATE) 12/7/12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Georgia Letter	LICENSE 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

№ 35910

Date: 3-24, 19 88

From: Ralph Williams Address:

Eleven hundred five 50/100 Dollars ($ 1105.50

In Payment of Burial Creature's Service

Lot 122 Grave 7 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-7306

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 4 1988

ISSUED BY Sandra Rose

CREDIT	67007		
20% Sales Care	77184	79	00
80% Sales of Lots	100 77184	316	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	10	50
TOTAL PAID	$	1105	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/23/88

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

in a _____ Vault/Liner Funeral, date, time Fri 3/25 11:00

Church, Chapel, Graveside Chapel-Graveside; Conrad Mortuary.

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

Lot 861 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1305.50
Paid receipt number 35905	700.00
Balance due	605.50
35917	605.50

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

William S. Sutliff
Signature
3829 36th Street
Address
San Diego, CA 92104
State Zip Code

Telephone

Invoice # _____

Work Order # E 7307

Acct. # _____

PY-593 (REV. 8-86)

E7307

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CAROLINE KATHRYN SUTLIFF	Female	July 12, 1897	FOUND 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	William S. Sutliff-Son 3829 36th Street San Diego, CA 92104

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary 3387 Broadway-Lemon Grove, CA 92045	F 941

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 24 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/25/88 (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

№ 35917

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

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

Date: 3/25 1988

From Conrad Mortuary Address: 7387 Broadway, S.D.

Six hundred, five 50/100 Dollars ($ 605.50)

In _____ Payment of Caroline K Sutliff's Service

Lot 1861 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7307

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 5449

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

CITY AUDITOR

APR 4 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	215	00
Burial Containers	100 77182	125	00
	100	120	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	605	50

OFFICIAL RECEIPT

№ 35905

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

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

Date: 3-23 19 88

From: William S. Sutliff Address: 3629 36th St, SD 92104

Seven hundred Dollars ($ 700.00)

In Payment of Caroline Kathryn Sutliff's burial Service

Lot 1861 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7307

BALANCE DUE 605.50

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

APR 4 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Cars	77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	700	—

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-23-88

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

in a I.S. Vault (Vault/Liner) Funeral, date, time Fri 3/25

Church, Chapel, Graveside Graveside : Goodboy Mortuary.

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

Lot 45 Grave 14 Row _____ Section MAS Division/~~Block~~ J

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 35913	710.50
Balance due	0

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 7308

PY-583 (REV. 8-86)

E 7308

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ORA ANN MONTGOMERY	Female	March 7, 1893	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
Sonkana	Oklahoma	Hazel Deffner daughter 302 W. Oklahoma Blackwell, Oklahoma 74601

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Goodbody Mort., 5027 El Cajon Blvd, San Diego,CA	F 790

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, 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 Sealed Vault Copper Line 1 3/8 in		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Center of Grave Head to foot		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ 18 Day DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 24 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 3/25/88 (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

№ 35913

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

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

Date: 3-25 19 88

From: Goodbody Mortuary Address: 5027 El Cajon Blvd, SD

Seven hundred ten 50/100 Dollars ($ 710.50)

In Payment of Dra. Ann Montgomery's Service

Lot 45 Grave 14 Row Section MHS Division Block J

Invoice No.

Acct. No.

W.O. E-7308

BALANCE DUE 0

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

CITY AUDITOR

APR 4 1988

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
	100	170	00
Handling Fee	77185		
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 ☒

0362

ISSUED BY Sandra Wolf

AC-212 (Rev. 10-87)

Prepaid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-24-88

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 132 Grave 2 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	856.00
Paid receipt number 35912	856.00
Balance due	-0-

Trust

Mail to Perpetual Care

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 3212½ K St

SD, CA 92113
State Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7309

PY-693 (REV. 5-85)

Anderson-Ragsdale Mortuary E7309

"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

№ 35912

Date: 3-25 19 88

From: Lloyd Taylor Address: 3212 1/2 K Street SD 92113

eight Hundred fifty-six 00 Dollars ($ 856.00)

In Payment of Preneed Lot and Trust

Lot 132 Grave 2 Row Section 2 Division 11 ~~Block~~

Invoice No.

Acct. No.

W.O. E-7309

BALANCE DUE -0-

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

AC-212 (Rev. 10-87) 06735223

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

009499

ISSUED BY Linda Wade

CITY AUDITOR
APR 4 1988

CREDIT	67007	
20% Sales Care	77184	50.00
80% Sales of Lots	100	200.00
Opening/ Closing	100 77161	
Burial Containers	100 77162	
Handling Fee	100 77165	
Recording & Misc. Fees	100 77163	
Pre-Need Trust	63033 9022	606.00
Sales Tax	60101 78390	
TOTAL PAID	$	856.00

Pre-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/24/88

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

in a Concrete P.P. Vault (Vault/Liner) Funeral, date, time

Church, Chapel, Graveside Cypress View Mortuary ⊗

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

Lot 1 Grave 2 Row Section IOOF Division/~~Block~~ 8

Grave space & Care Fund In grave of Edward Bryant - A-7814

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container P.P. Concrete Vault 40.00

Handling Fees 60.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 2.40

Center Top Half

Total Due 242.40

Paid receipt number 35906 242.40

Balance due 0

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 record holder of

Work C

PY-593

PAID
MAR 24 1988
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

William H Bryant
Signature
10231 EMPRESS AVE
Address
SAN DIEGO CA 92126
State Zip Code
(619) 271-8614
Telephone

Invoice #

Acct. #

E-73

OFFICIAL RECEIPT

Pre-Need Trust

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

№ 35906

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

Date: 3/24, 19 88

From: Rebecca Bryant Address: P.O. Box 26249 - S.D. 92126

Two Hundred forty two and 40/100 Dollars ($ 242 40)

In Payment of: Deposited for Interment of and for Rose Bryant ⊗ Gwen Reed

Lot 1 Grave 2 Row Section IOOF Division 8

Invoice No.

Acct. No.

W.O. E-7310

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 326

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

CITY AUDITOR
24
APR 4 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	242	40
Sales Tax	60101 78390		
TOTAL PAID	$	242	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry O. White

in a Bell Liner (Vault/Liner) Funeral, date, time Mon 3/28 1:00

Church, Chapel, Graveside Chapel & Grave, 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 Vietnam

Lot 115 Grave 3 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	300.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1101.00
Paid receipt number	
Balance due	

Paid 1-14-89

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.

Major E. White
Signature of recorded holder of deed

Major E. White
Signature

3/4 Gloria Dr.
Address

San Diego, Ca. 92113
State Zip Code

264-8338
Telephone

Invoice # 068266

Acct # 025118

Work Order # E 7311

PY-583 (REV. 8-85)

W.O. NO. E-7311

NOTE—STRAIGHT

$ 1101.00 San Diego, California, March 25, 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 eleven hundred one 00/100 DOLLARS,

with interest from — on the unpaid principal at the rate of

12 per cent per annum, payable on demand

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

x Major E. White

3144 Gloria St.

Mailing Address

Caly Id#

NB8402951

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E 7311

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LARRY ODELL WHITE	Male	05-22-1949	03-20-1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Major E. White (Mother) 314 Gloria Street 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 # 903-Cloth Warden		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MS-3-(-11 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/25/88

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

in a Oak Vault (Vault/Liner) Funeral, date, time Wed 4/6

Church, Chapel, Graveside Mountain View Cemetery, Oakland CA Mortuary.

All Funeral cars must arrive 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 4 Row ____ Section MAS Division/Block P

Foot - Left Side

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 35918	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

Kathryn F. King
Signature
444 Whispering Pines #70
Address
Scotts Valley, CA 95066
State Zip Code

Telephone

Invoice # ____

Work Order # E 7312

Acct. # ____

PY-593 (REV. 8-86)

E7312

Date: March 23, 1988

To: Mount Hope Cemetery
3751 Market St.
San Diego, Calif 92102

Re: Interment: Lot 28 / Grave 4 / Section MAS / Div. P
Ford B. King
Social Security No: 564-05-3983
Birth Date 03/02/09

The Mountain View Cemetery of Oakland, California will be instructed to forward the remains of Ford B. King to you for interment.
Enclosed please find a check in the amount of $242.40, the amount quoted to Mr. Kenneth Barnes.
I would appreciate confirmation regarding lot number, grave number, etc.
Thank you for your courtesy

Kathryn F. King
(Mrs. Ford B.)

Kathryn F. King
444 Whispering Pines Sp. 76
Scott's Valley, Calif. 95066

OFFICIAL RECEIPT

№ 35918

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

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

Date: 3-25, 1988

From: Kathryn Ekeing Address: 444 Whispering Pine Dr #76

Two hundred forty-two 40 Dollars ($ 242.40)

In Payment of Ford B. King's Funeral Service

Lot 29 Grave 4 Row Section MAS Division Block P

Invoice No.

Acct. No.

W.O. E-7312

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
4759

AC-212 (Rev. 10-87)

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

CITY AUDITOR

APR 4 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
	100	60	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	40
TOTAL PAID	$	242	40

E7312

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FORD BARNES KING	MALE	3/2/1909	3/4/1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SCOTTS VALLEY	SANTA CRUZ	MRS. KATHRYN F. KING (WIFE) 444 Whispering Pines Drive.#76 SanDiego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
MOUNTAIN VIEW CEMETERY ASSOCIATION	

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 MOUNT HOPE CEMETERY 3751 Market Street San Diego, CA		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ [signature] DATE SIGNED 3/28/88
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 $10.00	DATE PERMIT ISSUED MAR 29 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/6/88 (ENTER DATE) 29/4/MS/P- left foot	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: Santa Cruz County Health Department 1060 - Emeline St. Santa Cruz, CA 95060		

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-28-88

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

in a liner (Vault/Liner) Funeral, date, time Tues 3/29 10AM

Church, Chapel, Graveside chapel, M.L. : 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 No.

✓ Lot D Grave 5 Row _____ Section 3 Division/~~Block~~ 1

Grave space & Care Fund ..... preneed B9941 .....

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320 —

Burial Container ..... 100 —

Handling Fees ..... Labor ..... 145 —

Flower vases - Marker setting fee .....

Recording and filing ..... 35 —

Sales taxes ..... 6 —

Total Due 606.00

Paid receipt number 35930 606.00

Balance due 0

PAID
MAR 28 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Kevin called Pinkham with ping 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 7313

Acct. # _____

PY-693 (REV. 6-85)

E7313

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARGARET LUCILE WHEATON	FEMALE	AUG 8, 1910	MAR 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
CORONADO	SAN DIEGO	ELIZABETH BUENNAN, SISTER 137 ALAMEDA BLVD CORONADO, CA 92118

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

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $4.00 DATE PERMIT ISSUED: MAR 28 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Rennie, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/29/88 (ENTER DATE) ASJ	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

№ 35930

Date: 3/29, 19 88

From Leighton Mitchell J.B. Address: 808 - 13th St Imperial Beach - 92032

Six hundred six and no/100 Dollars ($ 606 00)

In full Payment of Interment of and for Margaret Leile Wheaton - Dec

Lot D Grave 5 Row Section 3 Division Block 1

Invoice No. ~

Acct. No. ~

W.O. E-7313

BALANCE DUE -0-

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

AC-212 (Rev. 10-87) 6314

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

CITY AUDITOR
APR 1 1988

ISSUED BY George W Stetter

CREDIT 20% Sales Care	67007 77184	~	
80% Sales of Lots	100 77184	~	
Opening/ Closing	100 77181	320	00
Burial Containers	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	$	606	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/28/88

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

in a T.S. Vault (Vault/Urn) Funeral, date, time Wed-9Am-3/30

Church, Chapel, Graveside Church of JS ; 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 5085 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees 4K 3-8-1988	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1405.50
Paid receipt number 35921	1405.50
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

Laurne C. Burns
Sponsor
129 No. 41st
Address
Calif 92102
State Zip Code
264-0711
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7314

PY-593 (REV. 8-88)

E7314

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 WHITE	Male	July 7, 1970	March 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	Pelman C. White - Mother 1560 California St. San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Regsdale 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 2094 Batiquitos Lagoon	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Vault Head to North		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF *APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 28 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. C.S.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/30/88 (ENTER DATE) 5085-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgeville	LICENSE 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

№ 35921

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

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

Date: 3/28/88, 19__

From: Lallene C Burr Address: 329 No 41st St / SD 92102

Fourteen Hundred five and 50/100 Dollars ($ 1405.50)

In full Payment of Interment rights for Anthony White dec

Lot 5085 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. —

Acct. No. —

W.O. E7314

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 4 1988

ISSUED BY [signature]

CREDIT	67007	139	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/28/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Ellen Miller Robinson

in a Vault (Vault/Liner) Funeral, date, time 3/30/Wed/2 PM

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

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

✓ Lot 3130 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... Via Rosedale - P.C. Deed	—
Additional spaces and care fund	—
Opening/Closing & Setup ..... Pre Paid	
Burial Container ..... Rec #2713	
Handling Fees 10/26/79	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 35934	35.00
Balance due	0

OK by Mr. Rosedale

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

PAID
MAR 30 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 _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 7315

Acct. # _____

PY-593 (REV. 8-86)

E7315

Anderson-Ragsdale Mortuary

"Third Generation In The Mortuary Profession"

5050 FEDERAL BLVD. SAN DIEGO, CALIF 92102

PHONE (714) 263-3141

March 28, 1988

RECEIVED
MAR 23 1988
MT. HOPE CEMETERY

Mt. Hope Cemetery:

I am enclosing a copy of the Deed for the grave when it was orginally purchased by Rev. Caney and Goldina B. Johnson in 1974. In October of 1979 Mrs. Goldina Johnson made payment for the opening, closing and vault for her self. Later in 1984 Mrs. Johnson sold the grave, opening, closing and vault to Arnie Robinson. I hope this straighten out this matter.

Yours truly,

H. W. Ragsdale

The owner of the grave, Arnie Robinson would like to bury his mother, Mary Ellis Miller Robinson in this grave. Funeral has been set for Wedensday at 2:00PM from our Chapel

OK - $35.00 due —

E 7315

E7315

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name
Street Address
City State Zip

Mr. Arnie Robinson
5930 Albemarle St.
San Diego, CA 92139

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO

Name
Street Address
City State Zip

DOCUMENTARY TRANSFER TAX $ _____
_____ COMPUTED ON FULL VALUE OF PROPERTY CONVEYED,
_____ OR COMPUTED ON FULL VALUE LESS LIENS AND ENCUMBRANCES REMAINING AT TIME OF SALE.

Signature of Declarant or Agent determining tax. Firm Name

QUITCLAIM DEED

(Escrow No.....)

By this instrument dated February 21, 1984, for a valuable consideration,

do..... hereby remise, release and forever quitclaim to Arnie Robinson

the following described Real Property in the State of California, County of San Diego

City of San Diego

Grave at Mt. Hope Cemetery Lot 3130 Division 10

Goldina Bessie Johnson

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO } SS.

On February 21, 1984, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Goldina Bessie Johnson known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

Notary's Signature Clyde L Robertson
CLYDE L. ROBERTSON

OFFICIAL SEAL
CLYDE L ROBERTSON
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My comm. expires NOV 15, 1985

5050 Federal Blvd., San Diego, CA 92102

MAIL TAX STATEMENTS AS DIRECTED ABOVE

Form No. 748 Revised 9-67

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

7455
E7315
6/27/1974

OWNERSHIP AND INTERMENT PRIVILEGES

TO Rev. Caney & Goldina B. Johnson for the sum of $ 450.00 (DOLLARS)

LEGAL DESCRIPTION Lots 3129 & 3130 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-4671

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation flush type markers only.

R. W. Dehne /DB
Cemetery Manager

W. L. MacFarlane
Property Director

PW-564 (REV. 12-72)

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

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

Nº 27713

DATE 10-26- 1979

FROM Goldina Johnson ADDRESS 2447 Bennett, Wichita Kan. 67204

Three Hundred Nine dollars & 00/cents DOLLARS ($ 309.00)

IN Full PAYMENT OF Re-Test Opening, Vault

LOT 3130 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. Clerk

W.O. E 786

UNPAID BALANCE AFTER THIS PAYMENT Ø

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

PAID

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY Wallace

CREDIT	67007		
SALES CARE	77184		
HALF SALES OF LOTS	100 77184		
OPENINGS	100 77181	150	00
BOXES	100 77182	159	00
REMOVALS FOUNDATIONS	100 77183		
TOTAL PAID $		309	00

AC-212 (REV. 7-75)

E 7315

ORDER — MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-14 1979

CHARGE Ole Neal

ADDRESS

NAME OF DECEASED Rev. Carey Johnson

OWNER

ADDRESS

MORTUARY Rogdale

LOT 3129 GR ROW SEC ~~BLK~~ DIV 10

OPENING TIME 10:30 DAY DATE THURSDAY 8-16-79

VAULT ~~BOX~~ T. S. SIZE

REMOVAL OR FOUNDATION VET.

TOTAL Bd.

PAID RECEIPT NUMBER

BALANCE

Ole Neal paid on D-4671 & E-553.
Church Service
Will stay to witness interment.

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 Rogdale

ORDER TAKEN BY [illegible]

W.O. NO. E 009575

INVOICE NO. Bd.

PR-974 (REV. 9-78)

ORDER — MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-6-1979

CHARGE Goldina Johnson 236-[illegible]

ADDRESS 3020 L St, San Diego (92)

NAME OF DECEASED Rev. Noel Johnson

OWNER Carey & Goldina Johnson

ADDRESS Above

MORTUARY

LOT 3129 GR ROW SEC ~~BLK~~ DIV 10

OPENING TIME DAY DATE 150 00

VAULT ~~BOX~~ T.S. SIZE 159 00

REMOVAL OR FOUNDATION VET.

TOTAL 309 00

PAID RECEIPT NUMBER 27464

BALANCE

Flash marker only

PAID
AUG 6 1979
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 Mrs. Goldina Johnson

ORDER TAKEN BY Wallace

W.O. NO. E 009553

INVOICE NO. Cash

PR-974 (REV. 9-78)

E7315

ORDER

HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-26- 19 79

CHARGE Goldwin Johnson - 316 838-8533

ADDRESS 2447 Jennett St. Wichita Kan. 67204

NAME OF DECEASED Pre-Need Opening & Closing Vault

OWNER Alone

ADDRESS

MORTUARY Rosedale

LOT 3130 GR ROW SEC DIV 10		
OPENING TIME DAY DATE	150	00
VAULT T.S. SIZE	159	00
REMOVAL OR FOUNDATION VET.		
TOTAL	309	00
PAID RECEIPT NUMBER 27713		
BALANCE		

flush marker only

PAID
OCT 26 1979
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 Goldwin R. Johnson ORDER TAKEN BY Wallace

W.O. NO. E 000786 INVOICE NO. Cash

PR-974 (REV. 9-76)

309
309
618
450
1068

744

126

744
618

126.00

309
225
534

E7315

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA Mary Ellis Robenson Mary Ellis Miller	Female	May 8, 1892	March 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	Ivan Robinson - Son 3134 "F" Street 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 Last Supper Blue 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 20ga 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 $4.00	DATE PERMIT ISSUED MAR 28 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/30/88 (ENTER DATE) 3/30/88	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

Via Ragsdale Chapel

№ 35934

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

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

Date: 3/30, 1988

From: Verneater Robinson Address: 5930 albemarle/S.D. 92139

Thirty five & 00/100 Dollars ($ 35.00)

In full Payment of Recording fee for Mary Ellis Robinson - miller

Lot: 3130 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E-7315

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 4516

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

CITY AUDITOR

APR 4 1988

ISSUED BY Lorraine Stitler

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	83033 9022	—
Sales Tax	60101 76390	—
TOTAL PAID	$	35 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-28-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie B. Bradley in a Vault (Vault/Liner) Funeral, date, time Fri 4/1/88 11am Church, Chapel, Graveside Chapel, G.S. : Ragsdale Mortuary.

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

Lot 78 Grave 5 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee Flower Vase	15.60
Recording and filing fee	35.00
Sales taxes	10.80
Total Due	1221.40
Paid receipt number 35923	1221.40
Balance due	-0-

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

Cecil L. Bell
Signature
6580 Calle Pavana
Address
Ca. 92139
State Zip Code
475-7075
Telephone

Invoice # _____

Work Order # E 7316

Acct. # _____

PY-553 (REV. 8-86)

E7316

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 B. Bradley	Male	March 17, 1911	March 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	Cecil L. Bell - Grandson 6580 Calle Pavana San Diego, CA 92139

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA 92802	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 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 n/a Crypt 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 MAR 31 1988 ▶ 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 78/5/3/12 (ENTER DATE) 4/1/88	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

№ 35923

Date: 3-28-, 19 88

From: Kathryn R. Bell Address: 6580 Calle Pavana, S.D. Ca 92139

One thousand two hundred twenty-one and 40/100 Dollars ($ 1221.40)

in Full Payment of interment of Willie B. Bradley also installation of flower can.

Lot 78 Grave 5 Row Section 3 35923 Division Block 12

Invoice No. —

Acct. No. —

W.O. E 7316

BALANCE DUE —0—

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

AC-212 (Rev. 10-87) 843

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

CITY AUDITOR
APR 4 1988

ISSUED BY W. J. Teague

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	180	00
Handling Fee	100 77185	180	60
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	10	80
TOTAL PAID	$	1221	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-28-88

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

in a Vault (Vault/Liner) Funeral, date, time Fri 4-1-88 2pm

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

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

Lot 5157 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Grave space & Care Fund	695—
Additional spaces and care fund	
Opening/Closing & Setup	320—
Burial Container Vault	175—
Handling Fees Labor	170—
Flower vases - Marker setting fee	
Recording and filing fee	35—
Sales taxes	10.50
Total Due	1405.50
Paid receipt number 35925	1405.50
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.

James Samuels Jr
Signature

8036 SHADOW HILL DR.
Address

LAMESA, CA 92041
City, State, Zip Code

697-3414
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 7317

Acct. # _____

PY-593 (REV. 8-86)

E7317

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA ROSIE LEE SAMUELS ROSA LINETTE SAMUELS	Female	April 3, 1931	Found March 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
LaMesa	San Diego	James Samuels, Jr. - Husband 8036 Shadow Hill Drive San Diego, CA 92041

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 Stat Seals -	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 Ron Cola 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 MAR 30 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 4/1/88 (ENTER DATE) 3737-10	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

№ 35925

Date: 3-28- 19 88

From: James Samuels Address: 8036 Shadow Hill Dr. LaMesa 92041

One thousand four hundred five dollars and 50/100 Dollars ($ 1405.50)

In Full Payment of interment of Rosa L. Samuels

Lot 5157 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E 7317

BALANCE DUE -0-

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

AC-212 (Rev. 10-87) 755

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

CITY AUDITOR

APR 4 1988

ISSUED BY W. J. Teagle

CREDIT 20% Sales Care	67007 77184	139	—
80% Sales of Lots	100 77184	556	—
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	175	—
Handling Fee	100 77185	170	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 75390	10	50
TOTAL PAID	$	1405	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-28-88

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

in a Vault (Vault/Liner) Funeral, date, time 4/6/88 Wed - 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 53 Grave 9 Row ____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund ..... E 6379	150.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container ..... Vault	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	860.50
Paid receipt number 35953	860.50
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 # ____

Acct. # ____

Work Order # E 7318

PY-583 (REV. 8-85)

E7318

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 BROOKS	Female	August 19, 190	March 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	Flora Hunt - Daughter 2464 Market 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 Metal Sealed Soga Vault N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	Water line on north side of grave	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND AS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED MAR 31 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald E. Ramras, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/6/88 (ENTER DATE) 3/31/88	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

№ 35953

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

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

Date: 4-1 . 19 88

From: Flora Hunt Address: 2461 Market St, SD

eight hundred sixty -50/100 — Dollars ($ 860-50)

In Payment of Hattie Brooks' Burial Service

Lot 53 Grave 9 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E-7318

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 6 1988

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	31	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	$	860	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/29/88
X

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

in a Vault Funeral, date, time 3/31 @ 11:00 Thurs

Church, Chapel, Graveside (Vault/Niche) graveside Santee Lakeside Mortuary.

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

✓ Lot 25 Grave 16 Row _____ Section Mas Division/~~Block~~ J

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	330.00
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 35936	710.50
Balance due	0

Will sign and pay thurs 3/31 at Time of service Need P.B.

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 Helen J. Hurley
Address 9757 Vine St.
State Lakeside 92040 Zip Code
Telephone CA 443-4386

Invoice # _____

Work Order # E 7319

Acct. # _____

PY-593 (REV. 8-85)

E7319

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
OTIS DOW HURLEY, JR.	Male	Sept. 2, 1901	March 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
Lakeside	San Diego	Helen Hurley wife 9757 Vine Street Lakeside, California 92040

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lakeside-Santee Funeral Chapel, 9840 Maine Ave., Lakeside, CA	F 4618

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

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A 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 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 MAR 30 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rancel, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 3/31/88 (ENTER DATE) 25/16/1988	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

№ 35936

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

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

Date: 3-31, 1988

From: Helen Hurley Address: 9757 Vine St, Lakeside CA

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

In Payment of Otis Hurley's Burial Service

Lot 25 Grave 16 Row Section MAS Division Block J

Invoice No.

Acct. No.

W.O. E-7219

BALANCE DUE -0-

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

1693

AC-212 (Rev. 10-87)

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

CITY AUDITOR

APR 4 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100 77184		
Opening/ Closing	100 77181	380	00
Burial Containers	100 77182	175	00
	100	170	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	50
TOTAL PAID	$	710	50

Pre Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/29/88

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

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

Church, Chapel, Graveside ; Carroll 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 816 and 817 Grave Row Section 3 Division/Block 8

Grave space & Care Fund ..... Pre 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 35.00

Sales tax 2.40

Total Due 242.40

Paid receipt number 35932 242.40

Balance due 0

PAID
MAR 29 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed

X Valborg E. Kittelson
Signature

1174 E MAIN, SP. 64
Address

EL CAJON, CA 92021
State Zip Code

619-447-7736
Telephone

Invoice #

Work Order # E 7320

Acct. #

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

№ 35932

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

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

Date: 3/29/88, 19

From: Valborg E Kettelson Address: 1174 E main #67 - El Cajon Ca 92021

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

In ~~Deposit~~ Payment of Pre need Trust for Valborg Kettelson

Lot 816 or 817 Grave Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E-7320

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 2060

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

CITY AUDITOR

APR 4 1988

ISSUED BY Geoyer Betts

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 78390	
TOTAL PAID	$	242 40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-29-88

X

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

in a Liner Funeral date, time Mon 4-4 1:00 PM

Vault Liner Church Chapel, Graveside Church & G.S. : Pagedale Mortuary.

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

Lot 5178 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	695.00
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	1301.00
Paid receipt number	
Balance due	

Paid 6/2/88

30 day note

Owner James King (see Back) Mother

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

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

_____
Signature of recorded holder of deed

Carolyn J Norwood
Signature

7721 Gribble St
Address

San Diego Ca 92114
State Zip Code

267-6996
Telephone

Invoice # 068264

Acct. # 025116

Work Order # E 7321

PY-583 (REV. 6-86)

James King
3720 39th St
Apt. 20
San Diego
92105

W.O. NO. E-7321

NOTE—STRAIGHT

$ 1301.00 San Diego, California, March 31, 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 Thirteen Hundred and One and no/100 DOLLARS,

with interest from May 2, 1988 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

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

x Carolyn J Norwood

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Calif. Driver Lic. # N2094035

E 7321

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VELMA LOUISE KING	Female	Oct. 28, 1923	March 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	James King - Son 3720 - 39th St. Apt. 20 San Diego, CA 92105

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 Steel Sealer · 209
BURIAL AT SEA OR DISPOSITION OTHER 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 Mormon Gulch,	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Lerier	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 31 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Ramos, M.D. MTN
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/4/88 (ENTER DATE) 5178-10	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

E7321

068264	04/07/88	025916	CAROLYN NORWOOD			06/02/88 CK 167	1,301.00	1,301.00		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	556.00			
			100	072	77185	000072	145.00			
			60101		78390		6.00			
			67007		77184		139.00			

E-7321

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-31-88

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

in a Bell Liner (Vault/Liner) Funeral date, time Mon 3-4 10:00

Church, Chapel, Graveside Chapel & Graveside Berge-Roberts Mortuary.

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

✓ Lot 41 Grave 2 Row _____ Section 3 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 35940	200.00
Balance due	406.00

Paid 5/6/88

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

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

_____
Signature of recorded holder of deed

Signature: Lucy Guevara

Address: 6650 46 St

State: San Diego Ca Zip Code: 92113

Telephone: 262-0066

Invoice # 068263

Acct. # 025175

Work Order # E 7322

PY-593 (REV. 8-86)

W.O. NO. E-7322

NOTE—STRAIGHT

$ 406.00 San Diego, California, March 31, 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 Four hundred six 20/100 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 Lucy Guevara

V052384 9

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E 7322

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
PEDRO E. RANGEL	Male	March 28, 1906	March 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
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

- [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 Batesville 20ga - Sealer -	DATE CREMATED Pail Hardware	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 ocean		
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 APR 01 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Remos, M.D. CO
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/4/88 (ENTER DATE) 4/2/3/6	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Lorgent Stelle	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

OFFICIAL RECEIPT

№ 35940

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

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

Date: 3-31 19 88

From: Stella Youngberg Address: 616 S. 46th St, SD 92113

Dollars ($ 200.00)

In Payment of Pedro Vanzel's Burial Service

Lot 41 Grave 2 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E-7322

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
APR 6 1988

ISSUED BY Sandra L Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	200	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	$	200	00

E7322

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/12/88

DATE: 05/12/88
TIME: 223359
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
068263	04/07/88	025915	LUCY GUEVARA					05/06/88	CK	2488	406.00	406.00	0.00
			100	072		77181	000072				120.00		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		

E-7322

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 406.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-31-88

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

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 4/1 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 134 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	125.00
Handling Fees	165.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	7.50
Total Due	902.50
Paid receipt number 35947	300.00
Balance due	602.50

Overpaid

300 [illegible] bill the [illegible]

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

Stanley R. Roberts
Signature
5398 Imperial Ave #3
Address
San Diego 92114
State Zip Code
(619) 527-0522
Telephone

Invoice # 068265

Acct. # 025777

Work Order # E 7323

PY-683 (REV. 8-85)

W.O. NO. E-7323

NOTE—STRAIGHT

$ 602.50 San Diego, California, April 1, 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 six hundred two 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 Stanley L Robb

5398 Imperial Ave #3

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Naval Training Center

I.D. # 208255

SS# 328-66-9875

E7323

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JACQUELINE ROBERTS	Female	Sept. 24, 1945	Mar. 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	Stanley Roberts - Son 5398 Imperial Ave. #3 San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Pl. 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

BURIAL	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 "Oversize" #6 Liner — 3/4 octagon flat top - Potter's Board		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Wooden grey Box Hardware & Ent.		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 31 1988 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Ramos, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/1/88 (ENTER DATE) 134/6/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Letter	LICENSE 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

№ 35947

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

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

Date: 4-1 19 88

From: Stanley Roberts Address: 5398 Imperial Ave #3, SD

Three hundred Dollars ($ 300.00)

In Payment of Jacqueline Roberts Burial Service

Lot 134 Grave 6 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7323

BALANCE DUE 602.SD

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 Linda Reed

CREDIT	67007	50	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	50	00
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	300	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-4-88

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

in a Bell Liner (Vault/Liner) Funeral date, time Fri 0W 11 Am - 4/8/88

Church, Chapel, Graveside Chapel of the 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 No.

Lot 106 Grave 2 Row _____ Section 4 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 6½% =	6.00
Total Due	606.50
Paid receipt number 35964	606.50
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.

Patricia H Rhad
Signature

10100 Fuente Dr.
Address

LA MESA · Ca. 92041
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 7324

Acct. # _____

PY-593 (REV. 8-86)

E7324

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 SCHOSSOW (AKA Alice Margery Schossow)	female	April 24, 1905	April 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	Patricia Rhodes - daughter 10100 Fuerte Drive 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 OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a 18 ga Batesville		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a Stel — — hence		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 7 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/8/88 (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

OFFICIAL RECEIPT

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

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

№ 35964

Date: 4-4, 19 88

From: Patricia Nuñez Address: 10100 Fuerte Dr, SD

Six hundred six 50/100 — Dollars ($ 606.50)

In Payment of Mortuary Labors & Burial

Lot 106 Grave 2 Row Section 4 Division Block 7

Invoice No.

Acct. No.

W.O. E-7324

BALANCE DUE ~~0~~

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

AC-212 (Rev. 10-87) 145

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

CITY AUDITOR

APR 8 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	320.00
Opening/ Closing	100 77181	100.—
Burial Containers	100 77182	145.00
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	35.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	6.50
TOTAL PAID	$	606.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-4-88

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

in a Ash Vault Vault/Liner Funeral, date, time Thurs 4/7 2:00

Church, Chapel, Graveside Graveside : Mayer Mortuary.

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

Lot 507 Grave _____ Row _____ Section 5 Division/Block 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.60
Total Due	242.60
Paid receipt number 35456	242.60
Balance due	0

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

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

_____
Signature of recorded holder of deed

Silvio Cascia
Signature

1144 Parrot St.
Address

Calif. 92102
State Zip Code

263-4308
Telephone

Invoice # _____

Work Order # E 7325

Acct. # _____

PY-583 (REV. 8-85)

E7325

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 Jane Goscia	Female	Dec. 11,1916	April 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
La Mesa	San Diego	Silvio Coscia - Husband 1844 Parrot San Diego, CA. 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
,Mayer MOrtuary 2859 Adams Av. San Diego, CA	1424

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. HoppeCemetgary 3751 Market St. San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED 14065 Old Hwy 80 Leneda Cremetary, El Cajon, CA	DATE CREMATED 4/5/88	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 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 ▶ Arlene Ruiz Mortuary DATE SIGNED April 5 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 APR 05 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald E. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/7/88 (ENTER DATE) Sol/5/88	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W Stetter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 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

№ 35956

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

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

Date: 4-4 19 88

From: Mr. Cossin Address: 1844 Sorrat St, SD 92105

two hundred forty-two 60 Dollars ($ 242.60)

In Payment of Dorothy Cossin's Burial Service

Lot 507 Grave Row Section 5 Division Block 8

Invoice No.

Acct. No.

W.O. E-7325

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 931

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

CITY AUDITOR
APR 6 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	90	00
	100	60	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	60
TOTAL PAID	$	242	60

P Perseed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-4-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tomas S. Florencio Estrada

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 1075 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup 2 @ 320	640.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee 2 @ 35	70.00
Sales taxes	21.45
Total Due	1381.45
Paid receipt number 35965	500.00
Balance due	881.45

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7326

PY-693 (REV. 8-86)

E7326

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 4 day of April, 1988, between Jorge & Consuelo Estrada 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 175, Grave —, Row —, Section —, ~~Block~~/Division 10, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $1381.45, payable as follows: $500.00 cash herewith, the receipt of which is hereby acknowledged; $36.00 on the 10 day of May, 1988; and the balance in installments of $36.00 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.

E7326

WITNESS our hands this day and year above written.

Deed to be issued to: Tomás S. Estrada
Name

23 @ 36.00
1 @ 53.45

3712 First Ave
Address

San Diego, CA 92103

PURCHASER

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra Ward

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

OFFICIAL RECEIPT

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

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

№ **35965**

Date: 4-4 19 88

From: [illegible] Address: 3712 1st Ave, SD 92103

five hundred 00/100 Dollars ($ 500.00)

In Payment of Perpetual Trust

Lot 1095 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7326

BALANCE DUE 681.45

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

AC-212 (Rev. 10-87)

1972

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

CITY AUDITOR
APR 8 1988

ISSUED BY [illegible]

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

OFFICIAL RECEIPT

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

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

№ 36071

Date: 5-2, 19 88

From: Vinnie Estrada Address: 3712 1st Ave, SD 92103

thirty-six no/100 Dollars ($ 36.00)

In Payment of Pre-need Trust

Lot 1075 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7326

BALANCE DUE 845.45

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

AC-212 (Rev. 10-87) 1988

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

CITY AUDITOR

MAY 04 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	36	00
Sales Tax	60101 78390		
TOTAL PAID	$	36	00

OFFICIAL RECEIPT

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

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

№ 36237

Date: 6-3 1988

From: Lamas Estrada Address: 3712 1st Ave, SD 92103

Thirty-six no Dollars ($ 36.00)

In Payment of Preneed Trust

Lot 1075 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-7326

BALANCE DUE 209.45

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

AC-212 (Rev. 10-87) 2006

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

CITY AUDITOR

JUN 13 1988

012083

ISSUED BY Sandra Vera

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	36 00
Sales Tax	60101 78390	
TOTAL PAID	$	36 00

OFFICIAL RECEIPT

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

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

№ 36348

Date: 7-1 19 88

From: Jonas Estrada Address: 3712 First Ave, SD 92103

thirty-six 00/100 Dollars ($ 36.00)

In Payment of Prepaid Trust

Lot 1075 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-7326

BALANCE DUE 743.45

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

AC-212 (Rev. 10-87) 2026

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

CITY AUDITOR

JUL 11 1988

ISSUED BY Sandra Ward

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	36	00
Sales Tax	80101 78390		
TOTAL PAID	$	36	00

OFFICIAL RECEIPT

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

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

№ 36496
E 7326

Date: 8-4 , 19 88

From: Ines Estrada Address: 3712 First Avenue

Thirty-Six dollars Dollars ($ 36.00)

In payment Payment of Credit Lot

Lot 1075 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O.

BALANCE DUE 712.45

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

AC-212 (Rev. 10-87) 2038

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

CITY AUDITOR

AUG 09 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77164	
80% Sales of Lots	100 77164	36
Opening/ 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	$	36

OFFICIAL RECEIPT

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

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

№ 36609

Date: 6-1, 19 00

From: Annie Estrada Address: 3712 Street Ave, D

thirty-six 00/100 Dollars ($ 36.00)

In Payment of Preneed Trust

Lot 1075 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7326

BALANCE DUE 671.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
2056

AC-212 (Rev. 10-87)

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

CITY AUDITOR
SEP 6 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	36 00
Sales Tax	80101 78390	
TOTAL PAID	$	36 00

OFFICIAL RECEIPT

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

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

№ 36756

Date: 10-3, 1988

From: Connie Estrada Address: 2712 1st Ave, SD 92103

Thirty-six 00/100 — Dollars ($ 36.00)

In 1 Payment of Pre-need Trust

Lot 1075 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. 2-7326

BALANCE DUE 635.45

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

AC-212 (Rev. 10-87) 2088

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

CITY AUDITOR

OCT 7 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	36	00
Sales Tax	60101 78390		
TOTAL PAID	$	36	00 ✓

OFFICIAL RECEIPT

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

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

№ 36915

Date: 11-4 1988

From: Amos Eberle Address: 3712 1st Ave, San Diego, CA 92103

Christ, - six 20/100 Dollars ($ 36.00)

In Payment of Pierced Tuest

Lot 1075 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-7326

BALANCE DUE 599.45

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 Lydia Ward

CREDIT	67007		
20% Sales Care	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	36	00
Sales Tax	60101 76390		
TOTAL PAID	$	36	00

CITY AUDITOR
NOV 15 1988

OFFICIAL RECEIPT

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

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

№ 37026

Date: 12-2 1988

From: Connie Estrada Address: 3712 First Ave San Diego CA 92103

Thirty-six dollars 00/100 Dollars ($ 36.00)

In part Payment of pre-need trust

Lot 1075 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No. E-7326

W.O.

BALANCE DUE 563.45

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

2113

AC-212 (Rev. 10-87)

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

CITY AUDITOR
DEC 9 1988

ISSUED BY Sara Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	36 00
Sales Tax	60101 78390	
TOTAL PAID	$	36 00

E7326

OFFICIAL RECEIPT

№ 37175

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

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

Date: 1-5 19 89

From: Annie Estrada Address: 2712 1st Ave, SD 92103

thirty-six 00/100 Dollars ($ 36.00)

In Payment of Perpetual Trust

Lot 1875 Grave Row Section Division-Block 10

Invoice No.

Acct. No.

W.O.

BALANCE DUE

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

AC-212 (Rev. 10-87) 2137

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

ISSUED BY Linda Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	36 00
Sales Tax	60101 78390	
TOTAL PAID	$	36 00

CITY AUDITOR
JAN 11 1989

OFFICIAL RECEIPT

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

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

№ 37281

Date: 2-1, 19 89

From: Ernie Estrada Address: 3212 1st Ave, SD 92103

Thirty-six 00/100 Dollars ($ 36.00)

In Payment of Pacified Trust

Lot 1015 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-17326

BALANCE DUE 491.45

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

2151

AC-212 (Rev. 10-87)

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

CITY AUDITOR
FEB 06 1989

ISSUED BY Linda Vind

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	36	00
Sales Tax	60101 78380		
TOTAL PAID	$	36	00

OFFICIAL RECEIPT

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

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

№ 37437

Date: 3-6 19 89

From: Carrie D. Estrada Address: 3712 First Ave, San Diego CA

that - 25% 20/110 Dollars ($ 36.00)

In Payment of Perpetual Trust

Lot 1025 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2 - 7326

BALANCE DUE 455.45

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

AC-212 (Rev. 10-87) 2170

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		
Opening/ Closing	100 77181		
Boxes Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022	36	00
Sales Tax	60101 78300		
TOTAL PAID	$	36	00

OFFICIAL RECEIPT

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

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

CITY AUDITOR № 37599

APR 07 1989

Date: 4-4, 1989

From Connie Estrada Address: 3712 First Ave, SD

Thirty-six refund Dollars ($ 36.00)

In Payment of Pre-need Trust

Lot 1075 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7326

BALANCE DUE 419.45

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

AC-212 (Rev. 10-87) 2186

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

ISSUED BY Linda Vind

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	36	00
Sales Tax	60101 75390		
TOTAL PAID	$	36	00

OFFICIAL RECEIPT

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

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

№ 37740

Date: 5-3 1989

From: Connie D Estrada Address: 3712 first Ave San Diego Ca 92103

Thirty-six dollars & 00/100 Dollars ($ 36.00)

In part Payment of prepaid trust

Lot 1025 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-2326

BALANCE DUE 383.45

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

2196

AC-212 (Rev. 10-87)

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

ISSUED BY Flora Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	36 00
Sales Tax	60101 76390	
TOTAL PAID	$	36 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

№ 37891

Date: 6-2, 1989

From: Carmie Estrada Address: 3112 First Ave, SD

thirty-six 00/100 Dollars ($ 36.00)

In _____ Payment of Pre-need Trust

Lot 1075 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7326

BALANCE DUE 347.25

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

AC-212 (Rev. 10-87) 2209

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

CITY AUDITOR
JUN 09 1989

ISSUED BY Linda Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	36 00
Sales Tax	60101 78390	
TOTAL PAID	$	36 00

OFFICIAL RECEIPT

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

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

№ 38234

Date: July 6, 1989

From: Tom + Connie Estrada Address: 3712 first avenue

Thirty-six dollars no/100 — Dollars ($ 36.00)

In _____ Payment of Pre-need trust

Lot 1075 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7326

BALANCE DUE $311.45

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

2242

AC-212 (Rev. 10-87)

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

ISSUED BY Sharon L. Crain

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	36	00
Sales Tax	60101 78390		
TOTAL PAID	$	36	00

CITY AUDITOR
JUL 10 1989

OFFICIAL RECEIPT

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

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

№ 38377

Date: August 7, 19 89

From: Tom & Connie Estrada Address: 3712 first Ave. S.D. CA.

Thirty six dollars no/100 Dollars ($ 36.00)

In _____ Payment of NB coupon

Lot 1075 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7326

BALANCE DUE $275.45

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

AC-212 (Rev. 10-87) 2258

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

ISSUED BY Sharon L Crain

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	CITY AUDITOR	
Opening/ Closing	100 77181		
Burial Containers	100 77182	AUG 12 1989	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	36	00
Sales Tax	60101 78390		
TOTAL PAID	$	36	00

OFFICIAL RECEIPT

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

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

NO 38463

Date: 9-1, 19 89

From: Mrs Estrada Address: 3712 First Ave, San Diego

Thirty-six 00/100 Dollars ($ 36.00)

In _____ Payment of Perpetual Trust

Lot 1075 Grave _____ Row _____ Section _____ Division/Block 10

Invoice No. _____

Acct. No. _____

W.O. 2-1326

BALANCE DUE 237.45

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

8278

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	36 00
Sales Tax	60101 78390	
TOTAL PAID	$	36 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

№ 38524

Date: 11-7, 19 89

From: Connie Estrada Address: 3712 Lot Ave, San Diego, CA

Thirty-six 00/100 Dollars ($ 36.00)

In Payment of Pre-need Trust

Lot 1075 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E-7326

BALANCE DUE 167.45

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

AC-212 (Rev. 10-87) 2314

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

ISSUED BY Andra Ward

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	36	00
Sales Tax	80101 78390		
TOTAL PAID	$	36	00

CITY AUDITOR
NOV 13 1989

OFFICIAL RECEIPT

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

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

NO 38610

Date: 12-1, 19 89

From: Connie Estrada Address: 3912 1st Ave, San Diego

Thirty six 00/100 Dollars ($ 36.00)

In Payment of Connie Estrada & Sonia Estrada's funeral trust

Lot 1075 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E-7326

BALANCE DUE 121.45

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

AC-212 (Rev. 10-87) 233/

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

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	36 00
Sales Tax	60101 78390	
TOTAL PAID	$	36 00

CITY AUDITOR
DEC 1 1989

E7326

OFFICIAL RECEIPT

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

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

№ 38010

Date: 10-5, 19 89

From: Connie Estrada Address: 3912 Just One, SD 92113

Thirty-six and no/100 — Dollars ($ 36.00)

In Payment of Pre-need Trust

Lot 1075 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O.

BALANCE DUE 203.45

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

AC-212 (Rev. 10-87) 3296

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

ISSUED BY Judy Ward

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	36	00
Sales Tax	60101 78390		
TOTAL PAID	$	36	00

CITY AUDITOR
OCT 10 1989

OFFICIAL RECEIPT

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

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

№ 38740

Date: 1-5, 1990

From: Ernest Carrie Estrada Address: 3712 1st Ave, S.D. 92103

Thirty-Six Dollars Dollars ($ 36.00)

In Payment of Pre-need Trust

Lot 1075 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-7326

BALANCE DUE

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

AC-212 (Rev. 10-87) 2355

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

CITY AUDITOR

JAN 16 1990

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022	36	00
Sales Tax	60101 76390		
TOTAL PAID	$	36	00

OFFICIAL RECEIPT

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

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

№ 38843

Date: 2-5, 1990

From: Tomas Estrada Address: 3712 First Avenue, SD, 92103

Thirty-Six Dollars 00/100 Dollars ($ 36.00)

In _____ Payment of Pre Need Trust - Official Recording Fee Receipt

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7326

BALANCE DUE $79.45

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

AC-212 (Rev. 10-87) 2370

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

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	36	00
Sales Tax	80101 78390		
TOTAL PAID	$	36	00

CITY AUDITOR
FEB 12 1990

OFFICIAL REGEIPT

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

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

CITY AUDITOR
MAR 12 1990

№ 38934

Date: 3-5, 1990

From: Irma Estrada Address: 3712 1st Ave, SD 92103

Thirty Six Dollars Dollars ($ 36.00)

In _____ Payment of Pre need trust, no warrant, no fee

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7326

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 2385

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

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	36	00
Sales Tax	60101 78390		
TOTAL PAID	$	36	00

OFFICIAL RECEIPT

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

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

CITY AUDITOR
APR 9 1990

№ 39070

Date: 4-3, 1990

From: Joe Estrada Address: 3713 1st Ave, SD 92103

Thirty six Dollars ($ 36.00)

In _____ Payment of Pre Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E 7326

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 2404

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

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	36	00
Sales Tax	60101 78390		
TOTAL PAID	$	36	00

E7236

OFFICIAL RECEIPT

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

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

CITY AUDITOR
MAY 29 1990

No 39245

Date: 5-17, 19 90

From: Don Estrada Address: 3912 Fairlawn St 92113

Dollars ($ 17 45)

In Payment of [redacted] Pre-Need Trust

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E 7236

BALANCE DUE —

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

AC-212 (Rev. 10-87) 2429

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	17	45
Sales Tax	60101 78390		
TOTAL PAID	$	17	45

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-4-88

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

in a Cst Vault (Vault/Liner) Funeral, date, time Wed 4/13 AYP

Church, Chapel, Graveside Featherringill Mortuary.

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

Lot 4 Grave 2 Row _____ Section 7 Division/~~Block~~ 5

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... Grenell E-5531 _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due 0

Paid receipt number _____ _____

Balance due _____

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 7327

Acct. # _____

PY-593 (REV. 8-86)

E. 7327

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 MILLER	Female	February 4,1896	April 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	Virginia Gattward, Niece 4591 Catherine Ave. San Diego, California 92115

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

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

FOR CORONER'S 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 Lenada, Inc. 14065 Olde Highway 80 El Cajon, California	DATE CREMATED 4/7/88	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 n/a Cardboard Box in Cremain 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 APR 5 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 4/13/88 (ENTER DATE) 4/13/88	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stetts	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-5-88

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

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 4/8 11:00

Church, Chapel, Graveside Chapel & Grave, Greenwood Mortuary.

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

Lot 4747 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	695.00
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	6.50
Total Due	1301.50
Paid receipt number	
Balance due	

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: Don [illegible]

Address: 1607 Pellerwood Drive

State: El Cajon Calif.

Zip Code

Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7328

PY-593 (REV. 8-88)

W.O. NO. E-7328

NOTE—STRAIGHT

$ 1301.50 San Diego, California, April 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 Market St., San Diego, CA 92102

the sum of One thousand three hundred one 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.

DANIEL J. TUCKER

x Dan Tucker

1607 Pepperwood Drive El Cajon Calif.

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

CDL. A0098003

E. 7328

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Priscilla Theresa Perrault	Female	Nov. 15,1980	April 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	Mark Perrault Son 2631 River Plaza Dr. #207B Sacramento, Ca. 95833

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 Wooden State	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 Bar Hackman Pink Tapestry 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 APR 06 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Gerald H. Rimes M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/8/10 (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 4/5/88

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

in a Bell Liner — Vault/Liner Funeral, date, time Fri 11AM - 4/8

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 127 Grave 12 Row O Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... Single Burial	250.00
Additional spaces and care fund ..... None	
Opening/Closing & Setup	320.00
Burial Container ..... Concrete liner — Mem.	100.00
Handling Fees ..... Labor	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	856.50
Paid receipt number 35981	400.00
Balance due	456.50

open

Paid 5/16/88 5/28/88

I hereby certify I am the ~~wife~~ 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.

Jerome F. Smith
Signature

2613 Beta St
Address

National City, CA 92050
State Zip Code

262-0823
Telephone

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

Signature of recorded holder of deed

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7329

PY-593 (REV. 8-86)

W.O. NO. E-7329

NOTE—STRAIGHT

$ 456.50 San Diego, California, April 7, 1988

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

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Market St., San Diego, CA 92102

the sum of four hundred fifty-six 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.

Driver Lic. # R00995 75

X Jerome Frederick Smith

2513 Beta Street, S.D., Ca.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address 920 SD

OFFICIAL RECEIPT

№ 35981

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: Jerome Smith Address: 2513 Beta Street, SD 92050

Four hundred Dollars ($ 400.00)

In Payment of Barbara Ann Smith Service

Lot 127 Grave 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7329

BALANCE DUE 456.50

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

APR 14 1988

ISSUED BY Sandra Wick

CREDIT	67007		
20% Sales Care	77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	150	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 76390		
TOTAL PAID	$	400	00

OFFICIAL RECEIPT

№ 36157

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

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

Date: 5/16/88 19

From: Jerome F. Smith Address: 2513 Beta St. S.D. Calif 92108

Four Hundred Fifty Six and no/100 Dollars ($ 456.00)

In full Payment of Anthone billing on Interment B.A. Smith-Dec

Lot 127 Grave 12 Row Section 2 Division Block 11

Invoice No. 068633

Acct. No. 026089

W.O. E-7329

BALANCE DUE —

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑ 105

AC-212 (Rev. 10-87) 52.00

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

CITY AUDITOR

MAY 20 1988

PAID

MAY 16 1988

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	456 00

E-7329

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Barbara Ann Smith	Female	Oct. 19, 1944	April 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	Jerome F. Smith - Husband 2513 Beta Street National City, CA 92050

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	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Blue Arlington Garden		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A h Lenier		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 7 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 4/8/88 (ENTER DATE) R 27/12/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/02/88

DATE: 06/02/88
TIME: 233454
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	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
068633	04/20/88	026089	JEROME FREDERICK SMITH					05/28/88	CA		0.50	456.50	0.00
			100	072		77181	000072				0.19		PAID IN FULL
			100	072		77182	000072				0.11		
			100	072		77183	000072				0.04		
			100	072		77185	000072				0.16		
			60101			78390					0.00		

OK

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 0.50

068633	04/20/88	026089	JEROME FREDERICK SMITH					05/16/88		REC#36157	456.00	456.50	0.50
			100	072		77181	000072				169.81		PARTIAL PAYMENT
			100	072		77182	000072				99.89		
			100	072		77183	000072				34.96		
			100	072		77185	000072				144.84		
			60101			78390					6.50		

E-7329

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-6-88

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

in a ash Vault (Vault/Liner) Funeral, date, time Tues 9/10 PM

Church, Chapel, Graveside Direct Burial Telephone Mortuary.

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

✓ Lot 2 Grave 3 Row _____ Section 7 Division/~~Block~~ 1

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	2.60
Total Due	242.60
Paid receipt number 36693	242.60
Balance due	0

Bill estate 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. William Thull Exec. THull

I hereby authorize the interment in lot 1 hold under deed. 14/7

Signature of recorded holder of deed

Signature

Address 774 N. 2nd Ave

El Cajon, CA 92021

Zip Code

Telephone 444-8639

Invoice # _____

Work Order # E 7330

Acct. # _____

PY-593 (REV. 8-86)

E-7330
29665

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Adelaide W. Walker	Female	08-01-1906	03-27-1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	William L. Thul-Executor 1417 No. Second Street El Cajon, CA 92021

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
THE TELEPHASE SOCIETY 1333 Camino Del Rio S.#105 San Diego,CA	F 1272

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery-3751 Market St. San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED CREMAR CREMATORY 2299 S. Manchester ANAHEIM, CA	DATE CREMATED 4-7-88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY John Berg
BURIAL AT SEA OR DISPOSITION OTHER 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 William L Thul DATE SIGNED April 4, 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 APR 05 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Rand M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/7/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Joyce Stella	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 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

№ 36693

Date: 9-15, 19 88

From: William Hall Address: 1417 N. 2nd Ave, El Cajon

two hundred forty-two 60/100 Dollars ($ 242.60)

In _____ Payment of Celebrate Workers's Government

Lot 2 Grave 3 Row _____ Section 7 Division/Block /

Invoice No. _____

Acct. No. _____

W.O. E-7330

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

1042

AC-212 (Rev. 10-87)

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

CITY AUDITOR

SEP 29 1988

ISSUED BY Linda Wood

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77164		
Opening/Closing	100 77181	105	00
Burial Containers	100 77182	40	00
	100	60	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	60
TOTAL PAID	$	242	60

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Need Help

Date 4-6-88

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

in a Bell Boyer (Vault/Liner) Funeral, date/time Fri 4/8 2:30

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 ____ Military casket covered

Lot 2052 Grave ____ Row ____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6-50
Total Due	606-50
Paid receipt number 36070	606.50
Balance due	0

Bill Mortuary Attn: Phil

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7331

Acct. # ____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 36070

Date: 5-2, 19 88

From: Impress View Mortuary Address: 3953 Imperial Ave SD 92113

Six hundred six 50/100 — Dollars ($ 606.50)

In Payment of Jessie Mae Weir's Burial Service

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E-7331

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
082997

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAY 04 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	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300	6	50
TOTAL PAID	$	606	50

E-7331

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Jessie Mae Wing	Female	May 21 1896	April 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	Elizabeth Childs-Granddaughter 4143 39th Street, #2 San Diego, CA. 92105

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 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 - Urn	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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: APR 07 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Pennel, M.D. for
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/8/88 (ENTER DATE) 2052-3-8	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce W. Stellar / LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 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.

Husband & Son

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-8-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains (on bottom)

of John Earl Strachan & Jerald Lee Porter

in a Dble Crypt (Vault/Liner) Funeral, date, time Mon 4/11 10:00

Church, Chapel, Graveside Chapel & Grave, Conrad Dorey Mortuary.

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

Lot 9 Grave 9 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... For Double Crypt	495.00
Additional spaces and care fund Res Sp. 10 for 90 days -	
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 ..... 2 @ 35.00	70.00
Sales taxes	21.45
Total Due	1556.45
Paid receipt number 36027	1556.45
Balance due	0

Bill Conrad Mortuary

I hereby certify I am the Wife & 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

Lama Strachan
Signature
3064 Crane Street
Address
Lemon Grove, CA 92045
State Zip Code
465-4127
Telephone

Invoice # ____

Work Order # E 7332

Acct. # ____

PY-593 (REV. 8-88)

OFFICIAL RECEIPT

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

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

№ 36027

Date: 4-18, 19 88

From: Conrad Mortuary Address: 7387 Broadway, Lemon Grove

One thousand five hundred fifty-six 45 Dollars ($ 1556.45)

In Payment of John E. Strauss's Burial Service & Gerald Porter's Burial Service

Lot 9 Grave 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7332

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 21 1988

ISSUED BY Linda Ward

CREDIT	67007	99	00
20% Sales Cars	77184		
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	380	00
Recording & Misc. Fees	100 77183	70	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	21	45
TOTAL PAID	$	1556	45

OFFICIAL RECEIPT

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

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

№ 36451

Date: 7-25, 19 88

From: Anna Stanhan Address: 3064 Cone Street

One hundred fifty 92/100 Dollars ($ 150.92)

In _____ Payment of Flower Pkg & Marker Installation

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

Invoice No. _____

Acct. No. _____

W.O. E-7332

BALANCE DUE —

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

JUL 29 1988

ISSUED BY Linda Vocell

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	63033 9022		
Sales Tax	60101 78390		32
TOTAL PAID	$	150	92

E 7332

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GERALD LEN PORTER	Male	July 10, 1947	April 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
Sedona	Arizona (Yavapai County)	Fama Strachan - Mother 3064 Crane Street Lemon Grove, CA 92045

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary 7387 Broadway-Lemon Grove, CA 92045	F941

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

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A 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 Metal - Non Sealer on Bottom of Double Crypt		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Step Father on Top		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 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 4/11/88 (ENTER DATE) 9/9/2/11 (Bottom)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

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

E-7332

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 EARLE STRACHAN	Male	Jan. 17,1925	April 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
La Mesa	San Diego	Fama Strachan - Wife 3064 Crane Street Lemon Grove, CA 92045

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Batesville Sealer	DATE CREMATED 1990
		SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A on top of Double Crypt	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Step Buried same Day as Son Allen on 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	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	APR 8 1988	▶ Donald E. Camras, M.D. MM

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/11/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
	9/9/2011	▶ Gayle W. Stelter	

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

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

E-7333

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-8-88

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 4/14 11:00

Church, Chapel, Graveside Church & 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 44 Grave 8 Row _____ Section 2 Division ~~Block~~ 12

Grave space & Care Fund ..... Pre-need E-3765	—
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 tax	11.37
Total Due	711.37
Paid receipt number 36008	711.37
Balance due	0

Ordered by Rosedale will bury Ck from Susan McKean - 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

PAID
APR 12 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E-7333

PY-593 (REV. 8-85)

E-7333

E-7333

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
NANNIE BLANCH JORDAN	Female	Feb. 13, 1896	Apr. 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	Joseph Robert Jordan - Husband 7536 Cuvier Street San Diego, California 92037

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A White 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 N.00	DATE PERMIT ISSUED APR 12 1988 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/14/88 (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

№ 36008

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

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

Date: 4/12/88, 19

From: Susan G. McKean for Nannie B Jordan Decd. Address: P.O. Box 1031 - La Jolla, Ca 92038

Seven Hundred Eleven and 37/100 Dollars ($ 711.37)

In full Payment of Interment fees for Nannie B. Jordan - Dec

Lot 44 Grave 8 Row ~ Section 2 Division ~~Block~~ 12

Invoice No. ~

Acct. No. ~

W.O. E-7333

BALANCE DUE -0-

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

502

AC-212 (Rev. 10-87)

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

2 CITY AUDITOR

APR 19 1988

ISSUED BY George Stetter

CREDIT	87007	
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	3 50
Pre-Need Trust	83033 9022	~
Sales Tax	80101 78390	11 37
TOTAL PAID	$	711 37

OFFICIAL RECEIPT

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

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

№ 36417

Date: 7-12, 19 88

From: J. R. Jordan Address:

One Hundred Twenty-Five no/100 Dollars ($ 125.00)

In Payment of Marker Installation fee for Maxine Mazich Jordan

Lot 44 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7333

BALANCE DUE 0

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

116

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	125 00
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	125 00

CITY AUDITOR
JUL 19 1988

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Renewal

Date 4-8-88

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

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 137 Grave 8, 9 / 11, 12 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	4 @ 495 / 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	
Balance due	

No Deed/Record
3-10-03 lot purchase
cancelled memorial
absorbed by city

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

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

_____
Signature of recorded holder of deed

Sevin Carter
Signature
3781 Hemlock St
Address
San Diego, CA 92112
State Zip Code
266-1896
Telephone

Invoice # _____

Work Order # E 7334

Acct. # _____

PY-593 (REV. 8-85)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7334 Credit Lot

Lewis Carter
3981 Hemlock Street
San Diego, Ca 92112

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 $ 82.00

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

$ 83.00

Amount Received $ 83.00

NAME Louis Carter

ADDRESS 5722 University Ave #4

CITY San Diego STATE Ca ZIP 92115

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7334 Credit Lot

Lewis Carter
3981 Hemlock Street
San Diego, Ca 92112

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. $ 82.00

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

$ 83.00

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-7334 Credit Lot

Lewis Carter
3981 Hemlock Street
San Diego, Ca 92112

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. $ 82.00

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

$ ____

Amount Received $ 82.00

NAME LEWIS CARTER

ADDRESS 5722 UNIVERSITY AVE

CITY SAN DIEGO STATE CA ZIP 92115

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7334 Credit Lot

Lewis Carter
3981 Hemlock Street
San Diego, Ca 92112

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 $ 82.00

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

$ ____

Amount Received $ 82.00

NAME Lewis Carter

ADDRESS 5722 University Ave.

CITY S.D. STATE Ca ZIP 92115

☐ check (✓) if this is new address

Send or bring this coupon [redacted] **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7334 Credit Lot

Lewis Carter
3961 Hemlock Street
San Diego, Ca 92112

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 ▶ $ 82.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7334 **Credit Lot**

Lewis Carter
3981 Hemlock Street
San Diego, Ca 92112

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. $ 82.00

Amount due 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-7334 Credit Lot

Lewis Carter
3981 Hemlock Street
San Diego, Ca · 92112

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 $ 82.00

Amount due 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-7334 Credit Lot

Lewis Caffter
3981 Hemlock Street
San Diego, Ca 92112

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. $ 82.00

Amount due 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

total pd 1067.00

№ 36141

Date: 5 10 , 19 88

From: Lewis Carter Address: 5722 University Ave #4, SD

eight - ~~three~~ no/100 Dollars ($ 83.00)

In Payment of Urgan 1 Vault Lot

Lot 137 Grave 8-12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7334

BALANCE DUE 1890.00

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

AC-212 (Rev. 10-87) 209

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

CITY AUDITOR

MAY 12 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184	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 78390		
TOTAL PAID	$	83	00

OFFICIAL RECEIPT

№ 36289

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

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

Date: 6-10, 19 88

From: Lewis Carter Address: 3691 Hemlock Street SD

eighty-two No/100 Dollars ($ 82.00)

In Payment of Coupon 2 Credit Lots

Lot 137 Grave 8-12 Row Section 2 Division/Block 12

Invoice No.

Acct. No.

W.O. E-7334

BALANCE DUE 1815.00

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

AC-212 (Rev. 10-87) 212

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

CITY AUDITOR

JUN 15 1988

ISSUED BY Lynda Ward

CREDIT	67007	
20% Sales Care	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	60101 78390	
TOTAL PAID	$	82 00

OFFICIAL RECEIPT

№ 36411

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

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

Date: 7-11 19 88

From: Lewis Carter Address: 3981 Hemlock Street, SD

eighty-two no/100 Dollars ($ 82.00)

In Payment of Cemetery 3 Vault Lot

Lot 137 Grave 8-12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7334

BALANCE DUE 1233.00

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

219

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	82 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	$	82 00

CITY AUDITOR

JUL 19 1988

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
286-3151

№ 36566

Date: 8-17, 19 88

From: Adrienne Carter Address: 6566 College Grove Dr. #492

Eighty-two 1/100 Dollars ($ 82.00)

In Payment of Crypt # 4 Crest Lot

Lot 187 Grave 8-12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7334

BALANCE DUE 1651.00

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

863

AC-212 (Rev. 10-87)

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

CITY AUDITOR

AUG 24 1988

ISSUED BY Cynthia Ward

CREDIT- 20% Sales Care	87007 77184	
20% Sales of Lots	100 77184	82 00
Opening/ Closing	100 77181	
Liners	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 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

№ 36684

Date: 9-13, 1988

From: Lewis Carter Address: 7398 Henrock St SD

eighty - two 00/100 Dollars ($ 82.00)

In Payment of Coupon 5 Vacated Lot

Lot 137 Grave 8-12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-2334

BALANCE DUE 1869.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

95-117-866-262

AC-212 (Rev. 10-87)

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

CITY AUDITOR

SEP 19 1988

ISSUED BY Linda Vowel

CREDIT	67007		
20% Sales Care	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	83033 9022		
Sales Tax	80101 76390		
TOTAL PAID	$	82	00

OFFICIAL RECEIPT

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

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

№ 36832

Date: 10-12, 1988

From: Lewis Cortes Address:

eight-two no/100 Dollars ($82.00)

In Payment of Lounge 6 Credit Lot

Lot 137 Grave 8-12 Row Section 2 Division/Block 12

Invoice No.

Acct. No.

W.O. E-7336

BALANCE DUE 1487.00

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 Linda Ward

CREDIT	67007	
20% Sales Care	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	60101 78390	
TOTAL PAID	$	82 00

OFFICIAL RECEIPT

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

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

№ 36979

Date: 11-16 19 88

From: Lewis Carter Address: 3781 Hamlet St. San Diego

eight-two Dollars ($ 82.00)

In Payment of Grave 7 Vault Set

Lot 137 Grave 8-12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7334

BALANCE DUE 1405.00

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

219

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	77154	
80% Sales of Lots	100 77184	82 00
Opening/ Closing	100 77161	
Burial Containers	100 77182	
Handling Fee	100 77186	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	82 00

CITY AUDITOR
NOV 25 1988

OFFICIAL RECEIPT

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

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

№ 37138

Date: 12/30, 19 88

From: Lewis Carter Address:

Eligibility-this no Mo Dollars ($ 82.00)

In Payment of Burgan & Credit Lot

Lot 137 Grave 8-12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7334

BALANCE DUE 1323.00

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JAN 09 198

ISSUED BY Sandra Ward

CREDIT	57097	
20% Sales Care	77194	
50% Sales of Lots	100 77184	82 00
Opening/ Closing	100 77181	
Vault Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63083 8022	
Sales Tax	60101 78390	
TOTAL PAID	$	82 00

THE CITY OF SAN DIEGO
Mt. Hope Cemetery
Park and Recreation
3751 Market Street • San Diego, California 92102-4527

E-7334

CERTIFIED

SAN DIEGO
Z 215 453
MAR 05'03

$4.42
U.S. POSTAGE

MAIL

MR LEWIS CARTER
3981 HEMLOCK ST
SAN DIEGO CA 92112

UNCLAIMED
OTHER
ROUTE # 1311 DATE

RETURN
TO SENDER
ATTEMPTED/
NOT KNOWN

92113-42833 11
92102/4527

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

3. Article Addressed to:

Lewis Carter
3981 Hemlock st
San Diego Ca 92112

4a. Article Number
Z 215 453 147

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

7. Date of Delivery

5. Received By: *(Print Name)*

6. Signature *(Addressee or Agent)*

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

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

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

E 7334

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

Mt. Hope Cemetery
3751 Market st
San Diego, Ca.
92102

2-28-03 Mailed delinquent notice

E7334

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Lewis Carter

Address 3981 Hemlock St. S.D. CA 92112

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 137, Grave 8(9)11&12, Row —, Section 2, Block/Division 12 in Mt. Hope Cemetery, entered into on April 8, 1988, by and between Mt. Hope Cemetery and Lewis Carter that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michele L. Clark

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

№ 37277

1-31 89

Lewis Carter
eighty-two 140/100
Oregon 9 credit lot

137 8-12 8-12

10/11/84 82.00

E-7334
1241.00

CITY AUDITOR
FEB 06 1989

X

223 X Linda Ward 82.00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7334 Credit Lot

Lewis Carter
3981 Hemlock Street
San Diego, Ca 92112

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. $ 82.00

Amount due 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

№ 37568

Date: 3/30 19 89

From: Lewis Carter Address: 3981 Hemlock Street, SD

eighty - two 20/100 Dollars ($ 82.00)

In Payment of Coupon 10 Credit Lot

Lot B07 Grave 8-12 Row Section 2 Division/Block 11

Invoice No.

Acct. No.

W.O. 2-7334

BALANCE DUE 1159.00

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

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

CITY AUDITOR
APR 05 1989

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100 77184	82 00
Opening/ Closing	100 77187	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	82 00

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7334 Credit Lot

Lewis Carter
3981 Hemlock Street
San Diego, Ca 92112

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. $ 82.00

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

3/30/89
$82.00

$ _____

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

№ 37876

Date: 5-31, 19 89

From: Lewis Cuta Address: 5722 University Ave #4 SD

eighty-two no/100 Dollars ($ 82.00)

In _____ Payment of Coupon 11, Crest Lot

Lot 137 Grave 8-12 Row _____ Section 2 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. 21-7334

BALANCE DUE 107.00

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.

ISSUED BY Sandra L Ward

CREDIT	57007		
20% Sales Care	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	60101 78390		
TOTAL PAID	$	82.00	

CITY AUDITOR
JUN 02 1999

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7334 Credit Lot

Lewis Carter
3981 Hemlock Street
San Diego, Ca 92112

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. $ 82.00

Amount due 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

№ 38586

Date: 11-20 19 89

From: Louis Carter Address: 3jd Hancock Street SD
ca 92116 Tex 20/100 Dollars ($ 82.00)

In Payment of Vaughn B Crabtree

Lot Grave Row Section Division Block

Invoice No.

Acct. No. 2-7334

W.O.

BALANCE DUE 913.00

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	82 00
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	NOV 24 1989
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	82 00

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

ISSUED BY Sandra Wh

AC-212 (Rev. 10-87)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7334 Credit Lot

Lewis Carter
3981 Hemlock Street
San Diego, Ca 92112

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. $ 82.00

Amount due 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

№ 38326

Date: July 26, 19 89

From: Lewis Carter Address: 3981 Hancock

Eighty-Two & 00/100 Dollars ($ 82.—)

In part Payment of Credit Lot Coupon 12

Lot 137 Grave Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 50-73334

BALANCE DUE $995.—

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 02 1989

ISSUED BY R. Lewis

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	82 —
Opening/ Closing	100 77181	
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 —

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7334 Credit Lot

Lewis Carter
3981 Hemlock Street
San Diego, Ca 92112

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 $ 82.00

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

$ _____

Amount Received $ _____

NAME Lewis Carter

ADDRESS 822 Community Hwy

CITY S.D. Ca STATE 92115 ZIP

☐ check (✓) if this is new address

E-7334

THE CITY OF SAN DIEGO

February 28, 2003

Mr. Lewis Carter
3981 Hemlock St.
San Diego, CA. 92112

Reference: Customer Contract

Dear Mr. Carter,

Subject: Delinquent Pre-need Cemetery Account

The current status of your account is delinquent. Our records indicate your last payment was November 20, 1989. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue.

Your original receipt contains the following contract information: Contract number E-7334, date issued April 08, 1988, cemetery location Division 12, Section 2, Lot 137, Grave 8,9,11 & 12. We have reclaimed Graves 8,11 & 12, if we do not hear back from you, Grave 9 will also be reclaimed and monies will be absorbed by the City of San Diego.

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

Sincerely,

Ray Snider
Cemetery Manager

RS:ph

cc: file

DIVERSITY

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-11-88

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

in a Bell Liner Vault/Liner, Funeral, date, time Tue 4/12 11:00

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 21 Grave 5 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	856.50
Paid receipt number 35997	856.50
Balance due	0

I hereby certify I am the Son 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

Leodia R Allen
Signature

3158-46 st
Address

SD. CA # 92105
State Zip Code

280-4006
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7335

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

№ 35997-B

Date: 4-11 1988

From: Leola's Fuller Address: 3758 46th Street SD 92105

Dollars ($ 856.50)

In _____ Payment of Carrie Mae Green's Burial Service

Lot 21 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7235

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 14 1988

ISSUED BY Sandra Wood

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	50
TOTAL PAID	$	856	50

E-7335

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 GREEN	Female	Feb. 23, 1923	Apr. 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	Leodis Rickey Fuller - Son 3745 46th Street San Diego, California 92105

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Mohket 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 Lawton Cloth Covered Wooden - Lewis 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 APR 12 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Powers, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/12/88 (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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-11-88

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

in a Liner (Vault/Liner) Funeral, date, time 4/13 Wed 10:00

Church, Chapel, Graveside Granada : 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 132 Grave 2 Row ____ Section 11 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	6.50
Total Due	626.50
Paid receipt number	
Balance due	

Paid 4/27/88

note 16 checks

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.

Leo N. Hagio
Signature

3761 CONRAD AVE
Address

San Diego Ca 92117
State Zip Code

27-45544
Telephone

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

Signature of recorded holder of deed

Invoice # 068635

Work Order # E 7336

PY-593 (REV. 8-86)

W.O. NO. E-7336

NOTE—STRAIGHT

$ 606.50 San Diego, California, April 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 Market St., San Diego, CA 92102

the sum of six hundred six 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

Driver Lic. # FD826308

x Leo N. Hagio

3761 CONRAD AVE SAN DIEGO CA 92117

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E_7336

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MICHITAKE MIKE HAGIO	MALE	FEB 29, 1931	APRIL 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	QUIMICO HAGIO - WIFE 3879 MARTHA ST. SAN DIEGO, CA 92117

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

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

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A 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 Hardwood Batewells Wooden Non Sealed Liner — gravel Packed about 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: APR 12 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 4/13/88 (ENTER DATE) 4/13/88	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 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

№ 37713

Date: 4-27, 19 89

From: Nina Funk Address: 5401 Baltimore St #97, HM

Fifteen dollars 15.00 Dollars ($ 15.00)

In Payment of F.C. for H.J. & Funk Pottery

Lot 832 Grave 2 Row Section 11 Division Block

CITY AUDITOR
MAY 01 1989

Invoice No.

Acct. No.

W.O. 8-2030

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 Sandra Reed

CREDIT	67007	
20% Sales Care	77164	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	5 00
Handling Fee	100 77185	9 65
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	35
TOTAL PAID	$	15 00

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/04/88

DATE: 05/04/88
TIME: 201025
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
068635	04/20/88	026091	LEO N. HAGIO					04/27/88	CK	149	606.50	606.50	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				100.00		
			100	072		77183	000072				35.00		
			100	072		77185	000072				145.00		
			60101			78390					6.50		

E-7336

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 606.50

Pu need Property only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/11/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alvern (NMN) Fay Le 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 No.

Lot 94 Grave 748 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund Double Space for Husband & Wife $790.00

Additional spaces and care fund Res. Lot 93, Lot 12-(2-12) for (90 days)

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

Total Due $790.00

Paid receipt number 35998 790.00

Balance due 0

Deed Sent

I hereby certify I am the Myself & 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

Alvin Becker
Signature

6251 Thorn st.
Address

San Diego Cal. 92115
State Zip Code

619-286-6251
Telephone

Invoice # _____

Work Order # E 7337

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

№ 35998

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

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

Date: April 11, 1988

From: Alvin Becker Address: 6251 Thorn St. San Diego Ca 92115

Seven Hundred ninty and no/100 Dollars ($ 790 00/xx)

In full Payment of Pre-need purchase of 2 Spaces next to Daughter Barbara Fay Lockhart dec -

Lot 94 Grave 7&8 Row — Section 2 Division Block 12

Invoice No. —

Acct. No. —

W.O. E 7337

BALANCE DUE —

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

AC-212 (Rev. 10-87) 2076

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

CITY AUDITOR

APR 14 1988

ISSUED BY Lorraine Stetter

CREDIT	67007		
20% Sales Cars	77184	158	00
80% Sales of Lots	100 77184	632	00
Opening/ Closing	100 77181	—	
Burial Containers	100 77182	—	
	100	—	
Handling Fee	77185	—	
Recording & Misc. Fees	100 77183	—	
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	—	
TOTAL PAID	$	790	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-12

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

in a Bell liner (Vault/Liner) Funeral, date, time 4/15 Fri 10:00

Church, Chapel, Graveside Chapel; 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 _____ . Delivery Only

Lot 15 Grave 2 Row _____ Section 2 Division ~~Block~~ 6

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee 35.00

Sales taxes ..... _____

Total Due 35.00

Paid receipt number 36016 35.00

Balance due 0

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7338

Acct. # _____

PY-583 (REV. 9-95)

OFFICIAL RECEIPT

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

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

№ 36016

Date: 4/15/88, 19

From: Cypress View Address: 3953 Imperial

Thirty five and 00/100 Dollars ($ 35.00 XX)

In full Payment of Interment fee - Pd -
Recording fee for Callie MacDonald dec

Lot 15 Grave 2 Row Section 2 Division Block 6

Invoice No. ~

Acct. No. ~

W.O.

BALANCE DUE E7 338

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

AC-212 (Rev. 10-87) 10794

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

CITY AUDITOR

APR 19 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	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

E-7338

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Callie Rose Macdonald	Female	June 1, 1902	April 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	Self, By Pre-Arrangement

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

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

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

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED: ; SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Liner - metal	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT: ▶ ; DATE SIGNED:

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00	DATE PERMIT ISSUED: APR 15 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Rovard, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/15/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ George Stetter		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: 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 4-12-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jessie B. Finley

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs. 4/14 2:00

Church, Chapel, Graveside Graveside 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 No.

Lot 102 Grave 3 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number 36014	35.00
Balance due	-0-

Protected

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7339

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

№ 36014

Date: 4-14-, 19 88

From: Mission Bay & Pacific Beach Mortuary Address: 4710 Cass St., San Diego, CA 92109

Thirty-five dollars and xx/100 Dollars ($ 35.00)

In Full Payment of Recording and Filing Fee

for interment of Jessie Lester Finley

Lot 102 Grave 3 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E 7339

BALANCE DUE -0-

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

59322

AC-212 (Rev. 10-87)

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

CITY AUDITOR

APR 19 1988

ISSUED BY Wendy Jo Teague

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

E_7339

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JESSIE LESTER FINLEY AKA: JESSIE B. FINLEY	FEMALE	FEB. 15, 1894	APRIL 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	SELF PRE-NEED

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

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

FOR CORONER'S 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 grey cloth wooden - std 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: APR 14 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 4/14/88 (ENTER DATE) 102/3/3/12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Joyce Sletten	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: N/A		

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-12-88

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

in a Top Seal (Vault/Liner) Funeral, date, time Thurs. 4/14 11:00

Church, Chapel, Graveside Church & 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 Vietnam - Navy

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

Grave space & Care Fund ..... Sample Grave	495.00
Additional spaces and care fund Avail 10 & 12 for 90 days	—
Opening/Closing & Setup	320.00
Burial Container ..... Top Seal Concrete Vault	175.00
Handling Fees ..... Labor	170.00
Flower vases - Marker setting fee (V4 later 135.00)	—
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	1206.37
Paid receipt number _____	
Balance due _____	

3p note

Paid 4/25/88

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 Beverly J. Allen
Signature

x 321 Lop Sonata Dr
Address

x San Diego Ca 92114
State Zip Code

x 619 263 7625
Telephone

Invoice # 068634

Acct. # 026090

Work Order # E 7340

PY-593 (REV. 8-86)

W.O. NO. E-7340

NOTE—STRAIGHT

$ 1206.37 San Diego, California, 4/12, 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 Market St., San Diego, CA 92102

the sum of Twelve Hundred Six and 37/100 DOLLARS.

with interest from May 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.

Driver Lic. #

X Beverly J. Allen

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E-7340

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 Lee Allen	Male	Sept. 22, 1947	April 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
Riverside	Riverside	Beverly Jean Allen - Wife 321 Los Soneto Drive San Diego, CA 92114

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 Police Officer - V.N. Vat	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 Full Police Service - Last Supper Steel Casket 20 ga. 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 4/11/88	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [illegible]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/14/88 (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 Riverside Dept. of Health Services P. O. Box 1370 Riverside, CA 92502		

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

									0.00
				04/25/88 CK 165		1,206.37	1,206.37	PAID IN FULL	
068634 04/20/88 026090	BEVERLY ALLEN					1,206.37			
	100	072	77181	000072		320.00			
	100	072	77182	000072		175.00			
E-7340	100	072	77183	000072		35.00			
	100	072	77184	000072		396.00			
	100	072	77185	000072		170.00			
	100		78390			11.37			
	60101		77184			99.00			
	67007								

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 2,611.87

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego X

Date 4/13/88

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

in a liner (Vault/Liner) Funeral, date, time Fri 11Am - 4/15

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

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

Lot 92 Grave 8 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... Single Sp.	250.00
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320.00
Burial Container ..... liner	100.00
Handling Fees ..... Labor	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	856.50
Paid receipt number 36012	856.50
Balance due	0

I hereby certify I am the grand 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

Jana C. Wilson
Signature

4940 Hilltop Dr
Address

San Diego Cal 92102
State Zip Code

619-262-9732
Telephone

Invoice # —

Work Order # E 7341

Acct. # —

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

№ 36012

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

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

Date: 4/13/88 19

From: Dona Wilson Address: 4940 Hilltop Dr. SD 92102

Eight Hundred fifty six and 50/100 Dollars ($ 856.50)

In full Payment of Interment of + for Robert Lee White - Dec

Lot 92 Grave 8 Row — Section 2 Division ~~Block~~ 11

Invoice No. —

Acct. No. —

W.O. E-7341

BALANCE DUE —0—

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

AC-212 (Rev. 10-87) 675

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

CITY AUDITOR

APR 19 1988

ISSUED BY Gregory Stiles

CREDIT 20% Sales Care	57007 77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	53033 9022	—	—
Sales Tax	50101 78390	6	50
TOTAL PAID	$	856	50

E_7341

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 WHITE	MALE	MAY 7,1950	APRIL 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
LOS ANGELES	LOS ANGELES	MRS. BIRDIE LEE MASS - MOTHER 11510 EUCALYPTUS AVENUE HAWTHORNE, CALIFORNIA - 90250

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
ANDERSON-RAGSDALE MORTUARY-5050 FEDERAL BLVD. SAN DIEGO, CALIFORNIA	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 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 APR 13 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Robert S. Hale

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION			
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/15/88 (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 VITAL RECORDS-313 NORTH FIGUEROA STREET-LOS ANGELES, CALIFORNIA - 90012

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-14-88

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

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 146 Grave 1 Row ____ Section 11 Division/Block 7

154 3 11 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee Monument removal	80.00
Recording and filing fee	
Sales taxes	
Total Due	80.00
Paid receipt number 36013	80.00
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. Mary McClain

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

____
Signature of recorded holder of deed

Signature 5941 N. Ivar Ave
Address Temple City, CA 91780
State Zip Code
Telephone 285-8313

Invoice # ____

Work Order # E 7342

Acct. # ____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 36013

Date: 4-14, 19 88

From: Mrs. McClain Address: 5941 No. Towne Ave. Single

eight dollars 00/100 Dollars ($ 80.00)

In Payment of Lemone memorial park

graves and a space

Lot 144/154 Grave 1/3 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E-7342

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

1641

AC-212 (Rev. 10-97)

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

CITY AUDITOR

APR 19 1988

ISSUED BY Sandra Webb

CREDIT	87007		
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	80	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	80	00

E-7342

April 5, 1988

Mount Hope Cemetery
3751 Market Street
San Diego, CA 92102

Dear Sir:

I own Grave 1, Lot 146, Section 11, Division 7 and Grave 3, Lot 154, Section 11, Division 7. The graves belonged on my parents Louis and May Fujii. My father died in 1967 and my mother died in April, 1985 (see death certificate).

I would like to sell the plots through my broker Jim March. I understand the headstone presently on the graves needs to be removed. I give my permission for removal of the headstone. Enclosed is a check for $80 to cover the cost of removal and disposal of the headstone.

If you have any questions you may contact me by phone at 818-285-8313 or through Jim March Associates.

Sincerely,

Mary Ann McClain

Mary Ann McClain

E-7342

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: MAY
1B. MIDDLE: MATSUE
1C. LAST: FUJII
2A. DATE OF DEATH (MONTH, DAY, YEAR): April 19, 1985
2B. HOUR: 0142
3. SEX: female
4. RACE/ETHNICITY: Asian/Japanese
5. SPANISH/HISPANIC: NO ☒
6. DATE OF BIRTH: August 10, 1913
7. AGE: 71 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): California
9. NAME AND BIRTHPLACE OF FATHER: Jukichi Yamanishi - Japan
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Matsu Yamashita - Japa
11A. CITIZEN OF WHAT COUNTRY: U.S.A.
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 __ TO 19 __
12. SOCIAL SECURITY NUMBER: 564-01-9479
13. MARITAL STATUS: widowed
14. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE BIRTH NAME): ----------
15. PRIMARY OCCUPATION: sales clerk
16. NUMBER OF YEARS THIS OCCUPATION: 10
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Hinshaws
18. KIND OF INDUSTRY OR BUSINESS: department store

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 809 Sierra Vista Avenue
19B.
19C. CITY OR TOWN: Alhambra
19D. COUNTY: Los Angeles
19E. STATE: California
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Mrs. Mary Ann McClain, 5941 N. Ivar Avenue, Temple City, CA 91780

PLACE OF DEATH

21A. PLACE OF DEATH: Good Samaritan Hospital
21B. COUNTY: Los Angeles
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 616 South Witmer Street
21D. CITY OR TOWN: Los Angeles

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE
(A) Cardio-Respiratory Arrest — 90'
DUE TO, OR AS A CONSEQUENCE OF
(B) Cardiac Arrythmia — 4 years
DUE TO, OR AS A CONSEQUENCE OF
(C) Arteriosclerotic Coronary Artery Disease — ?
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? No
25. WAS BIOPSY PERFORMED? Yes
26. WAS AUTOPSY PERFORMED? Yes
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: Metastatic Endometrial Carcinoma
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Radical Tumor Reductive Surgery DATE: 3-20-85

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 3-10-85
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 4-18-85
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Richard H. Nalick, MD
28C. DATE SIGNED: 4-22-85
28D. PHYSICIAN'S LICENSE NUMBER: G-13454
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Richard H. Nalick, M.D. 1245 Wilshire Blvd., Los Angeles

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.
30. PLACE OF INJURY
31. INJURY AT WORK
32A. DATE OF INJURY—MONTH, DAY, YEAR
32B. HOUR
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)
35B. CORONER—SIGNATURE AND DEGREE OR TITLE
35C. DATE SIGNED

20

36. DISPOSITION: cremation
37. DATE—MONTH, DAY, YEAR: 4/25/85
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Pacific Crest Cemetery, 182nd St. & Inglewood Ave., Redondo Beach
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 4518 Shigeru Okamoto
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Fukui Mortuary, Inc.
40B. LICENSE NO.: T-1854-808
41. LOCAL REGISTRAR—SIGNATURE: Robert B. Hale
42. DATE ACCEPTED BY LOCAL REGISTRAR: APR 23 1985

STATE REGISTRAR

A. | B. | C. | D. | E. | F.

VS-11 (1-85) 4292 06-9-2-1175

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

APR 24 1985

29

Director of Health Services and Registrar

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/14/88

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

in a Topfield Vault (Casket/Liner) Funeral, date, time Mon - 1P.M - 4/18

Church, Chapel, Graveside Church - GS : Rosedale Mortuary.

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

Lot 486 Grave ~ Row ~ Section ~ Division/~~Block~~ 10

Grave space & Care Fund . Liquite area -	695.00
Additional spaces and care fund ..... NONE	—
Opening/Closing & Setup	320.00
Burial Container ..... Topfield Vault	175.00
Handling Fees ..... Labor	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	1406.37
Paid receipt number 36159	1406.37
Balance due	—

20 day Reminder

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

Steve Hutchinson
Signature

7211 54TH STREET
Address

SAN DIEGO
State

CALIFORNIA 92105
Zip Code

264-6316
Telephone

Invoice #

Acct. #

Work Order # E 7343

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

№ 36159

Date: 5/16, 1988

From Mrs. C.E. Hutchinson Address: San Diego

Fourteen hundred six and 37/100 Dollars ($ 1406 37/xx)

In full Payment of Burial of Jack H. Hutchinson

Lot 4866 Grave — Row — Section + Division ~~Block~~ D

Invoice No. —

Acct. No. —

W.O. E-7343

BALANCE DUE —

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR

MAY 20 1988

ISSUED BY Gregory Stitter

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	83033 9022	—	—
Sales Tax	80101 78390	11	37
TOTAL PAID	$	1406	37

OFFICIAL RECEIPT

№ 36304

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

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

Date: 6-15, 19 88

From: Steve Hutchins Address: 2211 54th St, SD

One hundred thirty-five Dollars ($ 135.00)

In Payment of marker installation

Lot 4666 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7843

BALANCE DUE

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

881

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JUN 20 1988

ISSUED BY Linda Weil

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

OFFICIAL RECEIPT

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

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

№ 37399

Date: 2-27, 19 89

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

Twenty-five 25/100 Dollars ($ 25.00)

In _____ Payment of Balance of Marker Installation Fee

Lot 4866 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7343

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 3466

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

CITY AUDITOR
MAR 06 1989

ISSUED BY Sandra Vaid

CREDIT	67007	
20% Sales Cars	77184	
80% Sales	100	
of Lots -	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	25 00
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	$	25 00

E_7343

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Jack Arthur Hutchinson, Sr.	Male	Dec. 9, 1928	April 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	Christine Hutchinson - Wife 2211 54th 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 92105	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 / DATE CREMATED n/a Solid Copper Casket — Batesville	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 T.S. Constitution Military Sq.	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a Head to South	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 15 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Camras M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/18/88 (ENTER DATE) 4866/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION George W. Stellar	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

* Set up by 10:30

Date 4-14-88

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

in a Vault (Vault/Liner) Funeral, date, time 4-18-88 11AM Mon.

Church, Chapel, (Graveside) ; Paris-Fredrin Mortuary.

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

✓ Lot 64 Grave 12 Row _____ Section MAS Division/Block 1Qrs

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	11.37
Total Due	711.37
Paid receipt number 36018	711.37
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.

Doris Lesow

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

_____
Signature of recorded holder of deed

Doris Lesow
Signature
11722 Golden
Address
Lakeside CA
State
Zip Code 92040
Telephone 561-2374

Invoice # _____

Work Order # E 7344

Acct. # _____

PY-593 (REV. 6-85)

OFFICIAL RECEIPT

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

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

№ 36018

Date: April 15, 19 88

From: Doris Lagow Address: 11725 Golden Circle Lakeside 92040

Seven hundred eleven dollars and 37/100 Dollars ($ 711.37)

In full Payment of Lee R. Covey

Lot 64 Grave 12 Row Section Mas Division Block O

Invoice No.

Acct. No.

W.O. E-7344

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
#826

AC-212 (Rev. 10-87)

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

CITY AUDITOR

APR 19 1988

ISSUED BY Dave Lowney

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	125	00
	100	170	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	11	37
TOTAL PAID	$	711	37

Paid by check
Imperial Savings

E-7344

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lee Berty Covey	Male	Jan. 27, 1893	April 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	Doris Lasow-Daughter 11722 Golder Court Lakeside, CA 92040

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
El Cajon, CA 92020 Paris-Frederick Mortuary-374 N. Magnolia Ave	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 Cemetary-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-Zoga Sealer Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED APR 15 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/18/88 (ENTER DATE) 6/12/MAS/0	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		

Ssignature of local registrar issuing permit: Donald L. Ramos, M.D.

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 15 '88

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

in a Liner (Vault/Liner) Funeral, date, time 1:30 Fri 4-15-88

Church, Chapel, Graveside Drop-Off ; 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 NO

Lot 4596 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	6.50
Total Due	606.50
Paid receipt number 36021	606.50
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.

Vin Show

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 7345

Acct. # _____

PY-593 (REV. 8-88)

OFFICIAL RECEIPT

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

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

№ 36021

Date: 4-15-, 19 88

From: Mission Bay Chapel/Pacific Beach Mortuary Address: 4710 Cass St.

Six hundred six dollars and 50/100 Dollars ($ 606.50)

In Full Payment of Interment of M.E. Sippell

Lot 4596 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 7345

BALANCE DUE -0-

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

AC-212 (Rev. 10-87) 59329

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

CITY AUDITOR

APR 19 1988

ISSUED BY W.J. Teague

CREDIT	57007		
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	80101 78390	6	50
TOTAL PAID	$	606	50

E-7345

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARJORIE ELEANOR SIPPELL AKA:MARJORIE ELINOR SIPPELL	FEMALE	MAY 12, 1910	APRIL 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	JAMES DOUGLAS CHAPLIN-COUSIN 942 OLIVER AVE. SAN DIEGO, CA 92109

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

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

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

FOR CORONER'S 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 Wooden — Lenni	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 Head - as Wedel		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 15 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rennel, M.D. JR
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/15/88 (ENTER DATE) 4596-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Leopold Stotts	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 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 4/15/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of [redacted] Staples, Eva Nell

in a Liner (Vault/Liner) Funeral date, time Tuesday - 4/19 - 2 P.M.

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 109 Grave 2 Row _____ Section 2 Division/[redacted] 11

* Grave space & Care Fund	single grave	250.00
Additional spaces and care fund	none	
Opening/Closing & Setup		320.00
Burial Container	Liner (Concrete)	100.00
Handling Fees	Labor	145.00
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes		6.50
	Total Due	856.50
Ck from Rosedale	619	856.50
	Balance due	-0-

PAID
APR 15 1988
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

* Hazel Denise Staples
Signature
* 7501 Hibble Street
Address
* San Diego, Ca 92114
State Zip Code
* (619) 262-0243
Telephone

Invoice # _____

Work Order # E 7346

Acct. # _____

PY-503 (REV. 8-86)

OFFICIAL RECEIPT

№ 36019

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

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

Date: April 15, 19 88

From: Rosedale Address: 5050 Federal Blvd

Eight hundred fifty six dollars and 50/100 Dollars ($ 856.50)

In full Payment of Eva Nell Staples

Lot 109 Grave 2 Row Section 2 Division 11

Invoice No.

Acct. No.

W.O. E 7346

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 94/15

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

CITY AUDITOR

APR 19 1988

ISSUED BY Dave Lowney

CREDIT	67007	50	00
20% Sales Care	77184	200	00
80% Sales of Lots	100 77184	380	00
Opening/ Closing	100 77181	100	00
Burial Containers	100 77152	145	00
Handling Fee	100 77185	35	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	6	50
Sales Tax	60101 78390		
TOTAL PAID	$	856	50

Pd. 4/15 from Mr. Lawson - Rosedale

E-7346

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 NELL STAPLES	Female	Sept. 21, 1936	April 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	Angel D. Staples - Daughter 4378-38th Street San Diego, California 92105

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market 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 Min Cloth Covered Wooden N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Liner N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 19 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/19/88 (ENTER DATE) 109/2/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gayen Stith	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

Ssignature of local registrar issuing permit: Donald G. Powers, M.D. mm

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pu med

Date 4/15/88

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

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 _____ . For Double Burials

Lot ~~4944~~ 4945 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	@ 695.00 – (4945)	695.00
Additional spaces and care fund	(4944)	695.00
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
Total Due		1390.00
Paid receipt number 36020		1390.00
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

x Mitsue Konishi
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7347

PY-693 (REV. 8-86)

278

OFFICIAL RECEIPT

№ 36020

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

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

Date: 4/15 19 88

From: Metsu Konishi Address: 2974 - E St. San Diego Ca

Twenty three Hundred forty three and 97/100 Dollars ($ 2343.97)

In full & Deposited Payment of Pre need for Ushinosuke & Metsu in 4944-10 Space & Care for Teri T Campbell -

Lot 4944 & 4945 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. —

Acct. No. —

W.O. E 7347 7348

BALANCE DUE 7349

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

CITY AUDITOR

APR 19 1988

ISSUED BY Georgia Stella

CREDIT	67007	278	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	1112	00
Opening/ Closing	100 77181	—	—
Burial Containers	100 77182	—	—
	100	—	—
Handling Fee	77185	—	—
Recording & Misc. Fees	100 77183	—	—
Pre-Need Trust	83033 9022	953	97
Sales Tax	80101 78390	—	—
TOTAL PAID	$	2343	97

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

0598

AC-212 (Rev. 10-87)

Pre need Trust for

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/15/88

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

in a Cremain 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 4944 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.60
Total Due	$242.60
Paid receipt number 36020	242.60
Balance due	0

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

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

_____
Signature of recorded holder of deed

X Mitsu Konishi
Signature

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 7348

Acct. # _____

PY-593 (REV. 8-85)

Paid Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/15/87

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

in a Top Seal 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 4944 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... See E-7347.	
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	11.37
Total Due	711.37
Paid receipt number 36020 —	711.37
Balance due	0

See E-7348

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

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

_____
Signature of recorded holder of deed

X Mitsu Konishi
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7349

PY-593 (REV. 8-86)

E-7349

TERI T. CAMPBELL
C/O 6058 BROADWAY
SD 92114

---

ushinosuke ⊗ } KONISHI
mitsu (49-44) #24260 #71137

YUKIE TAKEHARA
TERI T. CAMPBELL
(45)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego X

Date Apr 15 88

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

in a Lenes (Vault/Liner) Funeral, date, time Wed 2 P.M 4/20

Church, (Chapel) Graveside Chapel 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 373 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund ..... Single Burial	595.00
Additional spaces and care fund ..... none	—
Opening/Closing & Setup	320.00
Burial Container ..... Concrete Liner	100.00
Handling Fees ..... Labor	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	1201.50
Paid receipt number 36024	1201.50
Balance due	0

Pay by Funeral

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 Ella Mae Lake
Signature

4522 Hilltop Drive
Address

San Diego, Calif 92102
State Zip Code

619-262-6406
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7350

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 36024

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

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

Date: 4/18/88, 19

From: Ella Mae Lake Address: 4527 Hilltop St SD 92102

Twelve Hundred One 50/100 Dollars ($ 1201.50)

In full Payment of Interment s/s for Ida Alexander - dec

Lot 373 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E 7350

BALANCE DUE Ø

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

AC-212 (Rev. 10-87) 3133

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

CITY AUDITOR

APR 21 1988

ISSUED BY

CREDIT	67007	119	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	476	00
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 78390	6	50
TOTAL PAID	$	1201	50

E- 7350

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
IDA M. IDA ALEXANDER	FEMALE	AUG. 1, 1907	APRIL 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	ELLA MAE LAKE - DAUGHTER 4527 HILLTOP DRIVE SAN DIEGO, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. ANDERSON-RAGSDALE MORTUARY: SAN DIEGO, CA	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 Last Supper - full Coach Casket	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 Sealer - 20 gr - Last Supper - 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 APR 19 1988 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald G. Camras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/20/88 (ENTER DATE) 373-10	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 15 '88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maudel C Jackson Tues.

in a Liner (Vault/Liner) Funeral, date, time ~~Wed~~ 4-19-88 11 AM

Church, Chapel, Graveside Chapel, S.D.; Regedale Mortuary.

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

Lot 388 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 ..... _____

Called by Regedale Total Due 35.00

Paid receipt number 36088 35.00

Balance due 0

Renewed D-8321

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7351

Acct. # _____

PY-693 (REV. 8-86)

E-7351

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Maudel Jackson	Female	June 13, 1913	April 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 Love - Cousin 709 North Long Street Inglewood, California 90302

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary; 3050 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 18 ga	SIGNATURE OF PERSON IN CHARGE OF CREMATORY Batemwilder Stuck Sealer
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 "Gulls" - Lynn		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 19 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 4/19/88 (ENTER DATE) 388/10	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.

OFFICIAL RECEIPT

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

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

№ 36788

Date: 5-3 1988

From: Anderson - Lonsdale Address: 5050 Federal Blvd, SD

Thirty - five 00/100 Dollars ($ 35.00)

In Payment of Mandel Jackson's Burial Fee

Lot 388 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7351

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
9506

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		
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 4-18-88

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

in a Bell Series Vault/Liner Funeral, date, time Wed 4/20 2:00

Church, Chapel, Graveside Graveside ; Heath Howard Mortuary.

All Funeral cars must arrive 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 3 Row _____ Section 16 Division/~~Block~~ 7

Grave space & Care Fund .....

Additional spaces and care fund ..... Funeral P-3586

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 360236 35.00

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 7352

PY-683 (REV. 8-86)

OFFICIAL RECEIPT

№ 36036

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: Heath-Funeral Home Address: 611 Highland Ave. Nat'l City Ca 92050

Thirty-five dollars & 00/100 Dollars ($ 35.00)

In full Payment of Recording fee's for interment of Dora Robinson

Lot 24 Grave 3 Row ~ Section 16 Division Block 7

Invoice No

Acct. No

W.O. E-7352

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2231

AC-212 (Rev. 10-87)

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

CITY AUDITOR

APR 29 1988

ISSUED BY Nora Black

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

E. 7352

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
NINA MARGARET ROBINSON	FEMALE	JUNE 2, 1914	APRIL 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
Chula Vista	San Diego	Linda Hepper - Daughter 1123 Kenalan Drive San Diego, CA 92154

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A LDS - Committed 1/9 due to Rain etc Provided a T.S. Vault - Holding for rain to Stop Was a mint Cloth Covered Wooden -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Family to Come by later in month to Dedicate		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 18 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 4/20/88 (ENTER DATE) 24/3/16/7	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION George Stater	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-18-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesus & Consuelo Estrada

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 1075 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... _____

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 36022 35.00

Balance due _____

Transferred from John F Lyell

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7353

Acct. # _____

PY-693 (REV. 8-85)

OFFICIAL RECEIPT

№ 36022

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

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

Date: 4-18, 19 88

From: Mark Inc. Address: 644 Floyd Ave

thirty-five 00/100 Dollars ($ 35.00)

In Payment of Transfer fee Jim Jewell
to Lands & Consults Estrada

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-7353

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 21 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	35 00
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

E_7353

DUPLICATE
CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11426

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO John F. Tyrrell for the sum of $ 145.00 (DOLLARS)

LEGAL DESCRIPTION Lot 1076, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER C-8127

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:

Plot purchased 1-12-1970

Cemetery Manager

Property Director

PY-884

E 7353

POWER OF ATTORNEY

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, *John F. Tyrrell*, 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 1075
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 3 day of August, 1987.

John F. Tyrrell Jr.

STATE OF CALIFORNIA
COUNTY OF San Diego } ss.

On this 3rd day of August, in the year 1987 before me, the undersigned, a Notary Public in and for said State, personally appeared John F. Tyrrell, Jr

~~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.

Pam Brust
Notary Public in and for said State.

OFFICIAL SEAL
PAM BRUST
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Exp. April 16, 1990

E_7354

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/18/88

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

in a — Double Cpt. (Vault/Liner) Funeral, date, time 4/19/88 Tue - 1 P.M

Church, Chapel, Graveside Graveside ; Hemphill Mortuary.

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

Lot 46 Grave 8 Row ____ Section 16 Division/Block 7

Grave space & Care Fund ..... See deed 7756 - Double Burial

Additional spaces and care fund ..... - No -

Opening/Closing & Setup ..... upgrade to Double Cpt. 325.00

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee 35.00

Sales tax .....

Total Due 21.45

Paid receipt number ____ 381.45

Balance due ____

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.

X Walter A. Jackson Jr.

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

X Dana Alvarado P.O.A.

Signature of recorded holder of deed

X Martha Vanderpool

Signature

X 1925 Otay Lakes Rd. SP. 189

Address

X Chula Vista, Ca. 92013

State Zip Code

X 421-6516

Telephone

[redacted]

Work Order # E 7354

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

000899

№ 36426

Date: 7-15 8

From: Riverside Monument Address: 4291 Cedar St, Riverside

one hundred twenty-five Dollars ($ 125.00)

In Payment of Marker Installation fee

for Howard & Martha Sandhagen

Lot 46 Grave 2 Row Section 16 Division Block 7

Invoice No.

Acct. No.

W.O. E-7354

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

8/11

AO-212 (Rev. 10-87)

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

CITY AUDITOR

JUL 25 1988

ISSUED BY Sandra Clark

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	125 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 00

E-7354

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HOWARD FRANCIS VANDERPOOL	Male	June 08, 1912	April 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	Martha Vanderpool (Wife) 1925 Otay Lakes Rd. #189 Chula Vista, CA 92103

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Mem. 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 Bottom Double Crypt		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 18 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/19/88 (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

E-7354

To be used by Howard Vandyford

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

7756
1/14/1975

OWNERSHIP AND INTERMENT PRIVILEGES

TO Levi W. Jackson for the sum of $ 140.00 (DOLLARS)

LEGAL DESCRIPTION Lot 46 Grave 8 Section 16 Division 7

AS DESCRIBED ON PURCHASE ORDER NUMBER D-5387

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

12" X 24" flush marker only

R. Dehne
Cemetery Manager

W. L. MacFarlane
Property Director

PY-884

E_7354

POWER OF ATTORNEY

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, *Walter A. Jackson*, 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:

Grave 8, Lot 46, Section 16, Mt. Hope Cemetery
Division 7

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 Thur day of 7-23, 1987.

Walter A. Jackson

Walter A. Jackson

STATE OF CALIFORNIA
COUNTY OF San Diego } ss.

On this 23rd day of July, in the year 1987, before me, the undersigned, a Notary Public in and for said State, personally appeared WALTER A. JACKSON

~~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.

Carmen C. Blass
Notary Public in and for said State.

OFFICIAL SEAL
CARMEN C BLASS
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My comm. expires OCT 13, 1990

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego X

Date 4/19/88

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

in a Vault Vault/Area Funeral, date, time Sat 4/23 10:00

Church, Chapel, Graveside ~~Chapel~~ Chapel & Grave Rosedale Mortuary.

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

Lot 827 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	Deed # 4989	—
Additional spaces and care fund	none	—
Opening/Closing & Setup		320.00
Burial Container	Concrete Vault	175.00
Handling Fees	Labor	170.00
Flower vases - Marker setting fee	Sat. O.T.	380.00
Recording and filing fee		35.00
Sales taxes		11.37
	Total Due	1091.37
	Paid receipt number	
	Balance due	

30 day note

Paid 6/21/88

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.

X Carol Jones
Signature of recorded holder of deed

Cheryle Simmons
Signature

2713 Mendoncado
Address

Rancho Cordova 95670
State Zip Code

635-9291 — 1-800-531-8222
Telephone

531-8222-
8-2047

See address on note - Bill Carol

Work Order # E 7355

Invoice # [redacted]

Acct. # [redacted]

PY-593 (REV. 9-86)

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/23/88

DATE: 06/23/88
TIME: 214848
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
069575	05/16/88	026333	CAROL JONES					06/21/88	CK	#107	1,091.37	1,091.37	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				175.00		
			100	072		77183	000072				415.00		
			100	072		77185	000072				170.00		
			60101			78390					11.37		

E-7355

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,091.37

W.O. NO. E7355

NOTE—STRAIGHT

$ 1091.37 San Diego, California, April 21, 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 Market St., San Diego, CA 92102

the sum of One thousand ninety one & 37/100 DOLLARS.

with interest from May 20, 1988 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

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

Drive Lic. # K0831780 (89)

X Carol Jones

7409 Woodridge Way

S.D. Ca 92114

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E-7355

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
NETTIE LEE HUFF	Female	Oct. 19, 1921	April 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	Odis Huff, Jr. - Son 1104 32nd Street Oakland, California 94608

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Neted 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: APR 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 4/23/88 (ENTER DATE) 8/29/10	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

updated 4/29/88

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego X

Date 4-19-88

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

in a ~~Vault~~ Vault/Liner Funeral, date, time Tues 4/26 2:00

Church, Chapel, Graveside Chapel ~~Hill~~ Rosedale Mortuary.

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

Lot 68 Grave 9 Row _____ Section 1 ~~Division~~ Block 11

Grave space & Care Fund	495.00	495.00
Additional spaces and care fund		
Opening/Closing & Setup	320.00	320.00
Burial Container Vault	175.00	100.00
Handling Fees Labor	170.00	145.00
Flower vases, Marker setting fee		
Recording and filing fee	3.50	3.50
Sales taxes	11.37	6.50
Total Due	1063.37	1110.50
Paid receipt number		
Balance due		

Bill Catherine Maas
Kathryn Maas
226-1356
7901 Lowell Ave
San Diego

I hereby certify I am the Son 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.

Robin Jones

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

Signature of recorded holder of deed

1320 Grey #1452
Coronado Calif 92118
(619) 435-3238

X Alice Hall
Signature

X 14388 85
Address

X Cleveland Ohio
State

X 721-4204 (216)
Telephone

Zip Code

Invoice # [redacted]

Acct. #

Work Order # E 7356

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

№ 37536

Date: 3/20/89, 19

From: Lullian & Wenston, Trustee Address: 4148 Broadway S.D. 92102

Twelve Hundred Seventy Eight and 69/100 Dollars ($ 1278.69)

In full Payment of Creditors Claim $1206.37 + 72.32 Interest
Estate of and for Essie Lee Wallace Deceased.

Lot 68 Grave 9 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-7356

BALANCE DUE —0—

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

AC-212 (Rev. 10-87) 82

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

CITY AUDITOR

MAR 27 1989

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	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need/ Trust	75% [illegible]	72	32
Sales Tax	60101 78390	11	37
TOTAL PAID	$	1278	69

E-7356

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 Lee Wallace	Female	Nov. 27, 1922	April 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	Lillian E. Winston - Executrix 4148 Broadway 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 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 Metal		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED APR 20 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/26/88 (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		

Ssignature of local registrar issuing permit: Donald G. 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-19-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary S. Baldwin in a Bell Liner (Vault/Liner) Funeral, date, time Wed 4/20 11:00 Church, Chapel, Graveside Chapel & Grave: Pagdale Mortuary.

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

Lot 134 Grave 4 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	6.50
Total Due	856.50
Paid receipt number 36028	856.50
Balance due	0

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

Stella M. Roberts
Signature

3153 G St.
Address

San Diego 92102
State Zip Code

Ca 231-0806
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Acct. # _____

Work Order # E 7357

PY-583 (REV. 8-86)

E_7357

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 SUSAN BALDWIN	Female	1959 August 13, ~~1959~~ April 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	Reginald L. Baldwin - Husband 2947 Imperial Avenue San Diego, California 92102

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Cloth covered — Wooden 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 APR 20 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/20/88 (ENTER DATE) 1344/2/11	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

№ 36028

Date: 4-19, 19 88

From: Reginald Dalbavie Address: 2947 Imperial Ave SD 92102

eight hundred fifty-six 50 Dollars ($ 856.50)

in Payment of Mary E. Dalbavie's Burial Service

Lot 134 Grave 4 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-2357

BALANCE DUE -0-

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

0104

AC-212 (Rev. 10-87)

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

CITY AUDITOR

APR 21 1988

ISSUED BY [signature]

CREDIT	87007		
20% Sales Care	77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	270	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 78380	6	50
TOTAL PAID	$	856	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego X

Date 4/19/88

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

in a Vault Vault/Liner Funeral, date, time 4/26-Tues. 11 Am

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

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

Lot 109 Grave 11 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Single	495.00
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320.00
Burial Container ..... Concrete Vault	175.00
Handling Fees ..... Labor	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	1206.37
Paid receipt number 36032	1206.37
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

PAID
APR 19 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Signature Ruth Wheeler Flint

Address 4424 Mayberry

San Diego

State Ca. Zip Code

Telephone 2040414

Invoice #

Acct. #

Work Order # E 7358

PY-583 (REV. 8-86)

OFFICIAL RECEIPT

№ 36032

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

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

Date: 4/19 19 88

From: Chester L. Wheeler Address: 1027 W. Manchester Ave - L.A. 90044

Twelve hundred Sixty and 37/100 Dollars ($ 1206 37/xx)

In full Payment of Interment of and for Ruth Wheeler - dec
(Grave next to Chester)

Lot 109 Grave 11 Row ~ Section 2 Division ~~Block~~ 12

Invoice No. ~

Acct. No. ~

W.O. E-7358

BALANCE DUE -0-

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

AC-212 (Rev. 10-87) 0916-

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

CITY AUDITOR
APR 21 1988

ISSUED BY Gregory Stetter

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	175	00
	100	170	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	~	
Sales Tax	60101 78360	11	37
TOTAL PAID	$	1206	37

E 7358

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 WHEELER	Female	April 26, 1922	April 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	Roberta Bennett - Daughter 4429 Mayberry Street San Diego, California 92114

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

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

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

FOR CORONER'S 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	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 T.S. Vault (Vault not in Hole)		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 25 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald G. Camras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/26/88 (ENTER DATE) 109/11/12/12	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 X

Date 4-19-88

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

in a Vault (Vault/Niche) Funeral, date, time Fri 4/22 12:00

Church, Chapel, Graveside Chapel of Love 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 No

Lot 126 Grave 5 Row ____ Section 2 Division/Block 12

Grave space & Care Fund Single Care	495.00
Additional spaces and care fund None Reserved	
Opening/Closing & Setup	320.00
Burial Container Concrete Sealed	175.00
Handling Fees Labor -	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	25.00
Sales taxes	11.37
Total Due	1206.37
Paid receipt number 36151	600.00
Balance due	606.37

30 day note

Paid 5/31/88

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 Rosa A. Davis

Address 3052 Meiger Dr

State San Diego CA Zip Code 92139

Telephone 479-6238

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7359

PY-593 (REV. 8-88)

W.O. NO. E-7359

NOTE—STRAIGHT

$ 1206 37/100 San Diego, California, April 19, 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 Market St., San Diego, CA 92102

the sum of Twelve Hundred Six and 37/100 DOLLARS.

with interest from May 20, 1988 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

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

Driver Lic. # R134027

x Rosa M. Davis

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E_7359

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/03/88

DATE: 06/03/8
TIME: 205506
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	PO BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
069573	05/16/88	026332	ROSA W. DAVIS					05/31/88	CK	1123	606.37	606.37	0.00
			100	072		77181	000072				215.00		PAID IN FULL
			100	072		77182	000072				175.00		
			100	072		77183	000072				35.00		
			100	072		77185	000072				170.00		
			60101			78390					11.37		

E_7359

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LOVIE CORREY	Female	Sept. 14, 1918	Apr. 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
National City	San Diego	Rosa Lee Davis - Daughter 3052 Minoa Street 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

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 White Sealer in vault at Vet Mom. Family not to upset — We were not Ready.		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Order for 29-		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 22 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Ramos M.D. Dunn
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/22/88 (ENTER DATE) 126/5/2/12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Loyce W Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

OFFICIAL RECEIPT

4/5

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

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

№ 36201

Date: 5-30-88

From: Rosa W. Davis Address: 3052 Menor Way, SD

six hundred six 37/100 Dollars ($ 606-37)

In Payment of Lorie Corley's Burial Service

Lot 126 Grave 5 Row Section 2 Division ~~Block~~ 12

Invoice No. 069573

Acct. No. 026332

W.O. E-7359

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-Need Trust ☐ Cash ☐ Check ☒ 1123

AC-212 (Rev. 10-87)

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

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	215	00
Burial Containers	100 77182	175	00
	100	170	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	11	37
TOTAL PAID	$	606	37

OFFICIAL RECEIPT

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

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

№ 36151

Date: 5-12 19 88

From: Ron D. Davis Address: 3052 Meadow Way, SD

Six hundred 00/100 — Dollars ($ 600.00)

In _____ Payment of Dave Corey's Lawn Service

Lot 126 Grave 5 Row _____ Section 2 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7359

BALANCE DUE 606-37

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

AC-212 (Rev. 10-87) 109

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

CITY AUDITOR

MAY 16 1988

ISSUED BY Linda Ward

CREDIT	67007	79	00
20% Sales Care	77184		
60% Sales of Lots	100 77184	236	00
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	5	00
TOTAL PAID	$	600	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/20/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stella Catherine Ward ⊗

in a _____ Vault/Liner Funeral, date, time At Your Pleasure

Church, Chapel, Graveside Simple Interment In Vault Mortuary.

All Funeral cars must 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 — Row — Section 8 Division/~~Block~~ 8

Center Center

Grave space & Care Fund ..... Pre-need -

Additional spaces and care fund ..... none -

Opening/Closing & Setup ..... Pre-arranged

Burial Container ..... Parcel upgrade

Handling Fees ..... Exchange lot to

Flower vases - Marker setting fee ..... no charge to

Recording and filing fee ..... estate - Mt. Hope owns

Sales taxes ..... 1013-1-8 at no cost today

Total Due .....

Rev. 4/18/88

Paid receipt number GUS

Balance due

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

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

_____
Signature of recorded holder of deed

OK to Bury

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 7360

Acct. # _____

PY-593 (REV. 8-86)

Catherine "Cay" Smith
42 Helen Avenue
Concord, CA 94518

FOLD

SPECIAL DELIVERY

E_7360

MOUNT HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO CA 92102

SPECIAL DELIVERY

E_7360

THE CITY OF
SAN DIEGO
MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

PROPERTY
DEPARTMENT
264-3151

April 8, 1988

Catherine Smith
42 Helen Avenue
Concord, Ca 94518

Re: Stella C. Ward - Letter dated 3/21/88

Mt. Hope Cemetery will inurn the cremains of Stella C. Ward at time of need in the space of her husband's burial, Ora Ward, described as lot 124, section 3, division 8. This will be completed for no addition cost or obligation providing you release to Mt. Hope grave space described as lot 1013, section 1, division 8 now held for Stella C. Ward.

Mt. Hope is a city operated cemetery and by law is not allowed to sell markers or lawn memorials. If you wish to have the final resting place of Stella memorialized you could purchase a 12" x 24" x 3" granite marker bearing both names to replace the present marker of Ora Ward. There would be no additional setting fee to exchange the markers. I have enclosed business cards of two monument firms which could provide you with a marker of your preference for a reasonable fee.

If this arrangement meets with your approval please provide a quitclaim deed releasing the grave space. We are ready to follow and abide with your wishes.

Sincerely,

George Stelter

George Stelter
Mt. Hope Cemetery Manager

Enclosures

GWS:slw

E_7360

MARCH 21 1988

MOUNT HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO CA 92102

ATTN: GEORGE

I SPOKE TO YOU ON THE PHONE NOT LONG AGO CHECKING ON THE OWNERSHIP OF LOT 1013, SEC. 1,DIV. 8. OWNER STELLA C. WARD.

I HAVE MADE ARRANGEMENTS WITH BRYANT & MOORE CHAPLE TO HANDLE THINGS UP HERE. WE PLAN TO INTERR THERE, SO THEY WILL SHIP THE ASHES TO YOU. NOW IS THE PROBLEM WE MUST SETTLE IN ADVANCE.

HER DECEASED HUSBAND-ORA L WARD IS BURIED IN YOUR LOT 124, section 3, Div 8.(please confirm).

Stella not only purchased her lot but also paid $90.00 for the opening.

IF YOU WILL SEND ME CONFERMATION OF THE FOLLOWING,PLEASE. YOU WILL PLACE THE ASHES IN A PROPER URN, HAVE THE STONE OR MARKER CORRECTED TO INCLUDE HER NAME & DATES. I WILL ALLOW HER TO BURIES IN THE SAME LOT WITH ORA L WARD, AND WILL RELEASE THE OTHER LOT BACK TO YOU. OTHERWISE I WILL HAVE TO PROCEED WITH THE INTERMENT IN THE LOT SHE PURCHED IN 1969.

RUSH YOUR REPLY BACK TO ME ASAP.

42 HELEN AVE.,
CONCORD CA 94518

CATHERINE SMITH
Catherine D Smith

Enc: Power of Attny.
Receipt #106325
DEED LOT 1013, Sec. 1, Div.8

cc: Bryant & Moore Chapel
1385 Galindo
Concord Ca 94518

E-7360

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

5/31/1969

4356

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Stella C. Ward for the sum of $ 200.00 (DOLLARS)

LEGAL DESCRIPTION Lot 1013 Section 1 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER C-7248

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be *held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may* hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

2' X 1' Flush Marker Only

R. W. Dickne
Cemetery Manager

Eric Quantz
Public Works Director

FORM PW-584

E-7360

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

NO. 16325

DATE May 31 1969

FROM Stella C. Ward ADDRESS 3819 University Ave. S.D.

Two hundred fifty three and no/100 — DOLLARS ($ 253.00)

IN full PAYMENT OF Pre-need lot and cemetery charges

LOT 200 GRAVE ROW SECTION 1 DIVISION ~~BLOCK~~ 8

INVOICE NO. cash

W.O. C-7248

UNPAID BALANCE AFTER THIS PAYMENT —

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

PAID
MAY 31 1969
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY R. Wells

CREDIT SALES CARE	306 951	100 00
HALF SALES OF LOTS	100 7784	110 00
OPENINGS	100 7781	80 00
BOXES	100 7782	63 00
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		353 00

FORM AC-212

E7360

RECORDING REQUESTED BY

Catherine Smith

87 255673

RECORDED AT REQUEST OF

AND WHEN RECORDED MAIL TO

Name: Catherine Smith
Street Address: 42 Helen Avenue
City & State: Concord, Ca. 94518

DEC 7 1987

AT 2 O'CLOCK P. M.
CONTRA COSTA COUNTY RECORDS
J.R. OLSSON
COUNTY RECORDER

FEE $ 9.00 1C.C.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

POWER OF ATTORNEY
(General)

KNOW ALL MEN BY THESE PRESENTS:

1. That STELLA C. WARD, of 331 ILENE, City of MARTINEZ, County of CONTRA COSTA, State of California, hereby appoint(s) CATHERINE SMITH, of 42 HELEN AVENUE, City of CONCORD, County of CONTRA COSTA, State of California, my true and lawful attorney in fact for me and in my name, place, and stead and for my use and benefit:

(a) To exercise, do, or perform any act, right, power, duty, or obligation whatsoever that I now have or may acquire the legal right, power, or capacity to exercise, do, or perform in connection with, arising out of, or relating to any person, item, thing, transaction, business property, real or personal, tangible or intangible, or matter whatsoever;

(b) To ask, demand, sue for, recover, collect, receive, and hold and possess all such sums of money, debts, dues, bonds, notes, checks, drafts, accounts, deposits, legacies, bequests, devises, interests, dividends, stock certificates, certificates of deposit, annuities, pension and retirement benefits, insurance benefits and proceeds, documents of title, choses in action, personal and real property, intangible and tangible property and property rights, and demands whatsoever, liquidated or unliquidated, as are now, or shall hereafter become due, owing, payable, owned, or belonging to me or in which I have or may acquire an interest, and to have, use, and take all lawful ways and means and legal and equitable remedies, procedures, and writs in my name for the collection and recovery thereof, and to compromise, settle, and agree for the same, and to make, execute, and deliver for me and in my name all indorsements, acquittances, releases, receipts, or other sufficient discharges for the same;

(c) To improve, repair, maintain, manage, insure, rent, lease, sell, release, convey, subject to liens, mortgage, and hypothecate, and in any way or manner deal with all or any part of any real or personal property, tangible and intangible, whatsoever, or any interest therein, which I now own or may hereafter acquire, for me and in my name, and under such terms and conditions, and under such covenants as attorney shall deem proper;

This document is only a general form which may be proper for use in simple transactions and in no way acts, or is intended to act, as a substitute for the advice of an attorney. The printer does not make any warranty, either express or implied, as to the validity of any provision or the suitability of these forms in any specific transaction.

Coastland's Form No. 1098 — POWER OF ATTORNEY (General) — (C.C. Rem. 1216, 2430-2437, 2450) — (Rev. 6/86)

(d) To engage in and transact any and all lawful business of whatever nature or kind for me and in my name; and

(e) To sign, endorse, execute, acknowledge, deliver, receive, and possess such applications, contracts, agreements, options, covenants, deeds, conveyances, trust deeds, security agreements, bills of sale, leases, mortgages, assignments, insurance policies, bills of lading, warehouse receipts, documents of title, bills, bonds, debentures, checks, drafts, bills of exchange, notes, stock certificates, proxies, warrants, commercial paper, receipts, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of, banks, savings and loan or other institutions or associations, proofs of loss, evidence of debts, releases, and satisfaction of mortgages, judgments, liens, security agreements, and other debts and obligations, and such other instruments in writing of whatever kind and nature as may be necessary or proper in the exercise of the rights and powers herein granted.

2. Granting to my attorney in fact full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, and proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of delegation substitution or revocation, hereby ratifying and confirming all that MY attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

3. This instrument is to be construed and interpreted as a general power of attorney. The enumeration of specific items, acts, rights or powers herein does not limit or restrict, and is not to be construed or interpreted as limiting or restricting the general powers herein granted to my attorney in fact.

4. By executing this document I further intend to revoke all previous general power of attorney appointments executed by me or on my behalf.

IN WITNESS WHEREOF I have hereunto signed my name this 6th day of December, 1987.

X Stella C. Ward
Signature
X STELLA C. WARD

Copy certify that this is a true copy of the original on record in this office.
ATTEST:
DEC 17 1987
Signature
JAMES R OLSSON
COUNTY RECORDER
CONTRA COSTA COUNTY, CALIFORNIA
BY L. Bogosian
DEPUTY

STATE OF CALIFORNIA
COUNTY OF Contra Costa ss.

On this 6th day of December in the year 1987 before me Shirley D. Long, a Notary Public, State of California, duly commissioned and sworn, personally appeared Stella C. Ward, 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 the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal in the State of CA County of Contra Costa on the date set forth above in this certificate.

Shirley D. Long
Notary Public, State of California
My commission expires 12-4-89

OFFICIAL SEAL
SHIRLEY D LONG
NOTARY PUBLIC-CALIFORNIA
CONTRA COSTA COUNTY
MY COMM. EXP. DEC. 4, 1989

This document is only a general form which may be proper for use in simple transactions and in no way acts, or is intended to act, as a substitute for the advice of an attorney. The printer does not make any warranty, either express or implied, as to the legal validity of any provision or the suitability of these forms in any specific transaction.

Comdata's Form No. 1002 POWER OF ATTORNEY (General) (CC Sec. 1916, 2410-2457, 2400) (Rev. 5/85)

87 255673

E 7360

1009

1010

1011

1012

1013 Pre-need opening $90.00 and Cement liner $63.00 paid. See W.O. C-7248 dated 5/31/1969.

1014

1015 2/1/88 - K. Smith to George - Pof A -
on 1013-1-8 Edelweiss | on 124-3-8 (ora C. Ward Husband)
Dep of $153.00

1016 We will place remains in 1013 for 89.50 - either grave ground Burry for 453.00

1017 or for release of all interest in 1013-1-8 we will do it free in Pour in Place Vault

1018 K. Smith - Concord Ca

1019

1020

FORM 61

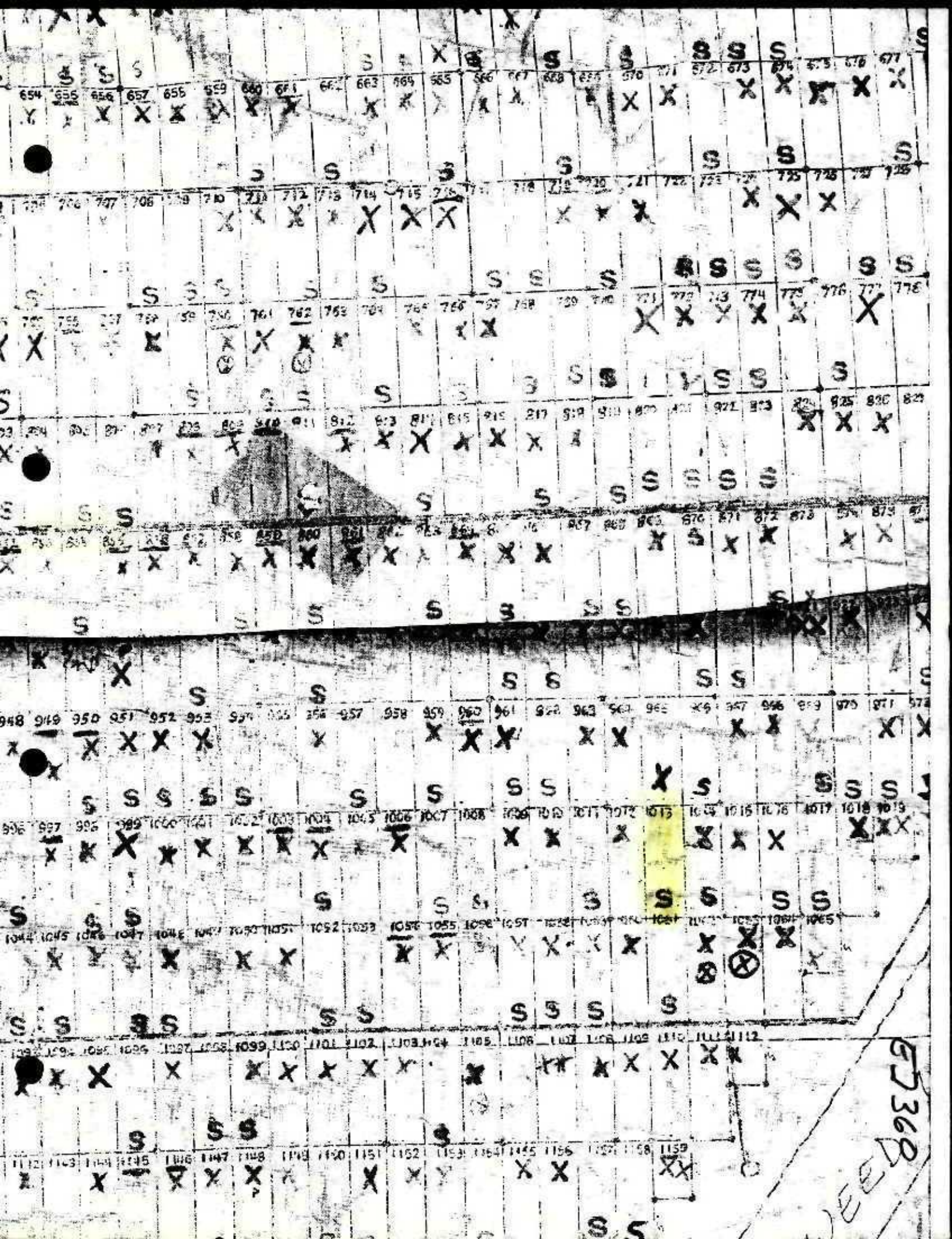
LEGAL DESCRIPTION

E-7360

SAN D

Lot 121 thru 132 SEC 3 DIV 8

	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	REMA
121	FAGAN, Lillie Joy	FAGAN, John	3/27/1958	95.00	3/31/1958	B-3098	
122	GRAVELLE, Anna Olivia	DUFFIELD, Norma	5/27/1966	145.00	5/31/1966	C-3253	#4 Air Seal
123	JORGENSEN, Harold A.	JORGENSEN, Jessie	3/22/1963	160.00	3/26/1963	B-9559	
124	WARD, Ora Lacefield	Ward, Stella C.	1/25/55	70.00	1/26/55	A-8150	
125	REED, Henry Emmet	REED, Henry E.	4/1/1958	95.00	10/2/1974 4/2/1958	D-5008 B-3118	
126	REED, Emma L.	" "	4/1/1958	95.00	[illegible]	B-3118	
127	BOLIN, Oda Lee	Bolin, Clifford	6/27/55	70.00	6/28/55	A-8782	
128	HOLLEY, Arhhtr H.	HOLLEY, Frederick C.	12/19/1958	115.00	12/22/1958	B-4113	
129	HOLLEY, Clara E.	HOLLEY, Arthur H.	12/21/1956	95.00	12/24/1956	B-1306	
130	CASTEEL, William W.	Est.	7/2/55	70.00	7/5/55	A-8803	
131	BJORKLUND, Agnes M.	BJORKLUND, Eino & Agnes	1/27/1958	95.00	1/13/1959	B-4196 B-2847	
132	BJORKLUND, Emil E.	" " "	1/27/1958	95.00	12/18/1961	B-7984 B-2847	



124-3-8

E 7360

E 2210

N 1°29'30" E

236.43'

NORTH 14995'

E 7360

LAST WILL

OF

STELLA C. WARD

I, STELLA C. WARD, a resident of San Diego County, California, declare this to be my last will and revoke all former wills and codicils.

FIRST: I direct my executor to pay my just debts and last illness and burial expenses.

SECOND: I declare that I have married twice; that my first marriage was terminated by divorce; that my second marriage was terminated by death of my spouse; that I have had no child; and that I have a brother, namely, ROSCOE RICHARDSON, who is living and has a daughter, namely, CATHERINE SMITH, and a son, namely, WAYNE W. RICHARDSON, each of whom is living.

THIRD: I give and bequeath my yellow metal ring with one large white stone and six small white stones to my friend JANE RUDIN.

FOURTH: I give and bequeath my yellow metal ring with one large white stone and four small white stones to said CATHERINE SMITH.

FIFTH: I give, devise and bequeath the residue of my estate to, in equal shares, said WAYNE W. RICHARDSON and CATHERINE SMITH or if either of them does not survive distribution or if there is no such issue, to the survivor of the two of them.

SIXTH: If any devisee, legatee, or beneficiary under this will or any legal heir of mine, or person

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APR 13 1988
MT. HOPE CEMETERY

E_7360

claiming under any of them, shall contest this will or seek to impair or invalidate any of its provisions, or conspire with or voluntarily assist anyone attempting to do any of those things, any legacy, bequest or devise given under this will to that person shall be forfeited and shall augment proportionately the shares of my estate going under this will to such of my devisees, legatees, and beneficiaries as shall not have participated in such acts or proceedings. If all my devisees, legatees and beneficiaries shall participate in such proceedings, I give, devise and bequeath the whole of my estate to my heirs at law according to the laws of succession of the State of California then in force, excluding all such contestants and all such persons conspiring with or voluntarily assisting them.

SEVENTH: I appoint said WAYNE W. RICHARDSON as executor hereof to so serve without bond or any other security being required of him. If he does not so act, I appoint said CATHERINE SMITH as executrix hereof to so serve without bond or any other security being required of her.

IN WITNESS WHEREOF, I have hereunto set my hand and declared this to be my last will, at San Diego, California, this 12th day of January, 1976.

Stella C. Ward
STELLA C. WARD

RECEIVED
APR 18 1980
MT. HOPE CEMETERY

E-7360

THE FOREGOING INSTRUMENT, consisting of three (3) pages, including this page, was at the date thereof by STELLA C. WARD, signed, sealed, published and declared to be the last will of her in the presence of each of us and we at her request, in her presence and the presence of each other have subscribed our names as witnesses thereto.

JOHN T. SCHALL

residing at 5182 San Aquario Drive
San Diego, CA 92109

Sandra L. Anderson
SANDRA L. ANDERSON

residing at 9358 Crest Drive
Spring Valley, CA 92077

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APR 13 1988
MT. HOPE CEMETERY

E_7360

Catherine "Cay" Smith
42 Helen Avenue
Concord, CA 94518

F. C. Bookkeeper (415) 825-9558 Tax Preparer

OFFICE (415)671-8852

Mt. Hope Cemetary
3751 Market Street
San Diego Ca 92101

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APR 1 1988
MT. HOPE CEMETERY

ATTN: George Stetler

Dear Sir:

I am herewith enclosing the Quick Clain Deed for Lot 1013, Sec. 1, Div. 8- a single grave; also enclosed is a copy of the Will of Stella C. Ward to show that I am the executrix.

You are to see that her remains are properly enclosed (velveteen lined cement box) and placed in the grave of Ora L. Ward at Lot 124, Sec. 3, Block 8. And the new marker set without charge per your letter and confèrmed by telephone.

The stone marker is being ordered from Conti & SonsMonument Co.

Please confirm when this is completed so that Friends & Family can visit the site.

THANK YOU FOR YOUR ASSISTANCE.

Catherine D. Smith

Catherine D. Smith, Executrix

E 7360

THE CITY OF SAN DIEGO
PARK DEPARTMENT—CEMETERY DIVISION

Quitclaim Deed

In consideration of Services Rendered
(Per letter agreement dated April 8, 1988 which is attached
hereto as Exhibit A)

I/~~We~~ Catherine Smith

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 1013, Section 1, Division 8 - a single grave

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 April 19 88

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

X [signature]

Susan Poltzer

Witnesses.

X [signature]

Power of Attorney for Stella C. Ward

RECEIVED
APR 1 0 1988
MT. HOPE CEMETERY

Exhibit A E7360

THE CITY OF
SAN DIEGO
MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

PROPERTY
DEPARTMENT
264-3151

April 8, 1988

Catherine Smith
42 Helen Avenue
Concord, Ca 94518

Re: Stella C. Ward - Letter dated 3/21/88

Mt. Hope Cemetery will inurn the cremains of Stella C. Ward at time of need in the space of her husband's burial, Ora Ward, described as lot 124, section 3, division 8. This will be completed for no addition cost or obligation providing you release to Mt. Hope grave space described as lot 1013, section 1, division 8 now held for Stella C. Ward.

Mt. Hope is a city operated cemetery and by law is not allowed to sell markers or lawn memorials. If you wish to have the final resting place of Stella memorialized you could purchase a 12" x 24" x 3" granite marker bearing both names to replace the present marker of Ora Ward. There would be no additional setting fee to exchange the markers. I have enclosed business cards of two monument firms which could provide you with a marker of your preference for a reasonable fee.

If this arrangement meets with your approval please provide a quitclaim deed releasing the grave space. We are ready to follow and abide with your wishes.

Sincerely,

George Stelter

George Stelter
Mt. Hope Cemetery Manager

Enclosures

GWS:slw

RECEIVED
APR 13 1988
MT. HOPE CEMETERY

E-7360

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
STELLA CATHERINE WARD	FEMALE	April 23, 1898	March 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
Martinez	Contra Costa	Catherine Smith - Niece 42 Helen Ave. Concord, Ca 94518

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Bryant & Moore Chapel, Concord	F 873

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 Mont Hope Cemetery, City of San Diago		COUNTY San Diego ~~San Diego~~
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Memory Gardens Crematory, concord	DATE CREMATED 3-25-88	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 ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 3/24/88 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/20/88 (ENTER DATE) 4/3/8	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH Death Registry, P.O. BOX 871, Martinez, CA 94553		

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.

Please have chapel at service

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-20-88

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

in a Bell liner (Vault/Liner) Funeral, date, time Fri 4-22 12:00

Church, Chapel, Graveside Greenside ; Rogers Mr. Bishop Mortuary.

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

Lot 4437 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... E-2132 ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... Prepaid ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee 35.00

Sales taxes ..... _____

Total Due 35.00

Paid receipt number 36043 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

PAID
APR 22 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Signature

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 7361

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 36743

Date: 4/22, 1988

From: Rogers Mortuary Address: 4094 University Ave. S.D. CA 92105

Thirty-five Dollars & 00/100 Dollars ($ 35.00)

In Payment of recording fee for Dimitri Sokolow

Lot 4437 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-7361

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 29 1988

ISSUED BY Nora Black

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

E_7361

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DIMITRI SOKOLOW	Male	Oct. 22, 1896	April 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	Dimitri Sokolow - Self (Pre-Need)

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

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery- 3751 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 Clothing Wooden - in Lieu		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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: APR 20 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Barnes M.D. M.P.H.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/22/88 (ENTER DATE) 4437/10	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.

Pre-need Trust Deposit

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/20/88

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

in a Top Seal 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 57 Grave 4 Row ~ Section 17 Division/Block 7

Grave space & Care Fund	Pre need C-8452	Pd
Additional spaces and care fund	one -	Pd
Opening/Closing & Setup	320.00	
Burial Container	Vault-T.S. 175.00	
Handling Fees	Labor 170.00	
Flower vases - Marker setting fee		
Recording and filing fee	35.00	
Sales taxes	11.37	
Total Due	$711.37	
Paid receipt number	36033	711.37
Balance due		0

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7362

Acct. # _____

PY-503 (REV. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego X

Date 4/20/88

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

in a Tidal Vault (Vault/Liner) Funeral, date, time Wed - 4/27 / 2 P.M.

Church, Chapel, Graveside Chuck & G.S. ; Rose Dale Mortuary.

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

Lot 57 Grave 5 Row ____ Section 17 Division/Block 7

Grave space & Care Fund ..... Pre need C-8452	—
Additional spaces and care fund ..... One (#4)	—
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	11.37
Total Due 3633 ...	711.37
Paid receipt number ____	711.37
Balance due	0

PAID
APR 20 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

Signature: Gladiss White

Address: 3126 L St

State: X Zip Code: 92 5392

Telephone: X

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

Signature of recorded holder of deed

Invoice # ____

Acct. # ____

Work Order # E 7363

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

№ 36033

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

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

Date: April 20, 19 88

From Gladies White Address: 2532 - 4 St - SD 92102

Seven Hundred eleven and 37/100 Dollars ($ 711 37/xx)

In ~~Deposit~~ Payment of Interment fees paid ~~in advance~~

~~Trust Deposit for Gladis White~~

Lot 57 Grave ~~#~~ 5 Row ~ Section 17 Division ~~Block~~ 7

Invoice No. ~

Acct. No. ~

W.O. E-7363

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☑
1140.00 7293
#571.37

AC-212 (Rev. 10-87)

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

CITY AUDITOR

APR 21 1988

ISSUED BY Geogen Stath

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	11	37
TOTAL PAID	$	711	37

E-7363

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
REBECCA GRICK	FEMALE	OCT. 7, 1895	APRIL 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	GLADYS WHITE - DTR. 3126 "L" STREET SAN DIEGO, CALIFORNIA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD.	1329

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

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

FOR CORONER'S 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, CALIF.		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A Steel Sealer — Tank	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: 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: APR 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 5/15/1988 4/27/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoguillette	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/20/88

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

in a Vault/Liner Liner Funeral, date, time 4-22-88 Fri 11:00 AM

Church, Chapel, Graveside Church, G.S. Rappdale Mortuary.

All Funeral cars must 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 146 Grave 5 Row — Section 1 Division/Block 12

Grave space & Care Fund	395.00
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	6.50
Total Due	1001.50
Paid receipt number 36035	1001.50
Balance due	0

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

Signature: Ronald Calmer

Address: 2647 "L" St

State: San Diego Ca Zip Code: 92102

Telephone: 231-2657

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

Signature of recorded holder of deed

Invoice #

Work Order # E 7364

Acct. #

PY-593 (REV. 5-85)

E-7364

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 James George	Male	Jan. 25, 1944	April 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	Annie Dell Turner - Sister 353 North 43rd STreet San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 3050 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 Saber - Wide Top	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 Lenci		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 19 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Gerald L. Camras, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/22/88 (ENTER DATE) 146/5/1/12	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

№ 36035

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

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

Date: 4-30, 1988

From: Rosecrest Cemetery Address: 2617 "J" St. San Diego Ca 92102

One thousand one dollars & 50/100 Dollars ($ 1001.50)

In full Payment of interment of Willie James George

Lot 146 Grave 5 Row — Section 1 Division Block 12

Invoice No. —

Acct. No. —

W.O. E-7364

BALANCE DUE —

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR

APR 29 1988

ISSUED BY Sara Black

CREDIT	67007		79 00
20% Sales Care	77184		
80% Sales of Lots	100 77184	316	~~[illegible]~~
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 78390		6 50
TOTAL PAID	$		1001 50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/20/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura S. Verri

in a Vault Funeral, date, time 11Am/Mon/4/25

Church, Chapel, Graveside Chapel & G.S. Claremont Mortuary.

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

Lot 66 Grave 11 Row — Section 2 Division/Block 12

Grave space & Care Fund Single Lp.	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Concrete Vault	175.00
Handling Fees Labor	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	1206.37
Paid receipt number	
Balance due	

Paid 8/2/88

30 Day note

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

Robert S. Verri
Signature

3593 Ethan Allen Ave
Address

San Diego Ca 92117
State Zip Code

276 3391
Telephone

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

Signature of recorded holder of deed

[redacted]

Work Order # E 7365

PY-593 (REV. 8-86)

W.O. NO. E-7365

NOTE—STRAIGHT

$ 1206 37 San Diego, California, April 20, 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 Market St., San Diego, CA 92102

the sum of Twelve Hundred Six and 37/100 DOLLARS,

with interest from May 22, 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.

Driver Lic. # H047028

X. Robert S. Veni

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E_7365

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 Susan Verri	Female	May 24, 1964	Apr. 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
Fridley	Anoka	Robert Verri Father 3593 Ethan Allen Ave. San Diego, CA. 92117

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Clairemont Mortuary, 4266 Mt. Abernathy Ave. SD	F-1126

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED 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 20 gal steel sealer min - Robb Hardwood
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Cornerstone 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 APR 25 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/25/88 (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.

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/13/88

DATE: 07/13/88
TIME: 215241
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	PO BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
069572	05/16/88	026331	ROBERT S. VERRI					07/05/88	CK	#2600	100.00	1,206.37	456.37
			100	072		77181	000072				26.53		PARTIAL PAYMENT
			100	072		77182	000072				14.51		
			100	072		77183	000072				2.90		
			100	072		77184	000072				32.83		
			100	072		77185	000072				14.09		
			60101			78390					0.94		
			67007			77184					8.20		

E-7365

OK

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-20-88

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon 4-25 2:00

Church, Chapel, Graveside Hurst & 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 97 Grave 11 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup ..... Prepaid E-6850

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due 0

Paid receipt number _____

Balance due _____

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 7366

Acct. # _____

PY-693 (REV. 5-85)

E-7366

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DORA ROBERTS NIBLETT	Female	Sept. 19, 1895	Found Apr. 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	Ruth Sullivan - Niece 1506 Edgemont Street Dallas, Texas 75216

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	F1329

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		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 22 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/25/88 (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: Gerald G. Parras, M.D. MM

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-21-88

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 4-26 2:00

Church, Chapel, Graveside Chuck Hoy, 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 120 Grave 4 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	606.50
Paid receipt number 36051	606.50
Balance due	0

PAID
APR 26 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Ordered by Rosedale

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7367

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 36051

Date: 4-26-, 19 88

From: Ethel Stewart Address: 650 San Miguel Ave, S.D., CA 92113

Six hundred and six dollars and 50/100 Dollars ($ 606.50)

In Full Payment of Interment of Martin Lynn Davis

Lot 120 Grave 4 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E7367

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 1162

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

CITY AUDITOR

APR 29 1988

ISSUED BY W. J. Teague

CREDIT			
20% Sales Care	67007 77184		
80% 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	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	6	50
TOTAL PAID	$	606	50

E-7367

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARTIN LYNN DAVIS	Male	June 18, 1899	April 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	Ethel Marian Stewart - Daughter 650 San Miguel 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

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

FOR CORONER'S 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 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 APR 22 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 4/26/88 (ENTER DATE) 12/4/88	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stokes		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/22/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bernard Hildebrand - Veteran

in a Vault (Vault) Funeral, date, time 4/26 Tues. 10:00am

Church, Chapel, Graveside Chapel G.S. : Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW1-2 + Korea Full Military detail

Lot 110 Grave 9 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	Pre need -	
Additional spaces and care fund	none	
Opening/Closing & Setup	Setup	320.00
Burial Container	Concrete Vault	175.00
~~Handling Fees~~	Labor	170.00
Flower vases ~~Marker setting fee~~		—
Recording and filing fee		35.00
Sales taxes APR 22 1988		11.37
	Total Due	711.37
	Paid receipt number 36042	711.37
	Balance due	0

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

I hereby certify I am the Robert B Hildebrand of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Robert B Hildebrand
Signature
x 4109 VISTA GRANDE DR.
Address
x CA S.D. 92115
State Zip Code
x 583-7078
Telephone

Invoice # ____

Work Order # E 7368

Acct. # ____

PY-503 (REV 8-85)

OFFICIAL RECEIPT

№ 36042

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

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

Date: 4/22/88

From: Robert B Heldebrand Address: 4109 Vista Grande - SD 92102

Seven Hundred Eleven and 37/100 Dollars ($ 711.37)

In full Payment of Interment of and for Bernard Heldebrand-da

Lot 110 Grave 9 Row — Section 1 Division ~~Block~~ 11

Invoice No. —

Acct. No. —

W.O. E-7368

BALANCE DUE —

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

AC-212 (Rev. 10-87) 0526

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

CITY AUDITOR

APR 29 1988

ISSUED BY Georgia Stott

CREDIT	67007	—	
20% Sales Care	77184		
80% Sales of Lots	100 77184	—	
Opening/ Closing	100 77161	320	00
Burial Containers	100 77162	175	00
Handling Fee	100 77165	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	11	37
TOTAL PAID	$	711	37

Grave Cost 449.00 Paid.

E7368

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BERNARD FRANKLIN HILDEBRAND	Male	Oct. 7, 1895	April 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	Robert Hildebrand - Son 4109 Vista Grande Drive San Diego, CA

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

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

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

Royen Lastes

FOR CORONER'S 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 Solid Birch Hardwoods
BURIAL AT SEA OR DISPOSITION OTHER 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	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Wm Bishop Grid General	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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: APR 26 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 4/26/88 (ENTER DATE) 110-9-1-11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Royen Stokes LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-25-88

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

in a Bell Lerge (Vault/Liner) Funeral, date, time Tues 4/26 11:30

Church, Chapel, Graveside Chapel of Glen Lewis Mortuary.

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

Lot 87 Grave 8 Row _____ Section 3 Division/Block 1/2

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	6.50
Total Due	606.50
Paid receipt number 36046	606.50
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.

Elma M. Caskey
Signature of recorded holder of deed

Sharon Kay Palacek
Signature
9336 Kaechele Wy
Address
Santee Ca 92071
State Zip Code
449-9463
Telephone

Invoice # _____

Work Order # E 7369

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

№ 36046

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

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

Date: 4-25 19 88

From: Nina McCarthy Address: 4267 33rd Street SD

six hundred six 50/100 Dollars ($ 606.50)

In Payment of Floyd McCarthy's Burial Service

Lot 87 Grave 8 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-7369

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2577

AC-212 (Rev. 10-87)

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

CITY AUDITOR

APR 29 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	220	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 78390	6	50
TOTAL PAID	$	606	50

OFFICIAL RECEIPT

№ 36306

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

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

Date: 6-16, 19 88

From: Ona McCluskey Address: 4267 32nd St SD

One hundred thirty-five 00 Dollars ($ 135.00)

In Payment of Marker Installation Fee

Lot 87 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-7369

BALANCE DUE -0-

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

2627

AC-212 (Rev. 10-87)

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

CITY AUDITOR

JUN 20 1988

ISSUED BY Linda Ward

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

E_7369

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FLOYD FRED McCASKEY	male	Nov 13, 1913	April 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	Elma M. McCaskey - wife 4267 - 33rd St. San Diego, CA 92104

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

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

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery - San Diego, CA (3751 Market St.)		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a metal 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 Bellmer 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 APR 26 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/26/88 (ENTER DATE) 87/8/3/12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH n/a		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald G. Comrot M.D. mm

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

MT. HOPE CEMETERY

INTERMENT ORDER

Disinter

City of San Diego

Date 4/25/88

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

in a Double Crypt (Vault/Liner) Funeral, date, time Before Wed 12 Noon 4/27

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 NO.

Lot 146 Grave 1 Row Bottom Section 14 Division/~~Block~~ 7

Grave space & Care Fund ..... Pre Need	
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320.00
Burial Container ..... $700.00 D. Crypt	330.00
Handling Fees ..... Disinterment + Labor	320.00
~~Flower vases—Marker setting fee~~	700.00
Recording and filing fee	35.00
Sales taxes	21.45
Total Due	1726.45
Paid receipt number _____	
Balance due _____	

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..

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

_____
Signature of recorded holder of deed

x Vickie Jean Leakes
Signature
x 4345 50th St. #5
Address
x San Diego Ca. 92115
State Zip Code
✓ 619-583-0066
Telephone

Invoice # 06257
Acct. # 026220

Work Order # E 7370

PY-593 (REV. 8-85)

W.O. NO. E-7370

NOTE—STRAIGHT

$ 1726.45 San Diego, California, April 25, 1988

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

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Market St., San Diego, CA 92102

the sum of Seventeen hundred twenty six & 45/100 DOLLARS,

with interest from July 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.

Drive Lic. # N6505843

X Vickie Jean Leakes

4345 50th St. #5

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E_7370

FLAT MARKER ONLY

Δ= 16°06'42"
R= 320'
T=45.29'
L=89.98'

Δ= 51°42'24"
R= 180'
T= 87.22'
L=162.44'

75°13'E. 44.83'

Chon 27-1

need to have area 146 or 133

2-14-1-941

VISION 7 WEST ½ SECTION 14

135 = 1761.45

W.O. NO. E-7370

NOTE—STRAIGHT

$ 1726.45 San Diego, California, April 25, 1988

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

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, or order

at 3751 Market St., San Diego, CA 92102

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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.

[redacted] N6505843 [redacted] X Vickie Jean Lopkes

4345 50th St. S.D. CA

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE [redacted] 92115

LEGAL DESCRIPTION E 7370

BLK. 145-146-147-148 SEC. 14 DIV. 7

	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	REM
	TURNER, Mattie	Turner, Ella	6-1946	$35.00	3/11/52	A-4093 8483	air seal Deed #44
2	TURNER, Ella	Neal, Mabel	6-1946	35.00	4/19/1963	B-9648 8542	Deed #45
3	NEAL, Alonza L.	" "	6-1946	35.00	6-4-1946	8461	Deed #45
Lot-146							
Gr.1	NEAL, Kenneth E. DC	" " E 7370	6-1946	35.00	1/27/1966	C-2846 8461	Deed #45
2	NEAL, Noble T.	" "	6-1946	35.00	7/12/1972	D-1910 8461	Deed #45
3		Turner, Ella	6-1946	35.00		8483	auth on f Eugene Deed #44
Lot-147							
Gr.1	GAINES, Bert M.	King, Katherine	5-1943	35.00	5-14-1943		Deed #30
	KING, Robert				5/24/1974	D-4508	Double d
2	KING, Catherine Lorene	" "	5-1943	35.00	9/15/1967	C-4849	Deed #30
3	PORTER, Oliver Lee	Porter, Helen	11-1943	35.00	11-5-1943		Deed #31
Lot-148							
Gr.1	WILLIAMS, Gilbert / Franklin	Williams, Marrie	1-19-1948	35.00	1-17-1948	10433	Deed #60
2	ARTIS, William	" "	1-19-1948	35.00	10/31/51	A-3577 10433	Deed #60
3	SAPP, Lee Audra	Jackson, Brunetta	5/8/1951	35.00	5/12/1951	A-2937	

E7370

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, [redacted] REINTER

April 25, 1988
MONTH YEAR

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

Kenneth Elmo Neal - (C-2846)

from Lot 146 Grave 1 Section 14 Row — Block — Div 7
and to remove the same to and reinter said remains in Lot 146 Grave 1
Section 14 Row — Block — Div 7. Disinter, open up for double crypt, install same then bury Kenneth in bottom half of crypt.

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. They hereby agree any family dispute shall be between family and agree to hold Mt Hope Harmless.

x Barbara Young	Vickie J. Linkes	
(Signature	Signature	Signature
x Daughter	Granddaughter	
Relation to deceased	Relation to deceased	Relation to deceased
x 5484 Kendall Way	4345 50th St #5	
Address	Address	Address

I hereby authorized the above disinterment:

Deceased

(Lot owner must sign if not legal custodian)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/25/88

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

in a Double Crypt (Vault/Urn) Funeral, date, time Wed - 12 - 4/27

Church, Chapel, Graveside Chuck - GS. ; Ragsdale Mortuary.

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

✓ Lot 146 Grave 1 Row Top Section 14 Division/Block 7

Grave space & Care Fund ..... Pre paid - .....

Additional spaces and care fund ..... none .....

Opening/Closing & Setup ..... Inc D.C. With .....

Burial Container ..... Kenneth E. Neal .....

Handling Fees ..... on Bottom .....

Flower vases - Marker setting fee .....

Recording and filing fee 35.00

Sales taxes .....

Total Due 35.00

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

x Vicki Jean Leakes
Signature
x 4845 30th #5
Address
x San Diego CA. 92115
State Zip Code
x 619-283-0066
Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7371

PY-593 (REV. 9-86)

E-7371

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 Jean Nicklos	Female	April 24, 1941	April 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	Vickie Jean Leakes-Daughter 4345 50th St. Apt. 50 San Diego, CA 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. 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 Mormon - Sealer - Sheol -	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 Top of Double Crypt		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ D. C. With Husband - who was in a Solid Copper DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 25 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 4/27/88 (ENTER DATE) 1986/11/14/3	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 4/25/88

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

in a Double Crypt (Vault/Liner) Funeral, date, time Wed - 12 - 4/27

Church, Chapel, Graveside Chuch - GS ; Ragsdale Mortuary.

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

Lot 146 Grave 1 Row Top Section 14 Division/~~Block~~ 7

Grave space & Care Fund ..... Pr Need -	
Additional spaces and care fund ..... none	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number	
Balance due	

Inv D.C. With Kenneth E. Neal on Bottom

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

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

Signature of recorded holder of deed

Signature: Vickie Jean Leakes
Address: 4345 50th St #5
Zip Code: San Diego Ca. 92115
Telephone: 619-583-0066

Work Order # E 7371

Invoice #

Acct. #

PY-503 (REV. 9-85)

MT. HOPE CEMETERY

INTERMENT ORDER

Disinter

City of San Diego

Date 4/25/88

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

in a Double Crypt (Vault/Liner) Funeral, date, time Before Wed 12 noon 4/27

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 NO.

Lot 146 Grave 1 Row Bottom Section 14 Division/~~Block~~ 7

Grave space & Care Fund ..... Pr Need	
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320.00
Burial Container ..... $700.00 D. Crypt	330.00
Handling Fees ..... Disinterment & Labor	320.00
~~Flower vases - Marker setting fee~~	700.00
Recording and filing fee	35.00
Sales taxes	21.45
Total Due	1726.45
Paid receipt number	
Balance due	

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

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

Signature of recorded holder of deed

Signature: Vickie Jean Leakes
Address: 4345 50th St #5
Zip Code: San Diego Ca. 92115
Telephone: 619-583-0066

Work Order # E 7370

Invoice #

Acct. #

PY-503 (REV. 9-85)

E_7371

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, [redacted] REINTER

April 25, 1988
MONTH YEAR

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

Kenneth Elmo Neal - (C-2846)

from Lot 146 Grave 1 Section 14 Row — Block — Div 7
and to remove the same to and reinter said remains in Lot 146 Grave 1
Section 14 Row — Block — Div 7. Disinter, open up for double crypt, install same then bury Kenneth in bottom half of crypt.

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. They hereby agree any family dispute shall be between family and agree to hold Mt Hope Harmless.

x Signature	Signature	Signature
x Relation to deceased	Relation to deceased	Relation to deceased
x Address	Address	Address

I hereby authorized the above disinterment:

Deceased
(Lot owner must sign if not legal custodian)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-25-88

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

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 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 258 Euclid Ave #4
San Diego, CA 92114
State Zip Code

Telephone _____

Invoice # _____

Work Order # E 7372

Acct. # _____

PY-693 (REV. 8-85)

OFFICIAL RECEIPT

№ 36084

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

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

Date: 5-3 19 88

From: Irma Sweet Address: 252 Euclid Ave #10, SD

eleven dollars 20/100 Dollars ($ 11.00)

In _____ Payment of Vault Set Charges 1

Lot 68 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7372

BALANCE DUE 239.00

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

2009

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	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 78380		
TOTAL PAID	$	11	00

OFFICIAL RECEIPT

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

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

№ 36256

Date: 6-6 19 88

From: Maria Swat Address: 252 Euclid Ave #N, SD

Eleven Dollars Dollars ($ 11.00)

In Payment of Crypt #2 Crystal Lot

Lot 66 Grave 5 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7372

BALANCE DUE 226.00

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

AC-212 (Rev. 10-87) 2023

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

CITY AUDITOR
JUN 13 1988

ISSUED BY Lydia Ward

CREDIT	67007	
20% Sales Care	77184	11 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 8022	
Sales Tax	60101 76390	
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

№ 36407

Date: 7-11, 19 88

From: Emma Sweet Address: 277-50th St, #N, S.D.

eleven no/100 Dollars ($ 11.00)

In Payment of Coupon 3 Credit Lot

Lot 68 Grave 5 Row Section 2 Division/Block 11

Invoice No.

Acct. No.

W.O. E-7372

BALANCE DUE 217.00

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.

CITY AUDITOR

JUL 13 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	11	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	11	00

OFFICIAL RECEIPT

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

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

№ 36618

Date: 9-2, 19 88

From: Emma Sweet Address: 277-50th Apt N

eleven no/100 Dollars ($ 11.00)

In Payment of Compa- 4 Vacant Lot

Lot 62 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-1372

BALANCE DUE 206.00

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

2064

AC-212 (Rev. 10-87)

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

CITY AUDITOR
SEP 13 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	11	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	11	00

OFFICIAL RECEIPT

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

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

№ 36907

Date: 11-3, 1988

From: Emma Sweet Address: 277 50th St #N San Diego

eleven dollars Dollars ($ 11.00)

In Payment of Charges 5 Credit Lot

Lot 66 Grave 5 Row Section 3 Division Block 11

Invoice No.

Acct. No.

W.O. 8-7372

BALANCE DUE 145.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2067

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	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	90101 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

№ 37022

Date: 12-3 1988

From: Emma Sweet Address: 277-50th St. Apt. N S.D. CA 92102

Eleven dollars & 00/100 Dollars ($ 11.00)

In part Payment of Credit Sales, coupon #8

Lot 68 Grave 5 Row — Section 2 Division Block 11

Invoice No.

Acct. No. E-7372

W.O.

BALANCE DUE 184.00

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

2098

AC-212 (Rev. 10-87)

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

CITY AUDITOR
DEC 9 1988

ISSUED BY Lou Black

CREDIT	67007		
20% Sales Care	77154		
80% Sales of Lots	100 77154	11	00
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	11	00

Recorded

OFFICIAL RECEIPT

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

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

№ 37166

Date: 1-4 19 89

From: Emma Sweet Address: 252 Euclid Ave N, SD

Eleven no/100 - Dollars ($ 11.00)

In Payment of Coupon 9 Crestlawn

Lot 61 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 0-7372

BALANCE DUE 173.00

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

AC-212 (Rev. 10-87) 2/12

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

CITY AUDITOR
JAN 09 1989

ISSUED BY Linda Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	11 00
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	11 00

OFFICIAL RECEIPT

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

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

№ 37425

Date: 3-2, 19 89

From: Emma Sweet Address: 3633 Marlborough #9, SD

eleven no/100 Dollars ($ 11.00)

In Payment of coupon to credit lot

Lot 68 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 2-7372

BALANCE DUE 151.00

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

2134

AC-212 (Rev. 10-87)

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

CITY AUDITOR
MAR 10 1989

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	11	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
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

№ 37295

Date: 2-2, 1989

From: Emma Sweet Address: 3633 Mallorca Apt 9, SD
Eleven 00/100 Dollars ($ 11.00)

In Payment of Layer 11 Unit Lot

Lot 68 Grave 5 Row Section 2 Division/Block 11

Invoice No.

Acct. No.

W.O.

BALANCE DUE 162.00

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

AC-212 (Rev. 10-87) 2122

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

CITY AUDITOR
FEB 06 1989

ISSUED BY Linda Vard

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	11 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	85033 9022	
Sales Tax	80101 78300	
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

№ 37586

Date: 4-3, 1989

From: Inna Sweet Address: 3633 Marlborough #9
eleven 20/100 Dollars ($ 11.00)
In Payment of Coupon 13 Crypt Lot

Lot 28 Grave 5 Row Section 2 Division Block 11

Invoice No.
Acct. No.
W.O. 2-9373
BALANCE DUE 140.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2145

AC-212 (Rev. 10-87)

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

CITY AUDITOR
APR 05 1989

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	11	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
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

№ 37744

Date: 5-3 1989

From: Emma Sweet Address: 3633 4 Marlborough Ave #9 San Diego CA 92105

Eleven dollars & 00/100 Dollars ($ 11.00)

In part Payment of Credit 1H, Crypt 15

Lot 168 Grave 5 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7372

BALANCE DUE 129.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2152

AC-212 (Rev. 10-87)

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

ISSUED BY Mara Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77164	11 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	11 00

CITY AUDITOR
MAY 08 1989

OFFICIAL RECEIPT

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

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

№ 38106

Date: 6-5, 19 89

From: Emma Scott Address: 252 Euclid Ave 11 SD

Eleven Dollars 00/100 — Dollars ($ 11.00)

In Payment of Cougar 14 Credit Lot

Lot 68 Grave 5 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7372

BALANCE DUE 116.00

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

AC-212 (Rev. 10-87) 2167

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

CITY AUDITOR
JUN 09 1989

ISSUED BY Sandy

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

№ 38217

Date: 7-3, 19 89

From: Irma Swift Address: 2633 Marlborough #19, SD

Ten dollars 00/100 Dollars ($ 10.00)

In Payment of Coupon 16 Unused Lot

Lot 66 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 21-1372

BALANCE DUE 108.00

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

AC-212 (Rev. 10-87) 2182

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

ISSUED BY Judy 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

CITY AUDITOR
JUL 10 1989

OFFICIAL RECEIPT

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

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

№ 38361

Date: August 3, 1989

From: Emma Sweet Address: 3633 Marlborough Ave #9
Sep 70/11 Dollars ($ 10.00)

In Payment of Coupon 17 Credit Lot

Lot 68 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7372

BALANCE DUE $98.00

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.

ISSUED BY Sharon L Grain

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	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	80101 78390		
TOTAL PAID	$	10	00

CITY AUDITOR
AUG 07 1989

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7372 Credit Lot

Emma Sweet
252 Euclid Avenu, #N
San Diego, Ca 92114

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. $ 10.00

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

$ 11.00

Amount Received $ 11.00

NAME Emma Sweet

ADDRESS 252 Euclid Ave #N

CITY S. D. STATE Ca ZIP 92114

☐ check (✓) if this is new address

P.O. BOX 2600
CHICAGO 11, 60680
PRINTED IN U.S.A. BY RAND McNALLY
REV 3-86

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7372 Credit Lot

Emma Sweet
252 Euclid Avenue, #N
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above $ 10.00

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

$ 11.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7372 Credit Lot

Emma Sweet
252 Euclid Avenu, #N
San Diego, Ca 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above: $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7372 Credit Lot

Emma Sweet
252 Euclid Avenue, #N
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7372 Credit Lot

Emma Sweet
252 Euclid Avenu, #N
San Diego, Ca 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7372 Credit Lot

Emma Sweet
252 Euclid Avenue, #N
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

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-7372 Credit Lot

Emma Sweet
252 Euclid Avenu, #N
San Diego, Ca 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7372 **Credit Lot**

Emma Sweet
252 Euclid Avenue, #N
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

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-7372 **Credit Lot**

Emma Sweet
252 Euclid Avenue, #8
San Diego, Ca 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above $ 10.00

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

$ _____

Amount Received $ 11.00

NAME Emma Sweet

ADDRESS 7633 Marlborough Ave #9

CITY S. D. STATE Ca. ZIP 92145

☑ Check (✓) If this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7372 Credit Lot

Emma Sweet
252 Euclid Avenu, #N
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

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-7372 **Credit Lot**

Emma Sweet
252 Euclid Avenue, #N
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

COUPON 15

ACCOUNT No. E-7372

Credit Lot

Emma Sweet
252 Euclid Avenue, #8
San Diego, Ca 92114

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7372 Credit Lot

Emma Sweet
252 Euclid Avenue, #5
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance COUPON 17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7372 • A Credit Loc

Rose Street
252 Euclid Avenue, #8
San Diego, Ca 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 10.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

3633 Marlborough Ave #9

NAME Sweet, Emma

ACCT. NO. E-7372

ADDRESS ~~252 Euclid Avenue, #N~~, San Diego, Ca ~~92114~~ 92105

RATING

LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
[illegible]5	88	Lot 68, Grave 5, Section 2, Division 11	250.00			
5-3	88	Coupon 1, Receipt 36084			11.00	239.00
6-6	88	Coupon 2, Receipt 36256			11.00	228.00
7-11	88	Coupon 3, Receipt 36407			11.00	217.00
9-2	88	Coupon 4, Receipt 36618			11.00	206.00
11-3	88	Coupon 5, Receipt 36907			11.00	195.00
12-3	88	Coupon #8, Receipt 37022			11.00	184.00
1-4	89	Coupon #9, Receipt 37166			11.00	173.00
2-2	89	Coupon 11, Receipt 37295			11.00	162.00
3-2	89	Coupon 10, Receipt 37425			11.00	151.00
4-3	89	Coupon 13, Receipt 37586			11.00	140.00
5-3	89	Coupon 15, Receipt 37744			11.00	129.00
6-5	89	Coupon 14, Receipt 38106			11.00	118.00
7-3	89	Coupon 16, Receipt 38217			10.00	108.00
8[illegible]	89	Coupon 17, Receipt 38361			10.00	98.00
		E-1265			98.00	—

AIGNER FORM NO. 25-204 Sweet, Emma 68 - 5 - 2 - 11 PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-26-88

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 14 Grave 5 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	
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. Learney
Signature

960 Learney
Address

San Diego, CA 92113
State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7373

PY-693 (REV. 8-85)

E 7373

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 26 day of April, 19 88, between Colleen Green, 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 14, Grave 5, Row __, Section 2, ~~Block~~/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $495.00, payable as follows: $_____ cash herewith, the receipt of which is hereby acknowledged; $20.00 on the 20 day of May, 19 88; and the balance in installments of $20.00 or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

E 7373

WITNESS our hands this day and year above written.

Deed to be issued to: Odessa Green
Name

1960 Kearney
Address

San Diego, CA 92113

23 @ 20.00
1 @ 35.00

PURCHASER

T. 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

OFFICIAL RECEIPT

№ 36096

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

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

Date: 5-4, 19 88

From: Odessa Greene Address: 1960 Kearny Ave, SD 92113

twenty dollars no/100 Dollars ($ 20.00)

In Payment of Charges / Credit 20+

Lot 14 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7373

BALANCE DUE 475.00

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

1804

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	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

№ 36238

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

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

Date: 6-3, 19 88

From: Odessa Greene Address: 1960 Kearny Ave. SD

Twenty dollars Dollars ($ 20.00)

In Payment of coupon 2 Credit Lot

Lot 14 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7373

BALANCE DUE 455.00

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

AC-212 (Rev. 10-87) 1817

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

CITY AUDITOR
JUN 13 1988

ISSUED BY Linda Ward

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

№ 36357

Date: 7-5, 19 88

From: Odessa Greene Address: 1960 Kearney, SD

twenty dollars 20.00 Dollars ($ 20.00)

In _____ Payment of Coupon 3 Credit Lot

Lot 14 Grave 5 Row _____ Section 2 Division/~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7373

BALANCE DUE 435.00

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

1836

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

OFFICIAL RECEIPT

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

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

№ 36486

Date: 8-3, 19 86

From: Odessa Greene Address: 1960 Kearny Avenue

Twenty dollars Dollars ($ 20.00)

In payment Payment of Credit Lot

Lot 14 Grave 5 Row Section 2 Division Block 13

Invoice No.

Acct. No.

W.O. E-7373

BALANCE DUE 415.00

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

AC-212 (Rev. 10-87)

1855

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

CITY AUDITOR

AUG 09 1986

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	20 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 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

№ 36629

Date: 9-6, 19 28

From: Lukasson Irene Address: 1960 Kearney, SD
Hoeth, dallas 20.00 Dollars ($ 20.00)

In Payment of Origin 5 Credit Lot

Lot 14 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7373

BALANCE DUE 35.00

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

AC-212 (Rev. 10-87)

1876

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

CITY AUDITOR
SEP 13 1995

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100 77184	20 00
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
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

№ 36765

Date: 10-5 19 88

From: Jodeen Greene Address: 1960 Tecolote, S D CA 92113

Twenty no/100 Dollars ($ 20.00)

In Payment of Coupon 6, Credit Lot

Lot 14 Grave 5 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. 2-7373

BALANCE DUE 375.00

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

1896

AC-212 (Rev. 10-87)

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

CITY AUDITOR

OCT 7 1988

ISSUED BY Sandra Ward

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

№ 36905

Date: 11-3, 1988

From: Odessa Shepe Address: 1960 Kearney, San Diego

twenty 20/00 Dollars ($ 20.00)

In _____ Payment of Coupon 7 Credit Lot

Lot 14 Grave 5 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. 8-7373

BALANCE DUE 355.00

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

AC-212 (Rev. 10-87) 1915

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

CITY AUDITOR
NOV 8 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77186		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 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

№ 37038

Date: 12-5, 19 88

From: Odessa Greene Address: 1960 Kearney, SD

twenty 20/100 Dollars ($ 20.00)

In Payment of Lauzon 8 Credit Lot

Lot 14 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7373

BALANCE DUE 35.00

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

AC-212 (Rev. 10-87)

1939

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

CITY AUDITOR
DEC 9 1988

ISSUED BY Sandra Reid

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78380		
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

№ 37144

Date: 1-3 19 89

From: Odessa Guerre Address: 1960 Keeney Ave, SD 92113

Twenty dollars no/100 — Dollars ($ 20.00)

In _____ Payment of Coupon 9 Crestal Lot

Lot 14 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7273

BALANCE DUE 315.00

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

AC-212 (Rev. 10-87) 1953

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

CITY AUDITOR
JAN 09 1989

ISSUED BY Sandra Wade

CREDIT	67007	19	00
20% Sales Care	77164		
80% Sales of Lots	100 77184	1	00
Opening/ Closing	100 77181		
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

№ 37601

Date: 4-4 , 1989

From: Louisa Green Address: 1960 Kearney San Diego

Twenty 20/100 Dollars ($ 20.00)

In Payment of Coupon 12 Credit Lot

Lot 14 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 8-7373

BALANCE DUE 255.00

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

2024

AC-212 (Rev. 10-87)

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

ISSUED BY Linda Wood

CREDIT	87007		
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 75360		
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

№ 37431

Date: 3-3, 1989

From: Ord [illegible] Trust Address: 1960 Kearny, SD 92113

Twenty no/100 Dollars ($ 20.00)

In Payment of Coupon 11 Credit Lot

Lot 14 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7373

BALANCE DUE 275.00

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

AC-212 (Rev. 10-87) 1999

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

CITY AUDITOR
MAR 10 1989

ISSUED BY Sandra [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

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

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

№ 37301

Date: 2-3, 1989

From: Odessa Greene Address: 1960 Kearny, SD
twenty dollars 20.00 Dollars ($ 20.00)
In Payment of Unpaid 10 Credit Lot

Lot 14 Grave 5 Row Section 2 Division ~~Block~~ 12

Invoice No.
Acct. No.
W.O. 8-7373
BALANCE DUE 295.00

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

AC-212 (Rev. 10-87) 1973

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

CITY AUDITOR
FEB 10 1989

ISSUED BY Linda Ward

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3161

№ 37752

Date: 5-4, 19 89

From: Melissa Greene Address: 1760 Kearny, SD

twenty, 20/100 Dollars ($ 20.00)

In Payment of Coupon 13 Unit Lot

Lot 14 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7373

BALANCE DUE 235.00

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

AC-212 (Rev. 10-87) 2039

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

ISSUED BY Linda Ward

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

CITY AUDITOR
MAY 02 1989

OFFICIAL RECEIPT

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

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

№ 38100

Date: 6-5, 1989

From: Olessa Greene Address: 1960 Kearney, SD 92113

Twenty 20/100 Dollars ($ 20.00)

In: Payment of Coupon 14 Credit Lot

Lot 14 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7372

BALANCE DUE 215.00

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

2055

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JUN 09 1989

ISSUED BY Sandy

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

№ 38227

Date: July 6, 1989

From: Dossa Greene Address: 1960 Kearney

twenty dollars no/100 — Dollars ($ 20.00)

In _____ Payment of Coupon 15 Credit Lot

Lot 14 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7373

BALANCE DUE 195.00

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.

ISSUED BY Sharon L. Crain

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	20 00
Opening/ Closing	100 77181	CITY AUDITOR
Burial Containers	100 77182	
Handling Fee	100 77185	JUL 10 1989
Recording & Misc. Fees	100 77183	
Pre-Need Trust	69033 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

№ 38360

Date: August 3, 1989

From: Odessa Greene Address: 1960 Kearney, San Diego CA

Twenty no/100 Dollars ($ 20.00)

In _____ Payment of Coupon 16 credit Lot

Lot 14 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7373

BALANCE DUE $175.00

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

2093

AC-212 (Rev. 10-87)

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

ISSUED BY Sharon L. Crain

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

CITY AUDITOR
AUG 07 1989

OFFICIAL RECEIPT

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

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

№ 38477

Date: 9-6, 19 89

From: Ola Fiore Address:

Twenty dollars no/100 Dollars ($ 20.00)

In Payment of Coupon 12 Credit Lot

Lot 14 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7373

BALANCE DUE 155.00

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 Ward

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

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

№ 37997

Date: 10-1, 19 89

From: Odessa Stone Address: 1960 Kearny

Twenty dollars no/100 — Dollars ($ 20.00)

In _____ Payment of Crypt 18 Cust Lot

Lot 14 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7873

BALANCE DUE 125.00

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

2133

AC-212 (Rev. 10-87)

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

ISSUED BY Sandy

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

CITY AUDITOR
OCT 10 1989

OFFICIAL RECEIPT

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

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

№ 38528

Date: 11-7 19 89

From: Lessa Shen Address: 1960 Kearny SD 92113

twenty dollars 20/100 Dollars ($ 20.00)

In _____ Payment of Cemetery 19 Crematorium Lot

Lot 19 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7373

BALANCE DUE 115.00

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

AC-212 (Rev. 10-87) 2156

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

ISSUED BY Sandra Vera

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	20	00

CITY AUDITOR
NOV 13 1989

OFFICIAL RECEIPT

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

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

№ 38631

Date: 12-6, 19 89

From: Odessa Freeze Address: 1960 Kearny Ave, SD

Twenty 20/00 Dollars ($ 20-00)

In Payment of Coupon 20 Credit Lot

Lot 19 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 217373

BALANCE DUE 25.00

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

2181

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Ward

CREDIT	67007		4 00
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	$		20 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

№ 38730

Date: 1-4, 19 90

From: Odessa Greene Address: 1960 Kearny St. 92113

Twenty Dollars 00/100 Dollars ($ 20.00)

In: Payment of Coupon 21 - Credit Lot

Lot 14 Grave 5 Row Section 2 ~~Block~~ Division 12

Invoice No.

Acct. No.

W.O. E-1373

BALANCE DUE $75.00

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

AC-212 (Rev. 10-87) # 2202

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77164	20	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	20	00

CITY AUDITOR
JAN 08 1990

OFFICIAL RECEIPT

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

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

№ 38846

Date: 2-5, 19 90

From: Odessa Greene Address: 1960 Keating St. 92113

Twenty Dollars and 00/100 Dollars ($ 20.00)

In _____ Payment of Credit Lot

Lot 14 Grave 5 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-7373

BALANCE DUE $55.00

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

AC-212 (Rev. 10-87) 2208

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

ISSUED BY Glen Waite

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

CITY AUDITOR
FEB 12 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

No 38937

Date: 3-5, 19 90

From: Adam Dine Address: 1 [illegible] St 92113

Twenty Dollars Dollars ($ 20.00)

In Payment of Credit Lot

Lot 14 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-9323

BALANCE DUE

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

AC-212 (Rev. 10-87) 2032

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

ISSUED BY John Wait

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

CITY AUDITOR
APR 9 1990

№ 39067

Date: 4-3, 1990

From: Edna Dice Address: 1960 Kearny Ave, SD 92113

Thirty-five Dollars Dollars ($ 35.00)

In Payment of Cedar Lot

Lot 14 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7313

BALANCE DUE 0

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

AC-212 (Rev. 10-87) 2254

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

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	35	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	35	00

NAME Greene, Odessa ACCT. NO. E-7373

ADDRESS 1960 Kearney, San Diego, Ca 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
4-25	88	Lot 14, Grave 5, Section 2, Division 12	495.00			
5-3	88	Coupon #1, Receipt 36096			20.00	475.00
6-3	88	Coupon #2 Receipt 36238			20.00	45[illegible].00
7-5	88	Coupon #3 Receipt 36357			20.00	43[illegible].00
8-3	88	Coupon #4 Receipt 36486			20.00	415.00
9-6	88	Coupon #5, Receipt 36629			20.00	395.00
10-5	88	Coupon #6, Receipt 36765			20.00	375.00
11-3	88	Coupon #7, Receipt 36905			20.00	355.00
12-5	88	Coupon #8, Receipt 37038			20.00	335.00
1-3	88	Coupon #9, Receipt 37149			20.00	315.00
2-3	89	Coupon #10, Receipt 37301			20.00	295.00
3-3	89	Coupon #11, Receipt 37431			20.00	275.00
4-4	89	Coupon #12, Receipt 37601			20.00	255.00
5-4	89	Coupon #13, Receipt 37752			20.00	235.00
6-5	89	Coupon #14 Receipt 38100			20.00	215.00
7/6	89	Coupon #15, Receipt 38227			20.00	195.00
8/3	89	Coupon 16, Receipt 38360			20.00	175.00
9/6	89	Coupon 17, Receipt 38477			20.00	15[illegible].00
10/4	89	Coupon 18, Receipt 37997			20.00	135.00

AIGNER FORM NO. 25-204 Greene, Odessa 14 - 5 - 2 - 12 PRINTED IN USA

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT 125.00

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
11-7 89	Coupon 19, Receipt 38528			20.00	145.00
12-6 89	Coupon 20, Receipt 38631			20.00	95.00
1-[illegible]-90	Coupon 21, Receipt 38730			20.00	75.00
2-5-90	Coupon 22, Receipt 38846			20.00	55.00
3-5-90	Coupon 23 Receipt 38937			20.00	35.00
4-3-90	Coupon 24, Receipt 39067			35.00	-0-

AIGNER FORM NO. 25-204

PRINTED IN USA

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 Credit Lot

Odessa Greene
1960 Kearney
San Diego, Ca 92113

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. $ 20.00

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

$ 21.00

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearney ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 Credit Lot

Odessa Greene
1960 Kearney
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

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

$ 21.00

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearny ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 Credit Lot

Odessa Greene
1960 Kearney
San Diego, Ca 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. $ 20.00

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

$ 20.00

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearny ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 - Credit Lot

Odessa Greene
1960 Kearney
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

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

$ _____

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearny ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 Credit Lot

Odessa Greene
1960 Kearney
San Diego, Ca 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 20.00

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

$ 20.00

Amount Received $ _____

NAME Odessa Greene

ADDRESS 1960 Kearny ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 **Credit Lot**

Odessa Greene
1960 Kearney
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above $ 20.00

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

$ 20.00

Amount Received $ _____

NAME Odessa Greene

ADDRESS 1960 Kearny ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 Credit Lot

Odessa Greene
1960 Kearney
San Diego, Ca 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

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

$ ____

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearney ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 Credit Lot

Odessa Greene
1960 Kearney
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

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

$ _____

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearny ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 Credit Lot

Odessa Greene
1960 Kearney
San Diego, Ca 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above $ 20.00

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

$ _____

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearny ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 Credit Lot

Odessa Greene
1960 Kearney
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

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

$ _____

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearney Ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7373 **Credit Lot**

Odessa Greene
1960 Kearney
San Diego, Ca 92113

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above: $ 20.00

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

$ _____

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearney ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 Credit Lot

Odessa Greene
1960 Kearney
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

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

$ _____

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearny ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 Credit Lot.

Odessa Greene
1960 Kearney
San Diego, Ca 92113

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. $ 20.00

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

$ _____

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearney Ave.

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 Credit Lot

Odessa Greene
1960 Kearney
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

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

$ _____

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearney ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 Credit Lot

Odessa Greene
1960 Kearney
San Diego, Ca 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

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

$ _____

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearney Ave.

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 - Credit Lot

Odessa Greene
1960 Kearney
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

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

$ 20.00

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearny ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7373 **Credit Lot**

Odessa Greene
1960 Kearney
San Diego, Ca 92113

Month and Day Due-Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

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

$ 20.00

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearny ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 Credit 1st

Odessa Greene
1960 Kearney
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 20.00

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

$ _____

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearney Ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 8-7373 Credit Lot

Odessa Greene
1960 Kearney
San Diego, Ca 92113

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearny ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7373 Credit Lot

Odessa Greene
1960 Kearney
San Diego, CA 92113

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearney ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 8-7373 Credit Lot

Odessa Greene
1960 Kearney
San Diego, Ca 92113

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
			10								

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 20.00

Amount Received $ _____

NAME Odessa Greene

ADDRESS 1960 Kearny ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 Credit Lot

Odessa Crane
1960 Kearney
San Diego, CA 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ 20.00

NAME Odessa Crane

ADDRESS 1960 Kearny Ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 Credit Lot

Odessa Greene
1960 Kearney
San Diego, Ca 92113

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 20.00

NAME Odessa Greene

ADDRESS 1960 Kearny ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7373 Credit Lot

Odessa Greene
1960 Kearney
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 $ 35.00

Amount due if paid more than _____ days after due date above $ 1.00

$ _____

Amount Received $ _____

NAME Odessa Greene

ADDRESS 1960 Kearny ave

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-26-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nelson Nelson E. Nelson

in Top of Dble Crypt (Vault/Liner) Funeral, date, time Thurs 4/28 1:00

Church, Chapel, Graveside Chapel & Grave ; Sorrento Beach Mortuary. Eddie

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 1515 - Top of Double Crypt Grave _____ Row _____ Section 1 Division/~~Block~~ 8

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 316058	355.00
Balance due	0

Mortuary will bill Jones

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7374

PY-503 (REV. 8-86)

OFFICIAL RECEIPT

№ 36058

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-29, 1988

From: Pacific Lutheran Mortuary Address: 4710 Cass San Diego Ca 92109

Three hundred fifty-five dollars & 00/100 Dollars ($ 355.00)

In full Payment of Interment of Nelson Glenn Nelson

Lot 1515 Grave — Row — Section 1 Division ~~Block~~ 8

Invoice No.

Acct. No. 4-4118

W.O. E-7374

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 59387

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 04 1988

ISSUED BY Hera Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	320 00
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 8022	
Sales Tax	60101 78390	
TOTAL PAID	$	355 00

E_7374

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 ELROY NELSON	MALE	SEPT. 29, 1913	APRIL 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	WILLIAM V. NELSON-SON 19571 DITMAR LANE HUNTINGTON BEACH, CA 92646

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

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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 Steel Sealer - 18ga	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Top of Double Cliff		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 26 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 4/28/88 (ENTER DATE) BB-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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harold J. Walden in a Double Crypt (Vault/Liner) Funeral, date, time Wed 4/27 11:00 Church, Chapel, Graveside Graveside ; Humphrey Mortuary. All funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran no.

Lot 998 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pieced #E-448 _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... Double Crypt 220.00

Handling Fees 175.00

Flower vases - Marker setting fee ..... _____

Recording and filing fee 14.95

Sales taxes 35.00

Total Due 454.95

Paid receipt number 36045 454.95

Balance due 0

16 Wheel

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: Lena E Walden

Address: 3380 "C" St

State: San Diego Zip Code: 92102

Telephone: Tel 239-7224

Invoice #

Work Order # E 7375

Acct. #

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 36047

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-25, 19 88

From: Lisa E. Walden Address:

Four hundred, fifty-four 95 Dollars ($ 454.95)

In Payment of Hand / Wheelers Burial Service

Lot 998 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-7375

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 29 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	230	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	95
TOTAL PAID	$	454	95

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7375

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HAROLD JULIUS WALDEN	Male	10-12-1902	04-22-1988

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	Lena E. Walden (Wife) 3380 'C' Street San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA	F-964

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 26 1988 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 998-19 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 4/27/88		

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Brenda Raven

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 _____ 4862 4863 4865

Lot 4862-65 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... ~~4 @ 695.00~~ ~~2780.00~~ 2085

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Purchase Cancelled 4/18/03

Total Due ..... ~~2780.00~~ 2085.00

Paid receipt number _____

Balance due 648.00

1437.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7376

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

№ 36699

WHITE..... TO CUSTOMER
CANARY ..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 9-19, 19 86

From: Linda Rowe Address: 5761 Ewell Ave, SD

one hundred sixteen dollars Dollars ($ 116.00)

In _____ Payment of Cangan 1 Vault Lot

Lot 4662-65 Grave _____ Row _____ Section _____ Division _____ Block 10

Invoice No. _____

Acct. No. _____

W.O. E-1376

BALANCE DUE 2664.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3626

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

SEP 21 1986

ISSUED BY Linda Rowe

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	116	00
Opening/ 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	$	116	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41400

Date: 10 / 16 / 1991

From: BRENDA RAVEN Address: 5961 FENNELL AVE, S.D. CA 92114

THREE HUNDRED AND 00/100 Dollars ($ 300.00)

In PART Payment of LOTS 4862-4863-4864-4865 Credit.

Lot ~~4862-4863-4864~~ -4865- Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-7376

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	300.00
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	$	300.00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 36976

Date: 11-16 19 88

From: Brenda Kenny Address: 5961 Fenwick Ave, SD

One hundred sixteen no/100 Dollars ($ 116.00)

In _____ Payment of Coupon 2 Unused Lot

Lot 4862-65 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7376

BALANCE DUE 2546.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2197

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandra Reed

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
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 75390	
TOTAL PAID	$	116 00

CITY AUDITOR
NOV 25 1988

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37492

Date: 3-10, 19 89

From: Linda Lewis Address: 5761 Terrell, SD

One hundred sixteen 00/100 Dollars ($ 116.00)

In Payment of Unopen 2 Adult Lot

Lot 4862-4865 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7376

BALANCE DUE 2432.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3729

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77164	116	00
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	116	00

CITY AUDITOR
MAR 16 1989

NAME Raven, Brenda ACCT. NO. E-7376

ADDRESS 5961 Fennell Avenue, San Diego, Ca 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
[illegible]5	88	Lots 4862, 4863, ~~4864~~ & 4865, Division 10	~~2700.00~~			
9-9	88	Coupon 1, Credit Int Receipt 36699	2085.00		1160	264400
11-16	88	Coupon 2, Receipt 36926			1160	254800
3-10	89	Coupon 3, Receipt 37492			1160	243200
10-16-91		No Coupon, Receipt # 41400			300.00	2132.00
3/23/95		Brenda Raven called & wants to start payments again, beginning in April. Sent her a coupon BK. She will start payments again w/coupon 1. m.c.				
8-31-00		BALANCE				1437.00
2-24	03	Mailed letter re: no payments				
4/8/03		Purchase cancelled money absorbed by City				

AIGNER FORM NO. 25-204 Raven, Brenda 4862, 4863, ~~4864~~, & 4865 – 10 PRINTED IN USA

E-7376

Original E 7376 ~~[illegible]~~
~~[illegible]~~. Start New Contract
there was a balance of $1437
for DIV 10, 4862/4863/4865 pd $448
old contract cancelled 2/27/03
Brenda Raven to come in 4/5-12/03

E-7376

~~Cannot locate ledger card or orig. Ethelind~~

2-27-03
lot purchase
cancelled any monies
absorbed by City

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Brenda Raven

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 4862-65 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	4 @ 695.00 2780.00
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	2780.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7376

PY-593 (REV. 9-85)

264-0322

E 73576

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Brenda Raven

Address 5961 Fennell Ave. S.D. CA 92114

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lots 4862, 4863, ~~4864~~, 4865, Grave ____, Row —, Section —, ~~Block~~/Division 10 in Mt. Hope Cemetery, entered into on April 25, 19 88, by and between Mt. Hope Cemetery and Brenda Raven 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.

1437

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Muriel L. Clark
Clerical Asst. II

GWS:baa(2)62
2-14-86

E_7376

THE CITY OF SAN DIEGO

February 24, 2003

Ms. Brenda Raven
5961 Fennell Ave.
San Diego, CA 92114

Dear Ms. Raven:

This letter is to inform you that we have recently reviewed the purchase of your pre-need lots, which has not yet been paid in full. You have 30 days from the date of this letter to contact us on this matter, otherwise Mt Hope Cemetery will need to make the appropriate decision regarding the following lots: Division 10 lots 4862, 4863 & 4865.
March 1995 was our last documented contact with you with regard to the continuation of your payment plan. Currently your balance is $1437.00.

Thank you for your time.

Ray Snider
Mt. Hope Cemetery Manager

RS/ph

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7376 Credit Lot

Brenda Raven
5961 Fennell Avenue
San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above. $ 115.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 116.00

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-7376 Credit Lot

Brenda Raven
5961 Fennell Avenue
San Diego, Ca 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. $ 115.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 116.00

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-7376 Credit Lot

Brenda Raven
5961 Fennell Avenue
San Diego, CA 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before, due date above. $ 115.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 116.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hazel Nicholas

in a Top Seal Vault (Vault/Liner) Funeral, date, time Thurs. 4/28 11:00

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 5 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	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	1206.37
Paid receipt number 36049	1206.37
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 7377

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36049

Date: 4-26, 19 66

From: Anderson-Randolph Address: 5050 Imperial Blvd, S.D.

One Thousand Two Hundred Six Dollars ($ 1206.37)

In Payment of Hazel Nicholas's Burial Vault

Lot 5 Grave 3 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. C-7377

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

010553 APR 29 1988

CREDIT	67007	77	00
20% Sales Care	77184	346	00
80% Sales of Lots	100 77184	320	00
Opening/ Closing	100 77181	175	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	35	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	37
TOTAL PAID	$	1206	37

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

ISSUED BY Linda Ward

AC-212 (Rev. 10-67) 9432

E-7377

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Hazel Nicholas	Female	Dec. 5, 1907	April 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	Jennifer Bovain - Daughter 830 Euclid Ave. 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	4889

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [xx] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Sleeper - 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 APR 25 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 4/28/88 (ENTER DATE) 5/12/88	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.

E-7377

TO GM

DATE 4/22/88 TIME 3:40 pm

WHILE YOU WERE OUT

Mr Ragdale

OF

PHONE EXT.

TELEPHONED	✓	PLEASE CALL	✓
RETURNED YOUR CALL		WILL CALL AGAIN	
WAS IN TO SEE YOU		WILL COME IN AGAIN	

MESSAGE Whats going on with family disinterment? lower back in grave

FORM BD-70 (Rev. 8-86) RECEIVED BY

Rogers

Tues Morn
Chapel, 10:00
Music 11:30
JLM
Blueprint

E 7377

from **MT. HOPE CEMETERY**

3751 Market Street
San Diego, CA 92102
264-8151

MEMO 5-3-2-12 O.K.

Next to Waldo, Sr. if Possible — space $495.00
OK-

opening Closing + Burial Vault fees — Complete } 711.37

$1206.37

To: disinter Waldo Sr and To place a double Crypt in Waldo's grave — Placing him on lower tier Then interring Hazel N. on top space of Crypt Complete fee — $700.00

1026.45

$1726.45

Must be paid in full in 90 days.

George

Estate

90 days

Hazel Nicholas

Thur — 11 AM

Raydale Chapel & S

Will Be Wed — Noon
Want to Reserve 5/3/2/12
Want to Disinter 5/2/2/12

Via Mr. Raydale 4:20 P.M. 4/22

Family Will be in First of Week to see George about orders

COPYRIGHT 1949-NO. [illegible]0266
BY R. L. TAYLOR

LEGAL DESCRIPTION

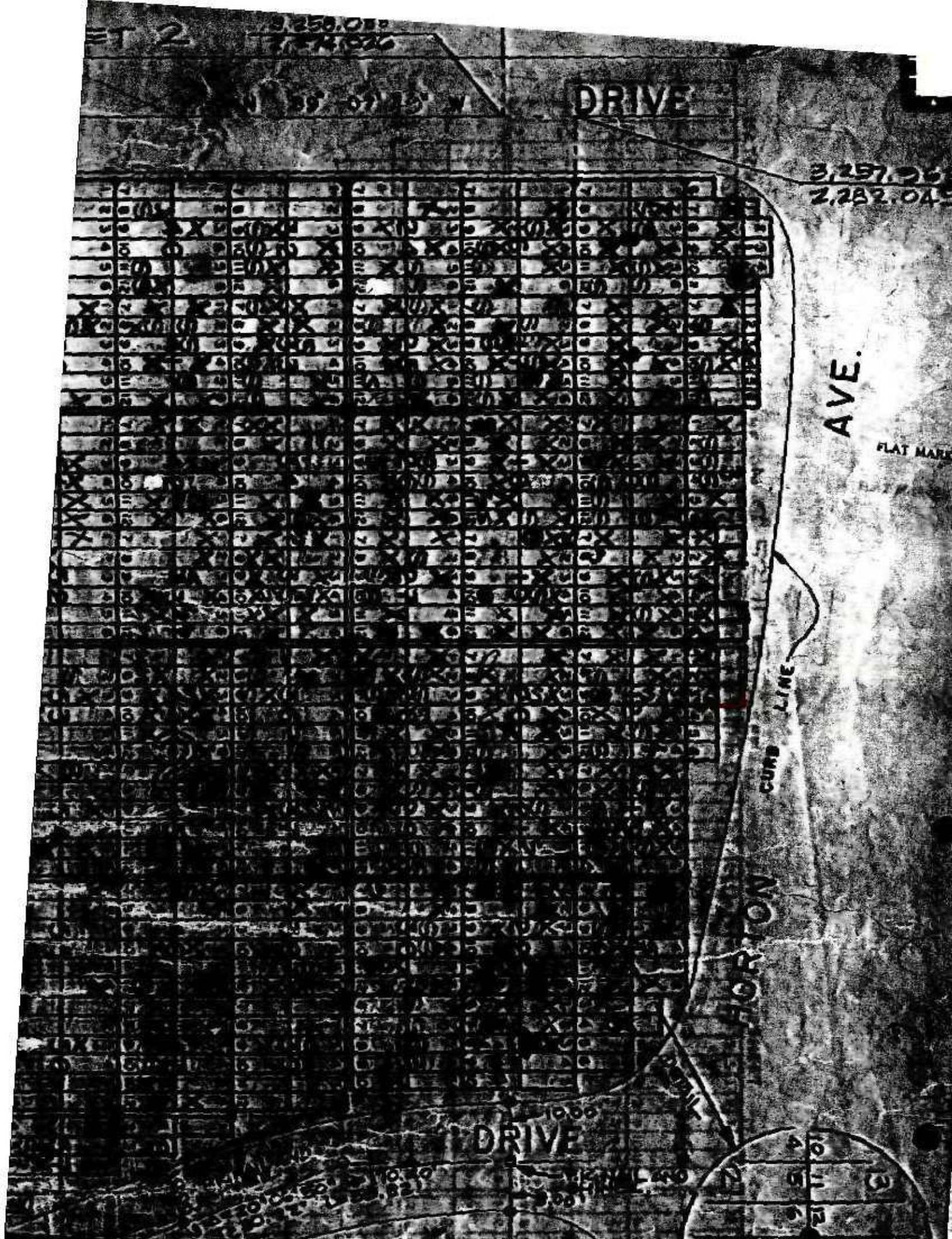
E-7377 SAN D

LOT 5 SECTION 2 DIVISION 12

	DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	REM
1	GAYDEN, Waldo T. Jr.	GAYDEN, Waldo T. Sr.	7/12/1977 200.00	7/14/1977	D-8234	
2	GAYDEN, Waldo T., Sr.	GAYDEN, Virginia D.	4/20/1978 200.00	4/24/1978	D-9173	
3 OK	OK	Gwd				
4 Short						
5 Short						
6 Short						

TAYLOR SYSTEM OF CEMETERY RECORDING
(INFRINGEMENT WILL BE VIGOROUSLY PROSECUTED)

NO LOTS 6, & 7


DRIVE
AVE.
CURB LINE
DRIVE

4-27

10:30 Family

Mrs. Nichols

E-7377

Jennifer Bourne

+

family

Ragsdale

E-7377

11 Am - Thur

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, ~~REMOVE OR~~ REINTER

April (MONTH) 1988 (YEAR)

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Waldo T. Gayden, Sr. - (D-9173)

from Lot 5 Grave 2 Section 2 Row — Block — Div 12 and to remove the same to and reinter said remains in Lot 5 Grave 2 Section 2 Row — Block — Div 12. Disinter open gr. for Double Crypt install same then Reinter in bottom ½ of Crypt.

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. They hereby agree any dispute amongst family or relatives shall not involve Mt Hope as Mt Hope is Held Harmless!

Signature	Signature	Signature
Relation to deceased	Relation to deceased	Relation to deceased
Address	Address	Address

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

Pre-need
Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/26/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carlene Young

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; Pre-need Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran —.

Lot _____ Grave 4 Row 1 Section 5 Division/Block 7

Grave space & Care Fund Pre-need - Care D.D. — $395.00

Additional spaces and care fund For Flat 12x24

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

none assumed at this date

Payable by 4/26/90

Total Due 395.00

Paid receipt number 36050 95

Balance due 300.00

I hereby certify I am the Myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Carlene Young
Signature
5484 Ridgeland Way
Address
San Diego CA 92114
State Zip Code
264-2185
Telephone

Invoice # _____

Work Order # E 7378

Acct. # _____

PY-693 (REV. 8-86)

OFFICIAL RECEIPT

№ 36050

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4/26/88, 19

From: Carlene Young Address: 5484 Tamarack Way - SD 92114

Ninety five and 00/100 Dollars ($ 95.00)

In Payment of Cash Sale - Pre need Double Depth Lp.

Lot — Grave 4 Row 1 Section 5 Division ~~Block~~ 1

Invoice No.

Acct. No.

W.O. E-7378

BALANCE DUE 300.00

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 29 1988

ISSUED BY Georgia [illegible]

CREDIT	67007	
20% Sales Care	77164	
80% Sales of Lots	100 77164	95 00
Opening/ Closing	100 77161	
Burial Containers	100 77162	
Handling Fee	100 77165	
Recording & Misc. Fees	100 77163	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	95 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36874

Date: 10-26 1988

From: Carlene Young Address: 5484 Linwood Way, SD 92114

One hundred fifty 00/100 — Dollars ($ 150.00)

In Payment of Credit Lot Sale

Lot 4 Grave 1 Row Section 5 Division Block 7

Invoice No.

Acct. No.

W.O. E-7378

BALANCE DUE 150.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

930.

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 31 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	150 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	$	150 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR MAR 5 1990

E-7378 /

№ 38924

Date: 3-1, 1990

From: Carlene Young Address: 5424 Trinidad Way 92114

One hundred fifty dollars no/100 Dollars ($ 150.00)

In Payment of Cedar Lot

Lot Grave 4 Row 1 Section 5 Division 7

Invoice No.

Acct. No.

W.O. E-7371

BALANCE DUE —

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1255

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Ora Wait

CREDIT	67007	79	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	71	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 75380		
TOTAL PAID	$	150	00

NAME Young, Carlene ACCT. NO. E-7378

ADDRESS 5484 Trinidad Way, San Diego, Ca 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
1-28	88	Grave 4, Row 1, Section 5, Division 7	395 00		95 00	300 00
1-6	88	Receipt 36874			150 00	150 00
		[illegible]			[illegible]	[illegible]
3-1-90		Receipt 38934			150 00	-0-

AIGNER FORM NO. 25-204 Young, Carlene 4 - 1 - 5 - 7 PRINTED IN USA

Prenee'd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-26-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosa L. Davis

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 126 Grave 6 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	
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

Rosa N. Davis
Signature
3052 Minoa Way
Address
San Diego Ca 92139
State Zip Code
479-4738
Telephone

Invoice # _____

Work Order # E 7379

Acct. # _____

PY-693 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36150

Date: 5-12, 1988

From: Ross W. Davis Address: 3052 Menoa Way, SD

twenty dollars 20/100 Dollars ($ 20.00)

In Payment of Coupon 1 Cedar Lot

Lot 126 Grave 6 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-7379

BALANCE DUE 425.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1106

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 16 1988

ISSUED BY Sandra Wash

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38399

Date: August 9, 1989

From Mrs. Rosa Davis Address: 3052 Minoa Way S.D.

Thirty Five hundred Dollars ($ 35.00)

In Payment of Coupon 24, Crest Lot

Lot 126 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7379

BALANCE DUE Ø

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1499

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sharon L Crews

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	35	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	80101 78390		
TOTAL PAID	$	35	00

CITY AUDITOR
AUG 12 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38163

Date: 6-15, 19 89

From: Rosa Davis Address: 3552 Mesa City SD
forty dollars zero —

Dollars ($ 40.00)

In Payment of Cemetery 22423 Mount Det

Lot 126 Grave 6 Row Section 2 Division Block

Invoice No.

Acct. No.

W.O. E-7379

BALANCE DUE 24.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

1438

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78380	
TOTAL PAID	$	40 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

№ 37790

Date: 5-9 19 89

From: Rosa Davis Address: 3052 Mission Blvd SD

twenty 00/100 Dollars ($ 20.00)

In Payment of Coupon 21 Credit Lot

Lot 126 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7379

BALANCE DUE 74.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
1411

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT	67007	20	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	20	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
284-3151

№ 37668

Date: 4-12, 19 89

From: Lora N. Davis Address: 3052 Mira Way, D

Twenty Dollars 20/00 Dollars ($ 20.00)

In Payment of Cemetery 20 Unlet Lot

Lot 126 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7379

BALANCE DUE 99.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1381

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 21 1989

ISSUED BY Lora Davis

CREDIT	87007		
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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 37454

Date: 3-7 1989

From: Rosa W. Davis Address: 305 2 Mesa Way, SD 92139
Twenty Dollars 20/00 — Dollars ($ 20.00)

In Payment of Interment 19 Unit Lot

Lot 126 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 2-1379

BALANCE DUE 114.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1349

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 10 1989

ISSUED BY Linda Ward

CREDIT			
20% Sales Care	67007 77164		
80% Sales of Lots	100 77164	20	00
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022		
Sales Tax	60101 75360		
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

№ 37334

Date: 2-8 1989

From: Lisa Davis Address: 3052 Nuna Dr, SD

One hundred dollars zero — Dollars ($ 100.00)

In Payment of Coupons 14-18 unit lot

Lot 126 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 8-73779

BALANCE DUE 1340

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1211

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	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	60101 78380		
TOTAL PAID	$	100	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

№ 36328

Date: 6-23 19 88

From: Lora W. Davis Address: 3052 Meadow Way, SD

twenty-one no/100 Dollars $ 21.00

In Payment of Coupon 2 Credit Lot

Lot 126 Grave 6 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-7379

BALANCE DUE 454.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1150

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 30 1988

ISSUED BY Sandra Ward

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	21	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36579

Date: 8-23 19 88

From: Kara Davis Address: 3052 Minda Way
One hundred no/100 Dollars ($ 100.00)

In: Payment of Payments 3-7, Ucdet Lot

Lot 126 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7379

BALANCE DUE 354.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1189

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
SEP 6 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	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

№ 37036

Date: 12-5, 19 88

From: Rosa W. Davis Address: 3052 Meroa Way, SD

Twenty and 100 Dollars ($ 20.00)

In Payment of Coupon 8. Credit Lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. 8.7277

BALANCE DUE 324.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1254

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		
20% Sales Care	77154		
80% Sales of Lots	100 77154	20	00
Opening/Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

№ 37207

1-10 89

Rosa W. Davis 3052 Merion Way, SD

one hundred no/100 $100.00

Coupon 9-13 Credit Lot

126 6 2 — 12

100 00

CITY AUDITOR
JAN 13 1989

2-7379
224.00

1295 Sandra Ward 100 00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7379 Credit Lot

Rosa W. Davis
3052 Minoa Way
San Diego, Ca 92139

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 Rosa Davis

ADDRESS 3052 Minoa Way

CITY SD STATE CA ZIP 92139

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7379 Credit Lot

Rosa W. Davis
3052 Minoa Way
San Diego, CA 92139

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-7379 Credit Lot

Rosa W. Davis
3052 Minoa Way
San Diego, Ca 92139

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-7379 Credit Lot

Rosa W. Davis
3052 Minoa Way
San Diego, CA 92139

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above $ 20.00

Amount due if paid more than _____ days after due date above: $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7379 Credit Lot

Rosa W. Davis
3052 Minoa Way
San Diego, Ca 92139

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7379 Credit Lot

Rosa W. Davis
3052 Minoa Way
San Diego, CA 92139

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7379 Credit Lot

Rosa W. Davis
3052 Minoa Way
San Diego, Ca 92139

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7379 Credit Lot

Rosa W. Davis
3052 Minoa Way
San Diego, CA 92139

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-7379 Credit Lot

Rosa W. Davis
3052 Minos Way
San Diego, Ca 92139

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** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7379 Credit Lot

Rosa W. Davis
3052 Minos Way
San Diego, CA 92139

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 20.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7379 Credit Lot

Rosa W. Davis
3052 Minos Way
San Diego, Ca 92130

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7379 Credit Lot

Rose W. Davis
3052 Minoa Way
San Diego, CA 92139

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 20.00

NAME _____

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-7379 Credit Lot

Rose M. Davis
3052 Minos Way
San Diego, Ca 92139

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 20.00

NAME _____

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-7379 Credit Lot

Rose W. Davis
3052 Mimoe Way
San Diego, CA 92139

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7379 Credit Lot

Rose V. Davis
3852 Minos Way
San Diego, Ca 92130

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. B-7379 Credit Lot

Rosa W. Davis
3052 Mission Bay
San Diego, CA 92109

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. B-7379 **Credit Lot**

Rena W. Davis
3052 Mines Way
San Diego, Ca - 92130

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. B-7379 **Credit Lot**

Rosa V. Davis
3052 Hinge Way
San Diego, CA 92139

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. B-7379 Credit Lot

Rose N. Davis
3052 Hines Way
San Diego, Ca 92139

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7379 Credit Lot

Rosa W. Davis
3052 Hinoa Way
San Diego, CA 92139

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7379 Credit Lot

Rosa V. Davis
3052 Hinon Way
San Diego, Ca 92130

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7379 Credit Lot

Rose W. Davis
3852 Kinoa Way
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. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7379 Credit Lot

Rose M. Davis
3052 Hines Way
San Diego, Ca 92130

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Ir-7379. Credit Lot

Rose W. Davis
3052 Kinoe Way
San Diego, CA 92139

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. $ 35.00

Amount due if paid more than ..... days after due date above. $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

NAME Davis, Rosa W. ACCT. NO. E-7379

ADDRESS 3052 Minoa Way, San Diego, Ca 92139 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
4-26	88	Lot 126, Grave 6, Section 2, Division 12	495.00			
5-12	88	Coupon 1, Receipt 36150			20.00	475.00
6-23	88	Coupon 2 Receipt 36328			21.00	454.00
8-23	88	Coupons 3-7, Receipt 36579			100.00	354.00
12-5	88	Coupon 8, Receipt 37036			20.00	334.00
1-10	89	Coupons 9-13, Receipt 37207			100.00	234.00
2-8	89	Coupons 14-18, Receipt 37334			100.00	134.00
3-7	89	Coupon 19, Receipt 37454			20.00	114.00
4-12	89	Coupon 20, Receipt 37668			20.00	94.00
5-9	89	Coupon 21, Receipt 37790			20.00	74.00
6-15	89	Coupon 22 & 23, Receipt 38163			40.00	34.00
8/9	89	Coupon 24, Receipt 38399			35.00	

AIGNER FORM NO. 25-204 Davis, Rosa W. 126 - 6 - 2 - 12 PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-27-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beulah Spiral

in a Bell Liner Funeral, date, time Mon 5/2 10:00
Vault/Liner

Church, Chapel, Graveside Chapel & Grave ; Arrival Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 1318 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Prim. Drum (ally)	7.70
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	362.70
Paid receipt number 36068	362.70
Balance due	0

Back gate open on Imperial Separate RR

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7380

Acct. # _____

PY-593 (REV. 9-86)

OFFICIAL RECEIPT

№ 36068

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-2 19 88

From: Harry D. Sproul Address: 3321 Juniper Street, SD 92104

three hundred sixty-two 70/100 Dollars ($ 362.70

In Payment of Burial B.J. Sproul's Burial Service

Lot 1316 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-7360

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2776

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 04 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	7	70
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	362	70

E-7380

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BEULAH BEATRICE SPROUL	Female	March 13, 1907	April 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	Pre-need

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary 7387 Broadway-Lemon Grove, CA 92045	F 941

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery 3751 Market Street San Diego, CA	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED: Mini Metal - Non Leaks	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 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: APR 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 5/2/88 (ENTER DATE) 1318-1-8	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

Received

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-27-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucy R. Arthur R. Prewitt

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 7 Grave 3 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number	
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 704 Leonard St.
San Diego, State CA Zip Code 92114
Telephone _____

Invoice # _____

Work Order # E 7381

Acct. # _____

PY-693 (REV. 8-86)

OFFICIAL RECEIPT

№ 36139

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-10, 19 88

From: Gary Prewitt Address: P.O. Box 14146, SD 92114

forty dollars 20/100 — Dollars ($ 40.00)

In _____ Payment of Coupon 1 & 2 Crecht Lot

Lot 7 Grave 3 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-7381

BALANCE DUE 455.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2162 & 2580

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 12 1988

ISSUED BY Andra 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	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

№ 36375

Date: 7-6, 19 88

From: Lucy Prewitt Address: P.O. Box 14146, SD

forty dollars no/100 Dollars ($ 40.00)

In Payment of Oregon 3 & 4 Vault Lot

Lot 7 Grave 3 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7381

BALANCE DUE 415.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2624

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUL 11 1988

ISSUED BY Sandra Ward

CREDIT		
20% Sales Care	87007 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36544

Date: 8-10, 19 88

From: Archie Brewster Address: 914 Lyman Street

Forty dollars Dollars ($ 40.00)

In payment Payment of Credit Lot Sales

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E-7381

BALANCE DUE 325.00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 36477

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 12 1988

ISSUED BY Nancy Hart

CREDIT	67007		
20% Sales Care	77184	40	—
80% Sales 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	—

OFFICIAL RECEIPT

№ 36716

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 9-23, 19 88

From: Lucy Prewitt Address: P.O. Box 14166, San Diego, CA

twenty 00/100 Dollars ($ 20.00)

In Payment of Comp ex 7, Credit Lot

Lot 7 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7381

BALANCE DUE 255.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2677

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

SEP 29 1988

ISSUED BY Linda 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37105

Date: 12-15, 19 88

From: Lucy Prewitt Address: 904 Pyramid Street SD

Twelve & 00/100 Dollars ($ 21.00)

In Payment of Urn & Vault Lot

Lot 7 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7361

BALANCE DUE 334.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2357

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Cars	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 Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	21.00

CITY AUDITOR
DEC 27 1988

*AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37200

Date: 1-9 1989

From: Lucy Prewitt Address: P.O. Box 14106, San Diego

twenty 20/00 Dollars ($ 20.00)

In Payment of Coupon 9 Vacant Lot

Lot 7 Grave 3 Row Section 2 Division/Block 11

Invoice No.

Acct. No.

W.O. E-1301

BALANCE DUE 214.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2321

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Andra 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	83033 9022		
Sales Tax	60101 75380		
TOTAL PAID	$	20	00

CITY AUDITOR
JAN 11 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37255

Date 1-24 19 89

From: Lucy Pruitt Address: P.O. Box 14146, San Diego, CA

Forty dollars no/100 Dollars ($ 40.00)

In Payment of Coupon 10 & 11 Credit Lot

CITY AUDITOR
JAN 29 1989

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. 2-7321

BALANCE DUE 274.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2797

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Lydia L. Ward

CREDIT	67007	
20% Sales Cars	77184	
60% 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
264-8151

№ 37373

Date 2-17 19 89

From: Lucy Prewitt Address: 904 Pyramid Street, SD
Santee, 92071 Dollars $ 40.00

In Payment of Cemetery 12 & 13 Credit Lot

Lot 7 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7381

BALANCE DUE 234.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2827

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 24 1989

ISSUED BY Sandra Reed

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	60033 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

№ 37457

Date: 3-7 19 89

From: Archie Prewitt Address: 904 Pyramid Street

twenty 20/00 Dollars ($ 20.00)

In Payment of Coupon 14 Credit Lot

Lot 7 Grave 3 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7381

BALANCE DUE 214.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2853

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 10 1989

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77164	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 78360		
TOTAL PAID	$	20	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

№ 37792

Date: 5-9, 19 89

From: Cecilia Prewitt Address: 904 Pyramid Street

twenty, no/100 Dollars ($ 20.00)

In Payment of Coupon 15

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-7381

BALANCE DUE 196.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2140

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	20	00

CITY AUDITOR
MAY 12 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

MAR 12 1990

№ 38946

Date: 3-6, 19 90

From: Archie Prewitt Address: 904 Lepanto, SD 92114

Forty Dollars 00/100 Dollars ($ 40.00)

In Payment of Credit Lot

Lot 7 Grave 3 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7381

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2973

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Ruiz

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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO 38283

Date: 7-12, 19 89

From: Lucy Truett Address: 904 Imperial Ave, SD

Forty Dollars zero — Dollars ($ 40.00)

In _____ Payment of Oregon 16 & 17 Credit Lot

Lot 7 Grave 3 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-731

BALANCE DUE 156.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales 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
JUL 14 1989

CITY AUDITOR

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

FEB 26 1990

№ 38898

Date: 2-16, 19 90

From Lucy Pruitt Address: 904 Pepper, TA 92114

Twenty Dollars no/100 Dollars ($ 20.00)

In _____ Payment of Credit Lot

Lot 7 Grave 3 Row _____ Section 2 ~~Block~~ Division 11

Invoice No. _____

Acct. No. _____

W.O. E-7381

BALANCE DUE 134.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3030

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Jan Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78380		
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

№ 39294

Date: 6-1, 1990

From: Lucy Prewitt Address: 704 Leonard St, NC 92114

Twenty Dollars Mpo Dollars ($ 20.00)

In Payment of Credit Lot

Lot 7 Grave 3 Row Section 2 ~~Block~~ Division 11

Invoice No.

Acct. No.

W.O. E-7361

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 16-4

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY M a t

CREDIT 20% Sales Care	67007 77184	20 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

CITY AUDITOR
JUN 08 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 39372

Date: 6-18, 1990

From Archie Prewitt Address: 204 Pyramid St, Ld 92114

Fifty Five 00/100 Dollars ($ 55.00)

In Payment of Credit Lot

Lot 7 Grave 3 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-7351

BALANCE DUE PAID

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	55	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	$	55	00

CITY AUDITOR
JUN 25 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 41298

Date: 9-30, 19 91

From [illegible] Pruitt Address: [illegible] Peninsula St. [illegible]
Director

Dollars ($ 17)

In _____ Payment of Credit for

Lot 7 Grave 3 Row _____ Section _____ Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-130

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 3551

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

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

NAME Prewitt, Archie B. & Lucy F ACCT. NO. E-7381

ADDRESS 904 Pyramid Street, San Diego, Ca 92114 RATING LIMIT

DATE		ITEMS	DEBIT		✓	CREDIT	BALANCE
[illegible]7	88	Lot 7, Grave 3, Section 2, Division 11	495	00			
5-10	88	Coupon 1 & 2, Credit Lot				40 00	455 00
7-6	88	Coupon 3 & 4 Receipt 36375				40 00	415 00
8-10	88	Coupon 5 + 6 Receipt 36544				40 00	375 —
9-23	88	Coupon 7 Receipt 36716				20 00	355 00
12-15	88	Coupon 8, Receipt 37108				21 00	334 00
1-9	88	Coupon 9, Receipt 37200				20 00	314 00
1-24	89	Coupon 10 & 11, Receipt 37255				40 00	274 00
2-7	89	Coupon 12 & 13 Receipt 37373				40 00	234 00
3-7	89	Coupon 14, Receipt 37457				20 00	214 00
5-9	89	Coupon 15, Receipt 37792				20 00	194 00
7-12	89	Coupon 16 & 17, Receipt 38283				40 00	154 00
2-16-90		Coupon 21, Receipt 38898				20 00	134 00
3-[illegible]-90		Coupon 19 & 20, Receipt 38946				40 00	94 00
6-1-90		Coupon 22, Receipt 39294				20 00	74 00
6-18-90		Coupon 23, 24, Receipt 39372				55 00	19 00
9-30-91		Receipt 41298				19 00	— 0 —

Paid-In-Full 9/30/91

AIGNER FORM NO. 25-204 Prewitt, Archie B & Lucy F 7 - 3 - 2 - 11 PRINTED IN USA

E-7381

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11803

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Archie & Lucy Prewitt for the sum of $ 495.00 (DOLLARS)

LEGAL DESCRIPTION Lot 7; Grave 3; Section 2, Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-7381

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 Size is 12" X 24". Flat Marker Only

Wendy Jo Teague
Cemetery Manager

Thea Tullman
Property Director

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7381 Credit Lot

Archie B. & Lucy F. Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on or before due date above $ 20.00

Amount due if paid more than ____ days after due date above $ 1.00

$ 21.00

Amount Received $ 20.00

NAME Archie Lucy F Prewitt

ADDRESS 904 Pyramid

CITY STATE Ca ZIP 92

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7381 Credit Lot

Archie B. & Lucy F Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 21.00

Amount Received $ 20—

NAME Archie & Lucy Prewitt

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-7381 Bredit Lot

Archie B. & Lucy F. Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

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-7381 Credit Lot

Archie B. & Lucy F Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

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-7381 Credit Lot

Archie B. & Lucy F. Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

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-7381 Credit Lot

Archie B. & Lucy F Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

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-7381 Credit Lot

Archie B. & Lucy F. Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

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-7381 Credit Lot

Archie B. & Lucy F Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB.	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

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-7381 Credit Lot

Archie B. & Lucy F. Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

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-7381 Credit Lot

Archie & Lucy F Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

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. B-7381 Credit Lot

Archie B. & [illegible] F. Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

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-7381 Credit Lot

Archie B. & Lucy F Pruitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on or before, due date above $ 20.00

Amount due if paid more than ___ days after due date above.? $ 1.00

$ _____

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-7881 • Credit Lot

Archie B. & Lucy F. Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

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-7381 Credit Lot

Archie B. & Lucy F Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above? $ 1.00

$ _____

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-7381 **Credit Lot**

Archie B. & Lucy P. Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before, due date above $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

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-7381 Credit Lot

Archie B. & Lucy F Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

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. 17381 Credit: Lot

Archie B. & Lucy F. Pruyett
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				20							

Amount due when paid on, or before, due date above ▶ $ 20.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-7391 Credit Lot

Lucy & Archie R. Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
20											

Amount due when paid on or before due date above ▶ $ 20.00

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. 2-7381 Credit Lot

Lucy & Archie B. Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
10											

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

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. B-7381 Credit Lot

Lucy & Archie S. Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
10											

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

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-7381 Credit Lot:

Lucy & Archie B. Prewitt
924 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
10											

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

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. B-7351 Credit Lot

Lucy & Archie B. Prewitt
904 Pyrenid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	*FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
10											

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7361 Credit Lot

Lucy & Archie B. Prewitt
904 Pyramid Street
San Diego, Ca 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
10											

Amount due when paid on or before due date above ▶ $ 35.00

Amount due if paid more than _____ days after date shown above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

E_ 7381

Prepaid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-27-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucy E. Archie B. Prewitt

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 7 Grave 3 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number	
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 704 Spanish St.
San Diego, Ca 92114
State Zip Code
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7381

PY-593 (REV. 8-85)

E 7381

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 27 day of April, 1988, between Archie B & Lucy T. Murrett, 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 7, Grave 3, Row ____, Section 2, ~~Block~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $495.00, payable as follows: $ — cash herewith, the receipt of which is hereby acknowledged; $20.00 on the 10 day of May, 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.

E_7381

WITNESS our hands this day and year above written.

Deed to be issued to: Archie B & Lucy I Prewitt
Name

904 Pennsylvania Street
Address

San Diego, CA 92114

23 @ $20.00
1 @ 35.00

PURCHASER

_____

_____

_____
Street Address (Mail)

_____
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra Ward

GWS:baa(2)62
2-14-86

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-27-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jessie M Sprague & Michael Lee Sprague

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 35.00

Sales taxes ..... _____

Total Due 35.00

Paid receipt number 36053 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 4341 Manzanita Dr
Address San Diego CA 92105
State Zip Code
584-0692
Telephone

Invoice # _____

Work Order # E 7382

Acct. # _____

PY-593 (REV. 8-86)

E-7352

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

Floyd A. OHM
(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 Dessie M. Sprague and/or Michael Lee Sprague (Mother + Son)

the following described real property in the City of SAN DIEGO
County of SAN DIEGO, State of California:

Lot's 663 & 664, SECTION 3 DIVISION 8

Assessor's parcel No. _____

Executed on April 27, 1988 at Mt Hope CEMETERY (City and State)

Floyd A. Ohm

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~~.

Sandra L Ward - Admin Clerk II

~~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 in your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use.

© 1984 WOLCOTTS, INC.

OFFICIAL RECEIPT

№ 36053

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4-27, 19 88

From: Dessie M. Sprague Address: 4314 Mangrita Dr, SD 92105

thirty-five Dollars ($ 35.00)

In Payment of Deeds Grave Space from Fred A. Olm

To Dessie M & Michael Lee Sprague

Lot 663 & 664 Grave Row Section B Division ~~Block~~ 8

Invoice No.

Acct. No.

W.O. E-1382

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0539

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

APR 29 1988

ISSUED BY Sandra Neal

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	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	35	00

E_7382

(I) FLOYD A. OHM, RELEASE & TRANSFER MY TWO CEMETERY LOTS

TO Jessie M. Sprague & Michael Lee Sprag

LOTS 663 & 664 SECTION 3 DIVISION 8, LOCATED AT MT. HOPE CEMETERY.

SIGNED Floyd A. Ohm DATE *** 4/27/88

E 7382

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11472

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Floyd A. Ohm for the sum of $ (35.00) T.F. (DOLLARS)

LEGAL DESCRIPTION Lot 663 & 664, Section 3, Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER E-7129

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 - 12X24X03

Cemetery Manager

Property Director

FY-5M

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-27-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Napoleon A & Lillie L Jones Sr

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 3057 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund Prepaid Double Cypt	
Opening/Closing & Setup	640.00
Burial Container 2 @ 320.00	320.00
Handling Fees	320.00
Flower vases - marker section fee	
Recording and filing fee 2 @ 35.00	70.00
Sales taxes	21.45
Total Due	1346.45
Paid receipt number 36054	1346.45
Balance due	0

PAID
APR 27 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 _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7383

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 36054

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 4-27, 1988

From: Hayden & Lillie Jones Address:

One thousand three hundred forty-six 45 Dollars ($ 1346.45)

In Payment of Burial Deposit for Hayden & Lillie Jones, Sr.

Lot 3857 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7383

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☒
4/88

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 29 1988

ISSUED BY Sandra L. Ward

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	1346	45
Sales Tax	80101 78380		
TOTAL PAID	$	1346	45

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-27-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernest S Jennings

in a Oak Vault (Vault/Liner) Funeral, date, time May 4/22 AYB

Church, Chapel, Graveside — Balboa Gem Mortuary.

All Funeral cars must 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 6 Grave 3 Row _____ Section MAS Division/Block C

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 _____

Prepaid D-8187

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 [illegible]
Address 6075 ANAYA DRIVE
State LA MESA CA Zip Code 92042
Telephone 469-7729

Invoice # _____

Work Order # E 7384

Acct. # _____

PY-593 (REV. 8-86)

E 7384

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Ernest	Francis	Jennings	May 17,1909	April 27,1988	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Pre Need Donor Forms

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Marijo Sanson UCSD SCHOOL OF MEDICINE LA JOLLA	NONE

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Marijo Sanson	1/19/89

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	▶

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] J. TRANSIT (OUTSIDE OF CALIFORNIA)

FOR CORONER'S USE ONLY

- [ ] K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market St. San Diego, Ca 92102	11B. DATE INTERRED 1-22-90	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 6-3-MAS-C Ash Vault/box N/A cardboard	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E7384

STANLEY ESCHER JENNINGS
6025 AMAYA DRIVE
LA MESA, CALIFORNIA 92041

May 12, 1988

Mt. Hope Cemetery
3751 Market Street
San Diego, California 92113

Gentlemen:

RE: INTERMENT OF ASHES OF

ERNEST F. JENNINGS

Lot 6 Grave 3

Section MAS Division/
Block C

The Interment Order dated April 27, 1988, should be corrected to indicate my brother's ashes will be delivered from the University of California, San Diego.

A copy of the letter from the university's Body Donation Program is enclosed for your records.

Thank you for the services you have rendered to our family.

Very truly yours,

Stanley E. Jennings

Enclosure - one

E 7384

UNIVERSITY OF CALIFORNIA, SAN DIEGO

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO SANTA BARBARA • SANTA CRUZ

OFFICE OF LEARNING RESOURCES, M-011
SCHOOL OF MEDICINE
LA JOLLA, CALIFORNIA 92093

April 28, 1988

Mr. Stanley Escher Jennings
6025 Amaya Drive
La Mesa, CA 92042

Dear Mr. Jennings

The faculty of the School of Medicine, University of California, wish to extend their deepest sympathy to you and your family at the recent loss of your brother, Ernest.

Donations to the School of Medicine, such as his, are not only a great humanitarian gesture, but invaluable in the training and education of our future medical doctors.

Enclosed is the application form for ordering certified copies of the death certificate. If you will complete this form and mail it along with a check covering the cost of the number of certificates you require, the Department of Health Services will mail them to you.

Again, our deepest sympathy and if we can be of any further assistance, please don't hesitate to write or call. Our telephone number is 619-534-4536.

Most sincerely,

Jean Smith

Jean S. Smith
Administrative Assistant
Body Donation Program

Enclosure

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-27-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Timothy J. Arcineaux

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs. 4/28 2:00

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 125 Grave 9 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	856.50
Paid receipt number 36055	856.50
Balance due	0

Per Rosedale Mr. ck #9441

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____ Signature if recorded after the date

PAID
APR 27 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 7385

Acct. # _____

PY-593 (REV. 8-86)

E-7385

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Timothy James Arceneaux	Male	July 27, 1969	April 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	Bernadine Arceneaux - Mother 3563 Van Dyke St. Apt. 1 San Diego, CA 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd 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 OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Non Sealer - Metal - Belldene		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A "Gang Member" Special P.B. Uniforms!		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 25 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/28/88 (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

№ 36055

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 4/27/88, 19

From: Anderson Funeral Home Address: 5050 Federal Blvd - S.D. 92102

Eight hundred fifty-six and 50/100 Dollars ($ 856.50)

In Full Payment of Interment of ashes for Timothy J. Cravaney - dec

Lot 125 Grave 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7385

BALANCE DUE

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 9441 2

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

APR 29 1988

ISSUED BY Gregory Stella

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	185	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78360	6	50
TOTAL PAID	$	856	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/28/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eldridge Hughes

in a Vault Vault/~~Crypt~~ Funeral, date, time 11AM - Fri - 4/29

Church, Chapel, Graveside Chapel & G.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Yes - WW2 - Korea

Lot 85 Grave 10 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund ... Single Burial	395.00
Additional spaces and care fund Res Sp 11+12 for 30 - June 1-88	
Opening/Closing & Setup	320.00
Burial Container ... Vault -	175.00
Handling Fees ... Labor	170.00
Flower vases - Marker setting fee (Bill for $135 Not Paid to date)	—
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	1106.37
Paid receipt number	
Balance due	

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.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

E James Hughes
Signature
3950 Newton Ave
Address
San Diego CA 92113
City Zip Code
263-7419
Telephone

[redacted]
Invoice #
Acct. #

Work Order # E 7386

PY-593 (REV. 8-85)

W.O. NO. E7386

NOTE—STRAIGHT

$ 1106 37 San Diego, California, 4/28/88, 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 Market St., San Diego, CA 92102

the sum of Eleven Hundred Six and 37/100 DOLLARS

with interest from June 1 - 1988 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Drive Lic. #, 0029900

x C. James Hughe

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E 7386

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 HUGHES	Male	Dec. 10, 1926	April 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	Eldridge James Hughes - Son 971 Apgar Street Oakland, CA 94608

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. 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	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED APR 29 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Camras, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/29 (ENTER DATE) 8S/16/1/ov	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Lorrie Stitt	LICENSE 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

069568 05/16/88 026329	E. JAMES HUGHES			06/07/88 CK 002226		1,106.37	1,106.37	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			11.37		
	67007		77184			79.00		

E-7386

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-28-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Connie Orange Seifert

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 5/3 11:00

Church, Chapel, Graveside Graveside Good Body Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 2/24 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	Pre need	—
Additional spaces and care fund	none	—
Opening/Closing & Setup		320.00
Burial Container	T. Seal Vault	175.00
Handling Fees	Labor	170.00
Flower vases Marker setting fee		—
Recording and filing fee		35.00
Sales taxes	MAY 02 1988	11.37
	Total Due	711.37
	Paid receipt number 36067	711.37
	Balance due	0

PAID
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 Richard E Pegoung

Address

State Zip Code

Telephone

Invoice # ____

Work Order # E 7387

Acct. # ____

PY-503 (REV. 8-86)

E-7387

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Connie B. (nmn) Seifert	female	Mar.1,1903	Apr.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
Auburn	Placer	Richard DeYoung PO Box 798 Newcastle, California 95658

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Chapel of the Hills, Auburn, California	F 372

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; San Diego, California		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED 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 Bronze Tube Steel Sealer Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED APR 28 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Howard Mitchell, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/3/88 (ENTER DATE) 2/24-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Loyal Stell	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

№ 36067

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/2/88 19

From: Richard E. De Young Address: P.O. Box 798 - Newcastle Ca 95658

Seven Hundred Eleven and 37/100 Dollars ($ 711 37)

In full Payment of Interment of Joan Connie Swafert - Dec

Lot 2124 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7387

BALANCE DUE

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

174

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 04 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	175 00
Handling Fee	100 77185	190 00
Recording & Misc. Fees	100 77183	31 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	11 37
TOTAL PAID	$	711 37

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Double Crypt.

Date 4/28/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kang-Sun Ho

in a ~~Vault~~ Double Crypt Funeral, date, time Sunday May 1 - 2:00

Church, Chapel, Graveside Pt + G/S ; Claremont 3 P.M. Mortuary.

All Funeral cars must 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 4782 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	Pre need —	
Additional spaces and care fund		
Opening/Closing & Setup		320.00
Burial Container 330	(Concrete ~~Vault~~ - Double Crypt)	330.00
Handling Fees	Sunday Special Chg: 570 - H.320	890.00
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes		21.45
Total Due		1596.45
Paid receipt number		1596.45
Balance due		

Paid 5/17/88

Backgate 4 P.M. - Close Sunni

(20 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

Special Sunday Service

x Ho. Signature

x 5310 North Ridge Apt. Address

x SAN DIEGO, CA. 92117 State Zip Code

x 619-268-2852 Telephone

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7388

PY-693 (REV. 8-88)

W.O. NO. E 7388

NOTE—STRAIGHT

$ 1596.45 San Diego, California, 4/28/88, 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 Market St., San Diego, CA 92102

the sum of Fifteen hundred ninety six & 45/100 DOLLARS,

with interest from June 1 - 1988 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Drive Lic. #: N 8482169 X: [signature]

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

05/17/88 CK 812

069567 05/16/88 026328	INYOUNG HO	100	072	77181	000072	1,596.45	1,596.45	0.00 PAID IN FULL
		100	072	77182	000072	320.00		
		100	072	77183	000072	330.00		
		100	072	77185	000072	605.00		
		100	072	78390		320.00		
		60101				21.45		

E-7388

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 3,357.95

E 7388

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Kang Sun Ho	Female	Feb. 23, 1933	Apr. 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	Inyoung Ho - Son 5310 Northridge Ave. San Diego, CA. 92117

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Clairemont Mortuary 4266 Mt. Abernathy Ave. San Diego	F-1126

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED 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 Sunday Service - Double Casket Bottom	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 Ga. Steel P.C. Sealer -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Crypt 12" to top - Grave + Top Soil		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 29 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/1/88 (ENTER DATE) 4782-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Leon Watts	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: ▶ Donald L. Remsel, M.D. C

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36169

Date: 5-17 19 88

From: In Yeung Ho Address: 5310 North Ridge Ave. SD

Fifty Six Dollars Ninty-Five 95 Dollars ($ 56.95)

In Payment of Vang-Sun Ho's Burial Service

Lot 4782 Grave Row Section Division Block 10

Invoice No. 069567

Acct. No. 026328

W.O. E-1303

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 812

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	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	56 95

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-28-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JANE DOE (P.A. Case # 1051253)

in a NONE Vault/Liner Funeral, date, time 5-2 1:00pm

Church, Chapel, Graveside DROP-OFF : CLAIRMONT Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 176 Grave 10 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	55-
Additional spaces and care fund	
Opening/Closing & Setup	90-
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	$145-
Paid receipt number	
Balance due	

Coroner # 88-0235 (TOD)

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7389

PY-583 (REV. 8-86)

HOMICIDE
DEPUTY SUE GIDLEY
FOUND 1-28-88

Claimant (Male)

Monday

P/A case # 1051253

COL's 88-0235 1:00 PM

Jane Doe

Homicide found 1-28-88

Rep. Sue Gidley

(handling case)

145 — Cem.

270 — Other

$415 —

E 7389

E_7389

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Jane Doe CC 88-0235	Female	Unknown	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
Escondido	San Diego	San Diego County Coroner 5555 Overland Ave. San Diego, CA. 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Clairemont Mortuary 4266 Mt. Abernathy Ave. San Diego	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 Flex Board - 3g min - 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 Portrait 4 - Plastic Handles (Bag) Gravel Pack on top of (2)		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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: MAY 02 1988 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald E. Powell, M.D. Cl
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/2/88 (ENTER DATE) 176/10/1/12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Royen Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe # 87-2343 -

in a None (Vault/Liner) Funeral, date, time 4/29 - Fri 1:30 PM

Church, Chapel, Graveside _____ ; Fatherwell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 176 center Grave 10 Row ~ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145
Paid receipt number	
Balance due	

Gravel Backfill in center John Doe on top

P.A # 105237 (center)

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7390

PY-593 (REV. 8-86)

E-7390

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 DOE CC# 87-2343	Male	Unknown	Nov. 18, 1987

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	San Diego County Coroner 5555 Overland Avenue San Diego, Ca. 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
San Diego, Ca. Featheringill Mortuary, 6322 El Cajon Blvd.	1083

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1 BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2 CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4 SCIENTIFIC USE
- [ ] 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St., San Diego, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a Middle Spot - in Center of 3 Grave Packed Portuna Board - Under Jane Doe		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 2 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 5/2/88 (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

4-28-88 3:50 pm -

Freelheirengill Mortuary

P/A 1051237 E-7390

case 87-2343

John Doe

Homicide found 11-18-87

583-9511 if need more info

Shirree

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/28

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe # 872394

in a Vault (Vault/Liner) Funeral, date, time 2PM 4/29 / Fri

Church, Chapel, Graveside Graveside ; Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 162 Grave 5 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	395.00
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	11.37
Total Due	1106.37
Paid receipt number	
Balance due	

John Mayer will pay in less than 30 days.

No set up

OK. [illegible]

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of deceased holder of deed

Vault Flanow

Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 7391

PY-593 (REV. 8-86)

E_7391

PERMIT FOR DISPOSITION OF HUMAN REMAINS

CC#87-2394

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Doe CC#87-2394	Male	unk	Found Nov. 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	San Diego County Coroner 5555 Overland Avenue San Diego, CA. 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Mayer Mortuary 2859 Adams Ave. San Diego, CA.	1424

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, San Diego, CA.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A ~~[illegible]~~	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ~~[illegible]~~
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Aurora Blue Cloth Covered - Wooden T.L. 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 APR 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 4/29/88 (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 4/28/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe - 87-2319

in a none (Vault/Liner) Funeral, date, time 4/29 - 11Am - Fri

Church, Chapel, Graveside none - D.O.; Mayer Mortuary.

All funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 176 Grave 10 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	90.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

Cert # 105-1229-145 (Bottom

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7392

PY-503 (REV. 8-86)

E-7392

PERMIT FOR DISPOSITION OF HUMAN REMAINS

CC 87-2219

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Doe CC#87-2219	Male	unk	October 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
Ramona	San Diego	San Diego County Coroner 5555 Overland Avenue San Diego, CA. 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Mayer Mortuary 2859 Adams Ave. San Diego, CA	1424

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, SanDiego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED Flag Board Square County - Plastic Hardware (4)	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Bottom of grave - 6 ft - grave packed		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A (3rd down)		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 APR 29 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 4/29/88 (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 4-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nancy P. Smith

in a Bell Liner (Vault/Liner) Funeral, date, time Tues 5/3 11:00

Church, Chapel, Graveside Church & Grave, Ragsdale Mortuary.

Mt Zion Baptist

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 136 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	200.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	1101.50
Paid receipt number 36062	500.00
Balance due	601.50

Paid in full 6/17/88

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Norman Mallory
Signature
6759 Mesa Wood
Address
San Diego Calif
State
2633788 92117
Telephone
Zip Code

Invoice [redacted]

Acct. [redacted]

Work Order # E 7393

PY-583 (REV. 8-88)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/30/88

DATE: 06/30/88
TIME: 224213
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
069565	05/16/88	026327	H.R. MALLORY					06/07/88	JV	JV30756	500.00	601.50	0.00
			100	072		77181	000072				261.85		PAID IN FULL
			100	072		77182	000072				83.13		
			100	072		77183	000072				29.09		
			100	072		77185	000072				120.53		
			60101			78390					5.40		

E-7393

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/15/88

DATE: 06/15/88
TIME: 201440
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
069565	05/16/88	026327	H.R. MALLORY					06/08/88	CK	198	101.50	601.50	500.00
			100	072		77181	000072				53.15		PARTIAL PAYMENT
			100	072		77182	000072				16.87		
			100	072		77183	000072				5.91		
			100	072		77185	000072				24.47		
			60101			78390					1.10		

E-7393

W.O. NO. E-7393

NOTE—STRAIGHT

$ 60.50 San Diego, California, May 2, 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 Market St., San Diego, CA 92102

the sum of Sixty hundred one 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.

Drive Lic. # B06088934

H.R. MALLORY

X H.R. Mallory

6759 Mezin Way SD

92114 Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-7393

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Nancy Pauline Smith	Female	Sept. 28, 1949	April 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	Daniel Lee Smith - Husband Route 3, Box 232R Ahoskie, North Carolina 27910

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 3751 Market 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 OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Steel Mon Lake Whitebone		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 2 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Parnell, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/3/88 (ENTER DATE) 136-9-2-12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gregory Smith 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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

№ 36062

Date: 5-2 19 88

From: H. R. Mallory Address: 6759 Mesa Way, SD 92114

Your handling no/102 Dollars $ 500.00

In Payment of Nancy P. Smith's Burial Service

Lot 136 Grave 9 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7393

BALANCE DUE 601.50

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1083.

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 04 1988

ISSUED BY Sandra L. Ward

CREDIT	87007	99	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77161	5	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	500	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 36244

Date: 6-6- , 19 88

From: H.R. MALLORY Address: 6759 MEZIN WAY; S.D. CA 92114

Five hundred dollars and xx/100 Dollars ($ 500.00)

In part Payment of interment of Nancy P. Smith

Lot 136 Grave 9 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E7393

BALANCE DUE 101.50

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1095

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 13 1988

ISSUED BY W.J. Teague

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	80	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	500	—

By 3:30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/1/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patrick D. Fuller Jr.

in a liner (Vault/Liner) Funeral, date, time Tuesday 1PM Chpl 5/3

Church, Chapel, Graveside L.O.O. ; Perin Fudick Mortuary.

All Funeral cars must 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. Grave must be finished By 11AM 5/4

Lot 10 Grave 5 Row ____ Section 15 Division/Block 7

Grave space & Care Fund	300.00
Additional spaces and care fund ... none	
Opening/Closing & Setup	320.00
Burial Container ... Concrete Bell liner	100.00
Handling Fees ... Labor	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	906.50
Paid receipt number 36061	100.00
Balance due	806.50

Written off 11/22/89

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.

Ethel L Fuller
Signature

1022 Peach Ave #6
Address

E.S. Ca. 92021
City State Zip Code

447-6494
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

[redacted]

Work Order # E 7394

PY-593 (REV. 8-85)

W.O. NO. E-7394

NOTE—STRAIGHT

$ 806 50/100 San Diego, California, May 1, 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 Market St., San Diego, CA 92102

the sum of Eight hundred Six and 50/100 DOLLARS,

with interest from June 5, 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.

Drive Lic. #1 N2698935 X Ethel L. Fuller

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

OFFICIAL RECEIPT

№ 36061

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/1/88 19

From: Ethel Fuller Address: 1022 Beach Ave - El Cajon 92021

One Hundred and no/100 Dollars ($ 100.00)

In Part Payment of Installment for Patrick D. Fuller - Dec

Lot 10 Grave 15 Row Section 15 Division Block 7

Invoice No. —

Acct. No. —

W.O. E-7394

BALANCE DUE 806.50

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 04 1988

ISSUED BY Roger W. Stelter

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	60101 78390	
TOTAL PAID	$	100.00

E_7394

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Patrick D Fuller	Male	Sept. 24, 1949	April 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
El Cajon	San Diego	Ethel Fuller-Wife 1022 Peach Ave. Apt 6 El Cajon, CA 92021

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Paris-Frederick Mortuary 374 E. Magnolia Ave. El Cajon, CA 92020	795

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 Cloth Covered Cardboard 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 N/A Under a Dome from Old Cottonwood — (Special no low area) Had to Remove Scrub Tree + Plant		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 3 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 5/3/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gregory Little	LICENSE 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

DiP Top.

Date 4/30/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Garrett

in a Bell Liner (Vault/Liner) Funeral, date, time Tue - 11Am - 5/3

Church, Chapel, Graveside Graveside ; Zerlak-Downey Mortuary. 213-927-2644

All Funeral cars must 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 1454 Grave — Row — Section — Division/Block 10

Grave space & Care Fund ..... Pre need - DiP	
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320.00
Burial Container ..... Concrete Bell	100.00
Handling Fees ..... Labor	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	$606.50
Paid receipt number 36076	606.50
Balance due	0

F.H. - Bringing 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 7395

Acct. # _____

PY-583 (REV. 8-86)

E 7395

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 GARRETT	Female	May 15, 1911	April 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
Downey	Los Angeles	Billy Tateyama, Son 7304 Quill Dr. Unit #177 Downey, Calif. 90242

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
DOWNEY Zrelak Family MORTUARY - Downey, Calif.	F-954

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Cloth Covered —	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 —		
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 MAY - 2 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Robert B. Gates
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/3/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Carmen Stott - 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 Los Angeles County Health Dept. Vital Records, room L-1 313 No. Figueroa St. Los Angeles, Calif. 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

№ 36076

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 5-3 19 88

From: Donna Zielek Emile Address: 10229 S. Paramount Blvd, Lynwood

Six Hundred Six 50/100 Dollars ($ 606.50)

In Payment of Helen Garrett's Burial Service

Lot 1454 Grave Row Section Block 10

010790

Invoice No.

Acct. No.

W.O. E-7395

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

13242

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		
Opening/ Closing	100 77161	320	00
Burial Containers	100 77162	100	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	50
TOTAL PAID	$	606	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-2-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alma Gill

in a Bell Liner (Vault/Liner) Funeral, date, time Thur 5/5 - 11 Am

Church, Chapel, Graveside Church + St Louis Lessing Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

✓ Lot A Grave 8 Row _____ Section MAS Division/Block R

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container ..... Prepaid B 8148 E 1371

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee 35.00

Sales taxes .....

Total Due 35.00

Paid receipt number 36092 35.00

Balance due 0

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.

Alfred F. Tengate

Alma E. Gill

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 7396

Acct. # _____

PY-583 (REV. 8-85)

E-7396

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALMA E. GILL	Female	Nov.10, 1901	April 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
San Diego	San Diego	Rev Clifford Fugate, Executor 3431 Park Blvd. #402 San Diego, CA 92103

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3021 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 Mem Steel - Non Sealer	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A 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	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$4.00	MAY 3 1988	Gerald G. Ramos, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/5/88 (ENTER DATE) A-8-MAS-R.	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 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

№ 36092

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Conservator for Alma Gills

Date: 5-3, 1988

From: Clifford Smith Address: 3431 Park Blvd, SD

Thirty-five no/100 Dollars ($ 35.00)

In Payment of Alma Gills Recording Fee

Lot H Grave 1 Row Section IMAS Division Block R

Invoice No.

Acct. No.

W.O. E-7396

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 06 1988

ISSUED BY Linda R. Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77165	
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	50101 79390	
TOTAL PAID	$	35 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-2-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marie Ackerman

in a Vault (Vault/Urns) Funeral, date, time Tues 5/3 11:00

Church, Chapel, Graveside Graveside ; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 1221 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund ..... Pr. Need	
Additional spaces and care fund ..... None	
Opening/Closing & Setup	320.00
Burial Container ..... Cement Vault Earth Labor	175.00
Handling Fees ..... Labor	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales tax	11.37
Total Due	711.37
Paid receipt number 36064	711.37
Balance due	0

PAID
MAY 02 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

Nellie Stifanur
Signature
43 Oak St.
Address
Hicksville N.Y. 11801
State Zip Code
(516) 938-4247
Telephone#

Invoice # _____

Work Order # E 7397

Acct. # _____

PY-593 (REV. 8-86)

E 7397

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARNIE ACKERMAN	Female	01-06-1911	04-29-1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Nellie Stefaniw (Sister) 43 Oak Street Hicksville, NY 11801

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 Fort Suppy Lake - Steel		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Willallow - 30" marker - flat		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
* LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 2 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/3/88 (ENTER DATE) 1221-10	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		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Ramos, M.D.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

№ 36064

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/2/88, 19

From: Nellie Stefanuir Address: 42 Oak St - Hackensack N.Y. - 11801

Seven Hundred Eleven and 37/100 Dollars ($ 711 37)

In full Payment of Interment of land for Marie A. Bauman - dec

Lot 1221 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. —

Acct. No. —

W.O. E-7397

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 401

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 04 1988

ISSUED BY Lorraine Stitt

CREDIT	67007		
20% Sales Care	77184		—
80% Sales of Lots	100 77184		—
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
	100	190	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	11	37
TOTAL PAID	$	711	37

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-2-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cazal Daggerfield

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 5/4 2:00

Church, Chapel, Graveside Chapel & Grave 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 52 Grave 50 Row ____ Section 4 Division/Block 7

Grave space & Care Fund ..... Pre Need	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container ..... Topseal Concrete Vault	175.00
Handling Fees ..... Labor	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	711.37
Paid receipt number 36066	350.00
Balance due	361.37

Bal in 30 days

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: Randall S. Daggerfield

Address: 3116 Dwight St

State: San Diego Ca Zip Code: 92104

Telephone: 282-4377

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # [redacted]

Acct. # [redacted]

Work Order # E 7398

PY-583 (REV. 8-86)

E 7398

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LOIS CAROL SAPPENFIELD	female	July 28, 1915	May 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	Randall G. Sappenfield - son 3116 Dwight St. 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	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a Pink Arlington Wooden 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 MAY 4 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Remes M.D. MHM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/4 (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

№ 36066

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/2/88, 19

From Randall G. Sappenfield Address: 3116 Dwight St SD 92104

Three Hundred Fifty and 00/100 Dollars ($ 350.00)

In Part Payment of Interment fees for Carol Sappenfield - Due

Lot 52 Grave 50 Row Section 4 Division Block 7

Invoice No.

Acct. No.

W.O. E-1398

BALANCE DUE 361.37

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 4014

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 04 1988

ISSUED BY Peggy Stotts

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	30	00
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	350	00

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/31/88

DATE: 05/31/88
TIME: 224817
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
069563	05/16/88	026325	RANDALL G. SAPPENFIELD					05/25/88	CK	104901335	361.37	361.37	0.00
			100	072		77182	000072				145.00		PAID IN FULL
			100	072		77183	000072				35.00		
			100	072		77185	000072				170.00		
			60101			78390					11.37		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 361.37

E-7398

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-2-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth D. Deike

in a Tog Seal Vault (Vault/Liner) Funeral, date, time Wed 5/4 3:00

Church, Chapel, Graveside Drop-Off ; 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 _____ . Delivery Only

Lot 2996 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	11.37
Total Due	711.37
Paid receipt number 36207	711.37
Balance due	0

Send Receipt

Mortuary will draw 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 7399

PY-593 (REV. 8-86)

E_7399

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 D. DUKE	FEMALE	MAY 6, 1906	APRIL 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
BLOOMINGTON	MONROE, IN	DAGMAR RILEY-SISTER 2618 WINDERMERE WOODS DR. BLOOMINGTON, IN 47401

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PACIFIC BEACH MORTUARY-SAN DIEGO, CA 92109 4710 CASS ST.	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	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 Polished Solf Wood - T.S. Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 5 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/5/88 (ENTER DATE) 2996-10	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
254-3151

№ 36207

Date: 5-31, 19 88

From: E Camino Address: 5600 Carroll Canyon

seven hundred eleven 37/100 Dollars ($ 711.37)

In Payment of Ruth D Duke's Burial Service

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-7399

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 083348

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 2 1988

ISSUED BY Sandra L. Wade

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	300	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	11	37
TOTAL PAID	$	711	37

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-2-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph Dwyer Sharp

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs 5/5 2:00

Church, Chapel, Graveside Chapel Grave Eastlawn-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 yes. Delivery Only Kevin

Lot 60 Grave 4 Row _____ Section 1 Division/~~Block~~ 1

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flowers Blanket (135)	120.00
Recording and filing fee	
Sales taxes	6.50
Total Due	741.50
Paid receipt number 36102 -	741.50
Balance due	0

PAID
MAY 05 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary will bill Sharp Estate

Paid 5/23/88

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 # _____

Acct. # _____

Work Order # E 7400

PY-693 (REV. 8-85)

E_7400

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOSEPH DICKSON SHARP	MALE	DEC 27, 1911	MAY 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	HELEN SHARP, WIFE 420 GLORIETTA BLVD CORONADO, CA 92118

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PINKHAM-MITCHELL MORTUARY, 808 13TH STREET, IMPERIAL BEACH, CA 92032	F-1178

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED MAY 03 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [illegible]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/5/88 (ENTER DATE) 60/4/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [illegible]	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

№ 36102

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: May 5, 1988

From: Rick Ram - Mitchell Address: 808 - 13th St. Imperial Beach CA 92032

Seven Hundred forty One & 50/100 Dollars ($ 741 50/100)

In full Payment of Interment of and for Joseph Dickson Sharp - Inc. Setting VA Bronze upon arrival —

Lot 60 Grave 4 Row — Section 1 Division Block 1

Invoice No. —

Acct. No. —

W.O. E-7400

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check - ☒

AC-212 (Rev. 10-87) 6363

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 11 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	1320	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	170	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	50
TOTAL PAID	$	741	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-2-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe 87-2395

in a _____ (Vault/Liner) Funeral, date, time Wed 5/4

Church, Chapel, Graveside delivery 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 _____ .

Lot 10 Grave 5 HEAD- Row _____ Section 15 Division/Block 7

Grave space & Care Fund Space at head of "5"	55.00
Additional spaces and care fund "Bag of Bones"	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes 12.45	
Total Due	145.00
Paid receipt number	
Balance due	

PA 105

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 069577

Acct. # 000952

Work Order # E 7401

PY-593 (REV. 8-85)

E-7401

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Jane Doe CC#87-2395	Female	Unknown	FOUND 11-25-1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Ramona	San Diego	PUBLIC ADMINISTRATOR: 5201-A Ruffin Road San Diego, CA 92115

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: 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: Bag bones at top Head of Space - End of Lawn
BURIAL AT SEA OR DISPOSITION OTHER 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 Head in Plastic Bags. not under Lawn		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: ▶ DATE SIGNED:
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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: MAY 03 1988 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Powell, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/3/88 (ENTER DATE) 10/3/88	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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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 X

Date 5/4/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elsie I Clark

in a Leisen Vault/Liner Funeral, date, time 5/6/88 - Fri - 5:00

Church, Chapel, Graveside Dupuroff ; N. B. 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 _____ . Top of DIP

Lot 72 Grave 3 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	Pre Need —
Additional spaces and care fund	NONE
Opening/Closing & Setup	320.00
Burial Container Bell Leisen	100.00
Handling Fees Labor	145.00
Flower vases - Marker setting fee OT $100	—
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	606.50
Paid receipt number	100.00
Balance due	506.50

Ck to Come With D.O. before 3 P.M.

Via Phone

714-529-2194 3614

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7402

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

№ 36111

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: Nels Lee Mortuary Address: 235 S. Euclid Blvd, Eucl

Seven hundred Six 50/100 Dollars ($ 706.50)

In _____ Payment of Pepie V. Clark

Lot 72 Grave 3 Row _____ Section 1 Division _____ Block 11

Invoice No _____

Acct. No _____

W.O. E-7402

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

13402

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 11 1988

ISSUED BY Linda Ward

CREDIT		
20% Sales Care	67007 / 77184	
80% Sales of Lots	100 / 77184	
Opening/ Closing	100 / 77181	350 00
Burial Containers	100 / 77182	100 00
Handling Fee	100 / 77185	145 00
Recording & Misc. Fees	100 / 77183	125 00
Pre-Need Trust	63033 / 9022	
Sales Tax	60101 / 78390	6 50
TOTAL PAID	$	706 50

E_7402

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ELSIE IDA AKA Marie AKA Louise CLARK	Female	Aug 10, 1900	May 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
Fullerton	Orange	Beverly Swift (Daughter) 2847 Gingerwood Circle Brea, Ca. 92621

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Neel's Brea Mortuary	623

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT OF SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: Batesville 18 ga Std Boiler Pink Rose — Liner		Wendy George Doner Cody. 6:30PM
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: 5 P.M. Catholic Committal		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 4 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ T. Ref Ebling, M.D. HS
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/6/88 (ENTER DATE) 72/3/1-11	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: 511 Sycamore, Santa Ana, Ca.		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY *

INTERMENT ORDER

City of San Diego

Date 5-5-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cora L. Booker

in a Dble Crypt Vault/Lino Funeral, date, time Mon 5/9 1:00

Church, Chapel, Graveside Chapel of Gone : 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 Top ~~Bottom~~ Yes, a Vet.

Lot 155 Grave 5 Row — Section 1 Division/Block 11

Bottom

Grave space & Care Fund	495.00
Additional spaces and care fund — none	
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	21.45
Total Due	1521.45
Paid receipt number 36101	1521.45
Balance due	0

PAID
MAY 05 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.

X Leroy Booker
Signature

X 2861 Franklin Ave
Address

92113
State Zip Code

X 233-8582
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # _____

Work Order # E 7403

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 36101

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: May 5, 1988

From: LeRoy Brooker Address: 2861 Franklin Ave S.D. 92113

Fifteen hundred twenty-one and 45/100 Dollars ($ 1521.45)

In full Payment of Interment rights for Agnes L. Brooker-dec
Fee & Space for Double Crypt and fees for Crypt Interment

Lot 155 Grave 5 Row — Section -1- Division Block 11

Invoice No. —

Acct. No. —

W.O. E 7403

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
3735314
Calif 1st Bank

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 11 1988

ISSUED BY [signature]

CREDIT	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	330	00
	100	320	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	83033 9022	—	
Sales Tax	60101 78390	21	45
TOTAL PAID	$	1521	45

E-7403

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 LAVENDER BOOKER	Female	March 4, 1908	May 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
National City	San Diego	Leroy Booker - Husband 2861 Franklin Avenue San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A 18ga Steel Sealer - Bells	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 Balesville - Bottom of Double Crypt 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 MAY 5 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/6/88 (ENTER DATE) 155-5-1-11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gregory Stutte	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-6-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edith V. Powers

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon. 5/9 11:00

Church, Chapel, Graveside Church & Grave 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 93 Grave 10 Row _____ Section 2 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	11.37
Total Due	711.37
Paid receipt number 36134	711.37
Balance due	0

PAID
MAY 9 1988
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Mortuary will pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7404

Acct. # _____

PY-593 (REV. 5-85)

E-7404
№ 37243

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-20, 19 89

From: Victor & Venita Cuarantes

Address: Jeffries 95/100

Dollars ($ 15.95)

In Payment of Flower Cup for Alfredo Lanza

Lot 126 Grave 4 Row Section 2 Division Block 1

AUDITOR JAN 19 1989

Invoice No.

Acct. No.

W.O. E-7406

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 Linda

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	2 00
Handling Fee	100 77185	10 00
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	3 95
TOTAL PAID	$	15 95

OFFICIAL RECEIPT

№ 36134

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-4, 1988

From: Jessica J. Southwell Address: 6710 Lofty View Pl SD 92120

Seven hundred eleven 37/100 Dollars ($ 711.37)

In Payment of Edith V. Powers's Burial Service

Lot 23 Grave 10 Row Section 2 Division 7 Block

Invoice No.

Acct. No.

W.O. E-7404

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1413

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAY 12 1988

ISSUED BY Sandra L. [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	175	00
	100	175	00
Handling Fee	77185	50	00
Recording & Misc. Fees	100 77183	5	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	37
TOTAL PAID	$	711	37

E-7404

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDITH V. POWERS	female	March 9, 1899	May 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	Joyce Boutte - daughter 5941 Lubbock Avenue La Mesa, CA 92042

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 18ga Steel Sealer - Dogwood	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 - T.S. Vault	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 9 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 5/9/88 (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 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 5-6-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harold Taylor in a Bell Liner (Vault/Liner) Funeral, date, time Tues 5/10 11:00 Church, Chapel, Graveside Chapel of Love 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 Korea

Lot 120 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	6.50
Total Due	856.50
Paid receipt number 36115	856.50
Balance due	~~0~~

PAID MAY 06 1988 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

I hereby certify I am the Common Law 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.

Gloria Thompson (Taylor)
Signature

219 22nd St
Address

S.D. Ca. 92102
State Zip Code

234-7204
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Acct. # _____

Work Order # E 7405

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 36115

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: May 8, 19 88

From: Howard Mutee Address: 4860 Logan Ave #263 SD 92113

eight Hundred fifty six & 50/100 Dollars ($ 856.50)

In full Payment of Interment of Harold Taylor - dec

Lot 120 Grave 1 Row ~ Section 2 Division Block 11

Invoice No. —

Acct. No. —

W.O. E 7405

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

MAY 11 1988

ISSUED BY [signature]

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
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	50
TOTAL PAID	$	856	50

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 TAYLOR	Male	Jan. 16, 1937	May 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	Felice Taylor - Daughter 4050 Van Dyke Avenue Apt. 1 San Diego, California 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Cemetery; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Metal - 20 ga - Men	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 Weeper Leaking from Casket		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A heirs		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 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 5/10/88 (ENTER DATE) 120/1/2/11	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 THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/6/88

C

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alfredo A. Garza

in a Double Crypt (Vault/Liner) Funeral, date, time Mon - 9AM - 5/9

Church, Chapel, Graveside Church & St. Mass ; Claremont 279-2211 Mortuary.

All Funeral cars must 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 128 Grave 4 Row — Section 2 Division/Block 12

Grave space & Care Fund ... Double deep —	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container ... Double Crypt	330.00
Handling Fees ... Labor on that	320.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	21.45
Total Due	1521.45
Paid receipt number 36121	1521.45
Balance due	0

PAID
MAY 09 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

30 day chg
City Emp

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: David A. Garza

Address: 2334 5 NEW JERSEY AVE #1 L.6

State: CA Zip Code: 92045

Telephone: 619 698 3892

Invoice #

Work Order # E 7406

Acct. #

PY-693 (REV. 8-85)

OFFICIAL RECEIPT

№ 36121

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date 5-9, 88

From: Manuel Quintero Address: 810 Mutton St. S.D.

One Thousand five hundred twenty-one Dollars ($ 521.45)

In Payment of Alfredo Garza's Funeral Service

Lot 126 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7406

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 12 1988

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	90.00
80% Sales of Lots	100 77184	360.00
Opening/ Closing	100 77181	300.00
Burial Containers	100 77182	300.00
	100	
Handling Fee	77185	30.00
Recording & Misc. Fees	100 77183	3.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	21.45
TOTAL PAID	$	521.45

E 7406

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Alfredo Coronado Garza	Male	Jan. 20, 1920	May 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
National City	San Diego	Maria Garza - Wife 1958 Avon Lane Spring Valley, CA. 92077

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Clairemont Mortuary 4266 Mt. Abernathy Ave. San Diego	F-1126

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 4470 Hilltop Dr. San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A 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 Burial in Bottom half Steel Non-Sealer Casket		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THE PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED MAY - 6 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/9/88 (ENTER DATE) 12 8 4 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 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

Pre-need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 6, 1988

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alvin (NMN) Fay L. Becker

in a Single Top Seal Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 94 Grave 7+8 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund		
Additional spaces and care fund	Trusted for	
Opening/Closing & Setup	Alvin and Fay L. (each)	320.00
Burial Container	each	175.00
Handling Fees	(each)	170.00
Flower vases - Marker setting fee		none
Recording and filing fee	(each)	35.00
Sales taxes	each	11.37
	Total Due ..... each	711.37
	Paid receipt number 36110 —	1422.74
	Balance due	-0-

In event either dont wish to use or leave area the deposit will be refunded, no Interest refund.

I hereby certify I am the Husband & 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

Alvin Becker
Signature

6251 Thorn st
Address

San Diego 92115
State Zip Code

Cal.
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7407

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 36110

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: May 6 —, 19 88

From: Alvin Rocku Address: 6251 Thorn St. SD 92115

Fourteen hundred twenty two and 74/100 Dollars ($ 1422 74/100)

In Repeated Payment of Pre need arranged interment of Alvin (Cremated) and his wife Faith, next to their daughter were Vanita

Lot 94 Grave 7+8 Row — Section -2- Division Block -12-

Invoice No —

Acct. No —

W.O. E-7407

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
Check # 2095

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 11 1988

ISSUED BY George W Stotler

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	1422	74
Sales Tax	60101 78390		
TOTAL PAID	$	1422	74

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-6-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rev. Timothy Winters

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 ~~5154~~ 10 Grave ~~5155~~ 5154 5155 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 _____

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 7408

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-6-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rev. Timothy Winters

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 ~~5155~~ 5154 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	20.695	1390
Additional spaces and care fund		
Opening/Closing & Setup	D.I.P.	
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
Total Due		1390
Paid receipt number		
Balance due		

PAID IN FULL 3/9/90

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 # _____

Work Order # E 7409

Acct. # _____

PY-593 (REV. 8-86)

E-7409

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 6 day of May, 1988, between Timothy Winters, 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 5154 ~~5155~~, Grave ____, Row _____, Section ____, ~~Block~~/Division 10, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $1390.00 payable as follows: $ — cash herewith, the receipt of which is hereby acknowledged; $57.00 on the 10 day of June, 1988; and the balance in installments of $57.00 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-7409

WITNESS our hands this day and year above written.

Deed to be issued to:

TIMOTHY AND BETTY WINTERS
Name

23 @ 57.00
1 @ 79.00

2161 HELIX ST.
Address

SPRING VALLEY, CA 92077

PURCHASER

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Wendy Jo Teague

GWS:baa(2)62
2-14-86

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36275

Date: 6-8, 19 86

From: Lynette Winters Address: 6130 Lanson Ave, SD

Fifty & seven no/100 Dollars ($ 57.00)

In Payment of Coupon 1 Credit Lot

Lot 5154 & 5155 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7409

BALANCE DUE 1333.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1363

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUN 13 1988

ISSUED BY

CREDIT	67007		
20% Sales-Care	77184		
80% Sales of Lots	100 77184	57.00	
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	57.00	

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36344

Date: 6-30, 19 88

From: Rev. Smith Nathus Address: 6130 Benson Ave, SD

Sixty-Seven 00/100 — Dollars ($ 57.00)

In _____ Payment of Coupon & Credit Lot

Lot 515 & 515B Grave _____ Row _____ Section _____ Division _____ Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7404

BALANCE DUE 1276.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 30 1988

ISSUED BY Sandra [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	57 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57 00

OFFICIAL RECEIPT

№ 36508

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-5, 19 88

From: [illegible] Address: 3761 Bell 4130 Genesee

[illegible] Dollars ($ 57.00)

In [illegible] Payment of [illegible]

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E-7409

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

AUG 09 1988

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	57

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36660

Date: 9-8 88

From: Rev. Lincoln Williams Address: 2101 Hilay St. S.D.

Fifty - seven & Dollars ($ 57.00)

In Payment of Check on account

5154/5155

Lot Grave Row Section Division Block 20

Invoice No.

Acct. No.

W.O. 8-7409

BALANCE DUE 1162.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1472

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
SEP 14 1989

ISSUED BY Sandra Reed

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 5022	
Sales Tax	60101 78390	
TOTAL PAID	$	57 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36791

Date: 10-5, 19 88

From: Mrs. Smith Victor Address: 6130 Benson Ave

Dollars ($ 59.00)

In Payment of Coupon 5 Credit Lot

Lot 5154 & 55 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-7109

BALANCE DUE 105.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev 10-87) 1493

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 7 1988

ISSUED BY Linda Neal

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	51.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	51.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36894

Date: 10-2, 19 88

From: [illegible] Address: 2161 Helix Street, S
[illegible] Dollars ($ 57.00)

In Payment of [illegible] for 6 [illegible] lot

Lot 5154 & 5155 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-7409

BALANCE DUE 1046.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
305

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
NOV 8 1988

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37045

Date: 12-5 19 88

From: Rev Smith Oates Address: 4171 Velix Street SD

Fifty-Seven 00/100 Dollars ($ 57.00)

In Payment of Coupon 57 Crestlet Lot

Lot 5154 & 5155 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 8-7409

BALANCE DUE 991.00

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
DEC 9 1988

ISSUED BY Linda 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	60033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37169

Date: 1-4, 19 89

From: Leo L. Winters Address: 2171 Valley St. Spring Valley

Lifetime - Lower Canyon & Vault Lot Dollars ($ 51.00)

In Payment of

Lot 5154 & 5155 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 8-7409

BALANCE DUE 924.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

343

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JAN 09 1989

ISSUED BY Sandra Reid

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	51.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	$	51.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37275

Date: 1-31, 19 89

From: Ro Lin Winter Address: 2171 Ulig Street, SD

fifty seven 00/100 — Dollars ($ 57.00)

In _____ Payment of Coupon 9 Credit Act

Lot 3154 & 3155 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 2-7459

BALANCE DUE 57.00

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 06 1989

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37445

Date: 3-6 19 89

From: Ray L. Wilkins Address: 2171 Hotel Street, SD
Lifetime 760110 Dollars ($ 570)

In _____ Payment of Oregon 10 Credit Lot

Lot 15 47 5155 Grave _____ Row _____ Section _____ Division _____ Block 10

Invoice No. _____

Acct. No. _____

W.O. 2-7409

BALANCE DUE 620.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 10 1989

ISSUED BY Sandra Wells

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	570 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	570 00

AC-212 (Rev. 10-87)

302

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

№ 37625

Date: 4-5, 19 89

From: Roy J Waters Address: 3171 Ulay Street, Ulay 92071

Fifty dollars Dollars ($ 50.00)

In _____ Payment of _____

Lot 554/555 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7409

BALANCE DUE 763.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 313

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	50.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37801

Date: 5-10, 19 89

From: Lorraine Winters Address: 2170 Valley Street, S.D.

Fifty-Seven 00/100 Dollars ($ 57.00)

In Payment of Coupon 12 Crematorium Lot

Lot 5 & 6 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7409

BALANCE DUE 706.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

4/3

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	57.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57.00

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

No 38146

Date: 6-9, 19 89

From: [illegible] Address: [illegible] S.D.

[illegible] Dollars ($ 57.00)

In [illegible] Payment of [illegible]

Lot 515 485 55 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-7409

BALANCE DUE 649.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1601

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57.00

CITY AUDITOR
JUN 15 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38280

Date: 7-11, 19 89

From: Ly Smith Corte Address: 2191 Mid Front Apt

Life-size Pko

Dollars ($ 57.00)

In Payment of Coupon 14 Crest Lt

Lot 5154/5155 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7409

BALANCE DUE 592.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1630

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57.00

CITY AUDITOR
JUL 14 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38336

Date: Aug. 1, 19 89

From: Dorothy Winters Address: 6130 Benson Ave.
Guthrie-Bowen

Dollars ($ 57 00/xx)

In Full Payment of Credit Lot Coupon 75

Lot 515 & 55 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 57409

BALANCE DUE 55.-

Pre-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	61001	
20% Sales Care	77184	2 -
80% Sales 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	$	57 -

CITY AUDITOR
AUG 07 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 37935

Date: 9 12, 19 89

From: Timothy J. Winters Address: 6130 Pawson Ave San Diego 92114

Fifty Seven Dollars & 00/100 Dollars ($ 57.00)

In Part Payment of Perpetual Trust - Coupon # 16

Lot 5154-55 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-7409

BALANCE DUE 478.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sally Smart

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	57	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	57	00

CITY AUDITOR
SEP 18 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38039

Date: 10-10, 19 89

From: Leo Jim Winter Address: 3171 Velvet Street SD

Fifty-seven no/100 Dollars ($ 57.00)

In Payment of burial for Infant Lot

Lot 5154/5155 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7409

BALANCE DUE 421.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1690

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Judy Veal

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57.00

CITY AUDITOR
OCT 16 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38089

Date: 10-31, 19 89

From: Rev. Timothy Little Address: 6130 Lunar Dr, San Diego

fifty-seven ~~[illegible]~~ Dollars ($ 57.00)

In ____ Payment of Langan 11 Credit Lot

Lot 354 & 355 Grave ____ Row ____ Section ____ Division ____ Block 10

Invoice No. ____

Acct. No. ____

W.O. C-7407

BALANCE DUE 364.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1708

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	57.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57.00

CITY AUDITOR
NOV 06 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38660

Date: 12-11, 19 89

From: Rev Lenith Nitao Address: 2161 Holy Trail

Fifty-Seven no/100 Dollars ($ 57.00)

In Payment of Coupon 19 Crypt Lot

Lot 754 & 755 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-7409

BALANCE DUE 307.00

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 Vaal

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57.00

CITY AUDITOR
DEC 18 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
JAN 22 1990

№ 38784

Date: 1-17, 19 90

From: Geo. Lincoln Winter Address: 2171 Ibis Street, La Villa
Hyte - Sewer 10200 Dollars ($ 57.00)

In Payment of Taxpayer 20 Vacant Lot

Lot 5754/5755 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-7409

BALANCE DUE 850.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	26	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	29	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	57	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38892

Date: 2-15, 19 90

From: Timothy Weimer Address: 2711 Hill St La Jolla 92037

One Hundred Twenty Dollars ($ 114.00)

In _____ Payment of Crypt-Lots

Lot 5154 & 5155 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-7409

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 1452

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
FEB 20 1990

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	114	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
MAR 20 1990

E-7409
No 38985

Date: 3-9, 19 90

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 136 00)

In [illegible] Payment of [illegible]

Lot 564 355 Grave ____ Row ____ Section ____ Division ____ Block 10

Invoice No. ____

Acct. No. ____

W.O. ____

BALANCE DUE ____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1769

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

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

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7409 Credit Lot

Rev. Timothy & Betty Winters
2161 Helix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					10						

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 58.00

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-7409 Credit Lot

Rev. Timothy & Betty Winters
2161 Helix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					10						

Amount due when paid on, or before due date above $ 57.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ 58.00

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-7409 - Credit Lot

Rev. Timothy & Betty Winters
2161 Helix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					10						

Amount due when paid on, or before, due date above $ 57.00

Amount due if paid more than _____ days after due date above. $ 1.00

Check $

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-7409 Credit Lot

Rev. Timothy & Betty Winters
2161 Helix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					10						

Amount due when paid on or before due date above: $ 57.00

Amount due 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-7409 Credit Lot

Rev. Timothy & Betty Winters
2161 Helix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
					10						

Amount due when paid on, or before due date above. $ 57.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7409 Credit Lot

Rev. Timothy & Betty Winters
2161 Helix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					10						

Amount due when paid on, or before, due date above. $ 57.00

Amount due 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-7409 Credit Lot

Rev. Timothy & Betty Winters
2161 Helix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
					10						

Amount due when paid on or before due date above. $ 57.00

Amount due 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-7409 Credit Lot

Rev. Timothy & Betty Winters
2161 Helix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					10						

Amount due when paid on, or before, due date above. $ 57.00

Amount due 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-7409 Credit Lot

Rev. Timothy & Betty Winters
2161 Felix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
					10						

Amount due when paid on, or before, due date above $ 57.00

Amount due 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-7409 Credit Lot

Rev. Timothy & Betty Winters
2161 Felix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					10						

Amount due when paid on, or before, due date above: $ 57.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7A09 Credit Lot

Rev. Timothy & Betty Winters
2161 Halfx Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
					10						

Amount due when paid on, or before, due date above. $ 57.00

Amount due 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-7409 Credit Lot

Rev. Timothy & Betty Winters
2151 Helix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					10						

Amount due when paid on, or before, due date above $ 57.00

Amount due 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-7409 Credit Lot

Rev. Timothy & Betty Winters
2161 Helix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					10						

Amount due when paid on, or before, due date above. $ 57.00

Amount due 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-7409 Credit Lot

Rev. Timothy & Betty Winters
2161 Felix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					10						

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7409 Credit Lot

Rev. Timothy & Betty Winters
2161 Helix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					10						

Amount due when paid on or before, due date above. $ 57.00

Amount due 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-7409 • Credit Lot

Rev. Timothy & Betty Winters
2161 Bolit Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					10						

Amount due when paid on or before due date above. $ 57.00

Amount due 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-7409 Credit Lot

Rev. Timothy & Betty Winters
2161 Felix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
					10						

Amount due when paid on, or before, due date above. $ 57.00

Amount due 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-7409 Credit Lot

Rev. Timothy & Betty Winters
2161 Holly Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY
					10						

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than _____ days after due date above. $ 1.00

3751 MLT
92102

$

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-7409 Credit Lot

Rev. Timothy & Betty Vincete
2161 Belle Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
					10						

Amount due when paid on or before due date above. $ 57.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7409 Credit Lot

Rev. Timothy & Betty Vinzera
2161 Hall Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					10						

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than _____ days after due date above. $ 1.00

3751 mLT

$

Amount Received $

NAME 92102

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-7409 Credit Lot

Rev. Timothy & Betty Viteers
2161 Felix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
					10						

Amount due when paid on, or before, due date above $ 57.00

Amount due 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-7409 Credit Lot

Rev. Timothy & Betty Winters
2161 Felix Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					10						

Amount due when paid on, or before, due date above. $ 37.00

Amount due 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-7409 Credit Lot

Rev. Timothy & Betty Vintera
2161 Bolix Street
Spaley Valley, Ca 92077

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
					10						

Amount due when paid on or before, due date above. $ 57.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7409 Credit Lot

Rev. Timothy & Betty Winters
2161 Gelin Street
Spring Valley, Ca 92077

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					10						

Amount due when paid on or before due date above: $ 79.00

Amount due 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 5-6-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesse Marie Harris

in a Deed Crypt (Vault/Liner) Funeral, date, time Wed 5/11 1:00

Church, Chapel, Graveside — Mortuary Halley Olson Lancaster CA Richard

All Funeral cars must 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 4 Grave 8 Row ____ Section 17 Division/Block 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	21.45
Total Due	1026.45
Paid receipt number	36143 1026.45
Balance due	0

Mortuary will bring Jewelry 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 7410

Acct. # ____

PY-593 (REV. 6-86)

E 7410

June Marie Harris

(Double Crypt)

4-8-17-7

Sealed

Valley Oaks Funeral

4485 Flora Date Street

Lancaster CA 93535

(805) 942-1139

Daughter Mrs. Hogan

942-

WK

Spellman 534-2938

Hm 286-7307

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36143

Date: 5-11, 19 88

From: M. Hagen Address: 43001 Sycamorewood Dr, Lancaster

One thousand twenty-six & 45/100 Dollars ($ 1026.45)

In Payment of Jane Marie Harris' burial

Lot 4 Grave 6 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E-7410

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

696

AC-212 (Rev. 10-67)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 12 1988

ISSUED BY Linda Vaca

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	300 00
Burial Containers	100 77182	320 00
Handling Fee	100 77185	320 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	21 45
TOTAL PAID	$	1026 45

E_7410

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
June Marie Harris	Female	June 7, 1919	May 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
Lancaster	Los Angeles	Sidney Harris (Husband) 42011 Ringstem Lancaster, CA

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Halley-Olsen Funeral Chapel	1067

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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 Double Cuffed - Bottom	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA Metal Sealer Casket -		
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 4.00	DATE PERMIT ISSUED MAY 09 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/12/88 (ENTER DATE) 4/8/17/7	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-7410

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

Mary I. Lord Spellman
(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 June Harris

the following described real property in the City of San Diego
County of San Diego, State of California:

Mount Hope Cemetary
Assessor's parcel No. Lot 4, grave 8, Sec. 17, Div. 7

Executed on May 6, 19 88, at San Diego, California
(City and State)

Mary I. Lord Spellman

STATE OF CALIFORNIA
COUNTY OF San Diego } ss.

On this 6 day of May, in the year 1988 before me, the undersigned, a Notary Public in and for said State, personally appeared Mary I. Lord Spellman

_____, 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.

Annetta R. Whiteman
Notary Public in and for said State.

OFFICIAL SEAL
ANNETTA R. WHITEMAN
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires June 25, 1988

(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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Prepaid Trust

Date 5-9-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Noyes

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 311 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	606.50
Our receipt number 36133	606.50
Balance due	0

PAID
MAY 09 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

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7411

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 36133

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-9, 19 88

From: Louella Nunez Address: 1537 Monitor Rd, SD 92110

Dollars ($ 66.50)

In _____ Payment of Perpetual Care

Lot 311 Grave _____ Row _____ Section 1 Division _____ Block 6

Invoice No. _____

Acct. No. _____

W.O. E-7411

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1101

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAY 12 1988

ISSUED BY Andrea Dodd

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	66.50
Sales Tax	60101 78390	
TOTAL PAID	$	66.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

OLIVE McKAY Date 5-11-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Olive McKay

in a Ash Vault (Vault/Liner) Funeral, date, time No Service - 7/18 Mon A.M.

Church, Chapel, Graveside Osuallo Cypress View 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 Delivery Only

✓ Lot 74 Grave at foot Rite Row Section IOOF Division/Block 3

Grave space & Care Fund ..... } Per Well A-6661 .....

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 2.60

Grave of Katherine L. Kelly

Total Due 242.60

Paid receipt number 36149 242.60

Balance due 0

PAID
MAY 12 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

*Harry J McKay
Signature

776 Grossmont Ave
Address

El Cajon 92020
State Zip Code

447-0844
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7412

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

№ 36149

Date: 5/12, 19 88

From: Harry E. McKay Address: 776 Grossmont, El Cajon 92020

Two Hundred forty-two & 60/100 Dollars ($ 242 60)

in full Payment of Inurnment of Olive McKay due (+) at the foot of Katherine L. Kelly grave

Lot 74 Grave — Row — Section FOOF Division ~~Block~~ 3

Invoice No. —

Acct. No. —

W.O. E 7412

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67) 1116

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 16 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	60
TOTAL PAID	$	242	60

E-7412

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#56755

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Olive Frances McKay	Female	Nov. 30, 1902	May 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
El Cajon	San Diego	Harry McKay husband 776 Grossmont Ave El Cajon, CA 92020

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
El Cajon Carroll Mortuary 684 S. Mollison Ave., El Cajon, CA	F 1022

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Mafket St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Cypress View 3953 Imperial Ave. San Diego CA	DATE CREMATED 5-13-88	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 NA Foot Lite		
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 4.00 / DATE PERMIT ISSUED MAY 13 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 7/8/88 at Foot Lite (DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stalter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH NA		

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.

THOMAS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/11/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bossie Bossie Thomas

in a Liner (Vault/Liner) Funeral, date, time Mon 12:30 pm - 5/16

Church, Chapel, Graveside Graveside ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

✓ Lot 50 Grave 11 Row — Section 3 Division/Block 12

Grave space & Care Fund ..... Single grave	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container ..... Liner -	100.00
Handling Fees ..... Labor	145.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	1101.50
Paid receipt number	
Balance due	

30 day note

I hereby certify I am the Daughter in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Gloria Thomas
Signature

6016 Daisy Pl.
Address

Ca. 92114
State Zip Code

470 0310
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 070270

Acct. # 026560

Work Order # E 7413

PY-593 (REV. 9-85)

E-7413

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BOSSIE THOMAS	Male	Aug. 10, 1912	May 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
El Cajon	San Diego	Larry Thomas - Son 6016 Daisy Place San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, Calif.	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Zoga Metal non-dealer 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 MAY 16 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 5/16/88 (ENTER DATE) 50/4/3/17	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION George Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

W.O. NO. E 7413

NOTE—STRAIGHT

$ 1101.50 San Diego, California, May 11, 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 Market St., San Diego, CA 92102

the sum of Eleven Hundred One and 50/100 DOLLARS,

with interest from June 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.

Driver Lic. # N3093350

X Gloria Thomas

6016 Daisy Pl. S.D 92114

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-11-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert E. Bessette

in a T.S. Vault Vault/Liner — Funeral, date, time Mon 5/16 1:30

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 _____ . Witness Only

Lot 1962 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due 0

Paid receipt number _____ _____

Balance due _____

Prepaid 5-9-66 E-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 # _____

Work Order # E 7414

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

№ 36163

Date: 5-16 88, 19

From: Greenwood Address: P.O. Box 88, SD 92112

Ten dollar 60/100 Dollars ($ 10.60)

In Payment of Installation fee for flower cup

Lot 1962 Grave Row Section Division Block 10

Invoice No

Acct. No

W.O. E-7414

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 43858

AC-212 (Rev. 10-87)

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	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	10 60
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	10 60

E-7414

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 Earl Bessette	Male	Sept. 23,1916	May 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
La Jolla	San Diego	Lanid J. Hummel Daughter 1496 Viejas Creek Trail Alpine,Ca. 92001

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	DATE CREMATED 18 Ga Sealed – Last Suffer – SCI	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 Vault – no Service – Lot flowers 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 MAY 13 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Cameron, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/16/88 (ENTER DATE) 1962/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

E_7414

NAME BESSETTE, ROBERT E. & RUBY H. ACCT. NO. E-5966

ADDRESS P.O. Box 1420, Alpine, Ca 92001 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Jun 9	86	2 Top Seal Vaults	7 11 00		7 11 00	00

AIGNER FORM NO. 25-204 BESSETTE, ROBERT E. & RUBY H. 1962 & 1963 - 10 PRINTED IN USA

E-7414

Honorable Discharge

from

The Army of the United States

TO ALL WHOM IT MAY CONCERN:

This is to Certify, That* Robert E. Bessette

† 6546885, Private First Class, Battery D, 10th F.A.

THE ARMY OF THE UNITED STATES, as a TESTIMONIAL OF HONEST AND FAITHFUL SERVICE, is hereby HONORABLY DISCHARGED from the military service of the UNITED STATES by reason of ‡ Expiration term of Service

Said Robert E. Bessette was born in Big Sandy, in the State of Montana. When enlisted he was 21 1/12 years of age and by occupation a Clerk. He had Blue eyes, Dk. Brown hair, Med. Dk. complexion, and was 5 feet 7 1/2 inches in height.

Given under my hand at Fort Lewis Washington this 24th day of October, one thousand nine hundred and thirty six

H. E. Bowen

Colonel, 10th Field Artillery
Commanding

* Regiment, and arm or service; as "1620302"; "Corporal, Company A, 1st Infantry"; "Sergeant, Quartermaster Corps."
‡ Give number, date, and source of order or full description of authority therefor.

3—3164

ENLISTMENT RECORD

OF

Bessette, Robert, E., 6546885, Pvt. 1Cl.
(Last name) (First name) (Middle initial) (Army Serial No.) (Grade)

Enlisted or inducted, October 25, 1933, at Fort George Wright Washington

Completed 3 years, 0 months, 0 days service for longevity pay.

Prior service:* None

Noncommissioned officer: None

Qualification in arms:† Expert Gunner, Regt. S.O. No. 6 Jan 21 1936

Horsemanship: Not Mounted Knowledge of any vocation: Stenographer.

Attendance at: Cooks and Bakers School, Presidio of Monterey Calif.
(Name of noncommissioned officers' or special service school)

Battles, engagements, skirmishes, expeditions: None

Decorations, service medals, citations: None

Wounds received in service: None

Date and result of smallpox vaccination:‡ October 25 1933,

Date of completion of all typhoid-paratyphoid vaccinations:‡ November 6, 1933

Date and result of diphtheria immunity test (Schick):‡ None

Date of other vaccinations (specify vaccine used):‡ None

Physical condition when discharged: Good Married or single: Single

Character: Excellent

Remarks: No time lost under A.W. 107.
Soldier entitled to travel pay.

OCT 24 1936
Ft. Lewis, Wn.

paid in full $ 188.67
including travel pay to: Fort George Wright, Wash.

Deputy

G. W. DeGRUCHY, Capt. F. D.
FINANCE OFFICER

Signature of soldier: Robert E. Bessette

Eric H. Rickter
Captain, 10th Field Artillery
Commanding

U. S. GOVERNMENT PRINTING OFFICE: 1935

* Give company, regiment, or arm or service, with inclusive dates of service in each enlistment.
† Give date of qualification, and number, date, and source of order announcing same.
‡ See par. 6, AR 40-215

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-11-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Veaunita G. Potter

in a Bell Liner (Vault/Liner) Funeral, date, time Fri 5/13 12:30

Church, Chapel, Graveside Chapel & Glore Featherringill Ed Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran

Lot 35 1/2 Grave 1 Row Top Section 4 Division/~~Block~~ 5 DIP

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	6.50
Total Due	606.50
Paid receipt number 36146	606.50
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.

Neta Colegrove
Signature

5238 Fontaine St
Address

San Diego, Ca 92120
State Zip Code

286-1278
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice #

Work Order # E 7415

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

№ 36146

Date: 5-11, 19 88

From: Pete Lerenzo Address: 5238 Friarene S.D.

Six hundred 28 50/100 — Dollars ($ 6-06-50)

In _____ Payment of Veterans Letters Burial Lawn

Lot 35 1/2 Grave 1 Row _____ Section 4 Division _____ Block 5

Invoice No. _____

Acct. No. _____

W.O. E-7415

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

134

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 16 1988

011083

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	100	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	50
TOTAL PAID	$	606	50

E-7415

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VEAUNITA GLADYS POTTER	Female	Jan 23, 1910	May 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
La Mesa	San Diego	Emeria Nita Colegrove daugh 5238 Fontaine St. San Diego, CA 92120

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY 6322 El Cajon	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		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 Bell Line on DIP 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 MAY 12 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 5/13/88 (ENTER DATE) 35th-1-4-5	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Stell	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-12-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Acie Jane Belcher

in a Vault Funeral, date, time Mon 5/17 1:00

Church, Chapel, Graveside D.O. 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. no Watrman Deceased Buried

Lot 1661 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 ... Comm. Vault	175.00
Handling Fees ... Labor	170.00
Flower vases - ~~Marker setting fee~~	
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	1306.37
Paid receipt number 36156	1306.37
Balance due	-0-

PAID MAY 13 1988 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Payable by noon-mon.

I hereby certify I am the Son *of the above named decedent* and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Calvin Lee Belcher
Signature

x 355 Royal Oak Dr.
Address

x San Diego, Ca 92114
State Zip Code

x 619-470-3758
Telephone

Invoice #

Acct. #

Work Order # E 7416

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

№ 36156

Date: 5/13, 19 88

From: Calvin Belcher Address: 355 Royal Oak Dr. SD 92114

One & Thousand Three Hundred Six & 37/100 Dollars ($ 1306 37/100)

In full Payment of Interment of and for Cecie Belcher-dec

Lot: 1661 Grave: — Row: — Section: — Division Block: 10

Invoice No.: —

Acct. No.: —

W.O.: E-7416

BALANCE DUE: 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
002359

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 20 1988

ISSUED BY: [signature]

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	125	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	60101 78390	11	37
TOTAL PAID	$	1306	37

E-7416

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Acie Belcher	Male	April 4,1932	May 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
National City	San Diego	Calvin Belcher Son 355 Royal Oak RD. San Diego,Ca. 92114

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

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego,Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED Concrete Vault — Direct Burial Min metal Casket	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 Witness	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 17 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/17/88 (ENTER DATE) 1661-10,	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		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Record 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-13-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Belnage Crest

in a Ash Vault Vault/Liner Funeral, date, time Tues 5/17 10:00

Church, Chapel, Graveside ____; Calif Mem Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____. AYD

Lot 10 Grave 7 Row ____ Section 3 Division/~~Block~~ 6

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	135.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	35.00
Recording and filing fee	
Sales taxes ash vault	2.60
Total Due	242.60
Paid receipt number 36152	242.60
Balance due	0

PAID MAY 13 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

Address

State Zip Code

Telephone

Invoice # ____

Acct. # ____

Work Order # E 7417

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY 011307
264-3151

No. 36152

Date: 5-13, 19 88

From: Mr. Quest Address:

Two hundred forty-two 60/100 Dollars ($ 242.60)

In Payment of Burial Costs Burial

Lot 10 Grave 7 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E-7417

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

3 CITY AUDITOR

MAY 20 1988

ISSUED BY Sandra Wood

CREDIT	67007	
20% Sales Carr	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	75 00
Burial Containers	100 77182	60 00
Handling Fee	100 77185	60 00
Recording & Misc. Fees	100 77183	25 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	2 60
TOTAL PAID	$	242 60

CITY AUDITOR MAY 20 1988

E-7417

CHANGE OF DISPOSITION
PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Berenice Marie Crust	Female	10-14-1918	5-1-1988

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	Howard S. Crust (Husband) 4473 Berting Street San Diego, CA 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
CALIFORNIA CREMATION & BURIAL CHAPEL 5602 El Cajon BLvd. San Diego, CA	F-1357

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☒ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market Street, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Leneda Inc. 14065 Olde Hwy. 80 El Cajon, CA	DATE CREMATED: 5-5-1988	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: ▶ Howard S. Crust DATE SIGNED: May 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: MAY 9 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald S. Conrad, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/17/88 (ENTER DATE) 10/7/3/6	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Georgia Stelter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/16/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Barton Owens

in a Double Crypt (Vault/Liner) Funeral, date, time Tues - 2PM - 5/17

Church, Chapel, Graveside Church & GS ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No. Bottom

Lot 19 Grave 7 Row — Section 1 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 -	330.00
Handling Fees Labor	320.00
Flower vases, Marker setting fee	
Recording and filing fee	35.00
Sales taxes	21.45
Total Due	1521.45
Paid receipt number #36158	1521.45
Balance due	0

PAID
MAY 16 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

X Lillian M. Owens
Signature
X 5257 Rex Avenue
Address
X Cal 92114
State Zip Code
X 264-3680
Telephone

Invoice #

Work Order # E 7418

Acct. #

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 36158

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/16, 19 88

From: Lillian M. Owens Address: 5257 Lea American Way - SD 92114

Fifteen hundred twenty-one & 45/100 Dollars ($ 1521 45/100)

In full Payment of Grave Sp 4 Double Crypt - opening & closing for Mrs. D. Owens - Top of Crypt reserved for Lillian -

Lot 19 Grave -7- Row — Section -1- Division Block 12

Invoice No. —

Acct. No. —

W.O. E7418-

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) Ck # 1563

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 20 1988

ISSUED BY [signature]

CREDIT	67002	99	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	330	00
	100	320	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	—
Sales Tax	80101 78390	21	45
TOTAL PAID	$	1521	45

E7418

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 Martin Owens, Jr.	Male	Sept. 20, 1915	May 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	Lillian Owens - Wife 5257 Las Animas Way 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 Double Crypt - Burial Bottom	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 Ga. Metal Batesville		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 16 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 5/17/88 (ENTER DATE) 19/7/1/12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gayell 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

DIP-68

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/16/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henry Middleton

in a Liner (Vault/Liner) Funeral date, time Tues 5/17 11:00

Church, Chapel, Graveside Chapel & Grave Reposeale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . Top of DIP

Lot 20 Grave 3 Row — Section 14 Division/~~Block~~ 7

Grave space & Care Fund ..... Perpetual	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container ..... Bell Liner	100.00
Handling Fees ..... Labor	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	606.50
Paid receipt number 36168	606.50
Balance due	0

Repeat to Pay

I hereby certify I am the Via Phone of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mrs. Morgan

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 7419

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

№ 36168

Date: 5-17 19 88

From: Anderson-Rashak Address: 5050 Federal Blvd SD 92102

six hundred six 50/100 Dollars ($ 606-50)

In Payment of Henry Middleton's Burial Service

Lot 20 Grave 3 Row Section 14 Division Block 7

Invoice No.

Acct. No.

W.O. E-7419

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

95176

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 23 1988

ISSUED BY Sandra Vail

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	50
TOTAL PAID	$	606	50

E-7419

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HENRY MIDDLETON	Male	Oct. 21, 19[illegible]	May 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	Beatrice J. Fitzgerald-Mother 3401-34th 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 OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Wooden Casket - Men N/A Bell Lawn		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 17 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/17/88 (ENTER DATE) 20/3/14/7	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/16/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Linda Elizabeth Perez

in a Topseal Vault (Vault/Liner) Funeral, date, time Wed 5/18 9:00

Church, Chapel, Graveside Church Grove; Conrad - Lemon Grove Mortuary.

All Funeral cars must 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 454 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund ... Single Grave	695.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container ... Topseal Counte Vault	175.00
Handling Fees ... Labor	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	$1406.37
Paid receipt number 3/17/89	1406.37
Balance due	

Vict. of Viol. Crime

Billing - Balance due after OK from V.C.

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 Jennie Paredez
Signature

x 4755 67th St.
Address

x San Diego Ca. 92115
City State Zip Code

x 469-5906
Telephone

Invoice # 07027

Acct. # 026559

Work Order # E 7420

PY-583 (REV. 8-85)

E-7420

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LINDA ELIZABETH PEREZ	Female	March 2, 1957	FOUND May 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	Jennie Paredez - Mother 4755 67th Street San Diego, CA 92115

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 Metal 18 Ga Sealer	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Concrete Vault Head to South for Interment		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	***This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.***		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 1 1 ...	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald G. Carrol M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/18/88 (ENTER DATE) 4564/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gregory 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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/16/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ken McKeller

in a Double Crypt Bottom (Vault/Liner) Funeral, date, time Fri 5/20 10:30

Church, Chapel, Graveside Groveside 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 4906 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund ..... For Double Crypt	695.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees ..... Balance on E-6382	$24.80
Flower vases - Marker setting fee ..... Now due -	
Recording and filing fee	
Sales taxes	
Total Due	719.80
Paid receipt number ..... Trust on Hazel	355.00
Balance due	1074.80
	1074.80

~~Deposit on E-6382 $355.00 Credit~~

I hereby certify I am the Widow - myself Butty 36166 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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
MAY 16 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

X Hazel McKeller
Signature

416 S. Pardee St
Address

San Diego, Ca. 92113
State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 7421

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 36166

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/16/88 19

From: Hazel McKellar Address: 9410 La Paula S.D. 92113

Ninety Thousand Seven Hundred Eleven and 80/100 Dollars ($ 1074.80)

In full Payment of Grave Space for Double Depth & Interment

Lot Hazel Courtesy (3.5%)

Lot 4906 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-6382 & E7421

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

MAY 20 1988

ISSUED BY Lorraine Stitt

CREDIT			
20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	24	80
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	355	00
Sales Tax	60101 78390		
TOTAL PAID	$	1074	80

E 7421

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Dan McKeller	Male	June 15, 1909	May 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
National City	San Diego	Hazel M. McKeller - Wife 410 So. Pardee Street San Diego, CA 92113

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

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED At. 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 May 20 ga	SIGNATURE OF PERSON IN CHARGE OF CREMATORY non-Sealer Stub
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Bottom - Double Casket		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED MAY 17 1988 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald G. Pamrat, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/20/88 (ENTER DATE) 4906/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Royce Stell	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-12-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dan and Hazel M. Keller

in a Double Crypt (Vault/Liner) Funeral, date, time Re-arranged

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 _____

	1st	2nd
Grave space & Care Fund		
Additional spaces and care fund	—	—
Opening/Closing & Setup	320.00	320.00
Burial Container	320.00	—
Handling Fees	330.00	—
Flower vases - Marker setting fee	—	—
Recording and filing fee	35.00	35.00
Sales taxes	19.80	35.00
Total Due	1024.80	1379.80
Paid receipt number	34087-	1000.00
Balance due		379.80

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.

PAID
MAY 16 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Signature of recorded holder of deed

X Dan McKeller
Signature
X Hazel McKeller
Address
State Zip Code
Telephone

Invoice # _____

Work Order # E 6382

Acct. # _____

PY-593 (REV. 8-85)

E 7421

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/16/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dan McKeller

in a Double Crypt - Bottom (Vault/Liner) Funeral, date, time

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 4906 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	For Double Crypt	695.00
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		
Handling Fees	Balance on E-6382	124.80
Flower vases - Marker setting fee	Now due -	
Recording and filing fee		
Sales taxes		
Total Due		719.80
Paid receipt number	Trust on Hazel	355.00
Balance due		1074.80
	Buff 36164	1074.80

I hereby certify I am the Widow - 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.

PAID
MAY 16 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Signature of recorded holder of deed

X Hazel M. McKeller
Signature
416 S. Pacific St
Address
San Diego, Ca. 92113
State Zip Code
Telephone

Invoice # _____

Work Order # E 7421

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

Date: _____, 19____

From: _____ Address _____

_____ Dollars ($ _____)

In _____ Payment of _____

_____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY _____

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	$	

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: _____, 19____

From: _____ Address: _____

_____ Dollars ($ _____)

In _____ Payment of _____

_____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

JAN 15 198

ISSUED BY _____

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	

E-7421

OFFICIAL RECEIPT

№ 36166

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5/16/88, 19

From: Hazel McKellar Address: 9410 So. Parda S.D. 92113

One Thousand Seven Hundred and 80/100 Dollars ($ 1074.80)

In full Payment of Grave Space for Double Crypt & Interment of Hazel (Trusted 355.00)

Lot 4906 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E-6382 & E7421

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 Georgia Stelle

CREDIT	67007	139	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	24	80
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	355	00
Sales Tax	60101 78390		
TOTAL PAID	$	1074	80

Trust

OFFICIAL RECEIPT

№ 34087

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: Jan 12, 19 87

From: Donald Hazel McKellar Address: 9410 So. Parda S.D. 92113

One Thousand and no/100 Dollars ($ 1000.00)

In ~~Deposit to~~ Payment of Pre need Double Crypt + second Burial in ~~Sec 10~~ Division 10

Lot — Grave — Row — Section — Division Block —

Invoice No. —

Acct. No. —

W.O. E-6382

BALANCE DUE $379.80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

JAN 15 1987

ISSUED BY Georgia Stelle

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	1000	00
Sales Tax	60101 78390		
TOTAL PAID	$	1000	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-16-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alexandria Bennett

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 5/19 2:00

Church, Chapel, Graveside No Service ; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____

Dual Burial

Lot 75 Grave 12-Top Row DIP Section 16 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	35.00
Recording and filing fee	
Sales taxes	11.37
Total Due	711.37
Paid receipt number 36167	711.37
Balance due	0

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature: Mendal Wayne Bennett

Address: 4540 45th

State: SAN DIEGO CA Zip Code: 92115

Telephone: 284-1403

Invoice # ____

Work Order # E 7422

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. 36167

Date: 5-17 19 88

From: Mendel U. Griffith Address: 4540 45th, SD 92115

Seven hundred eleven 37/100 Dollars ($ 711.37)

In Payment of Alexandria Garrett's Burial Services

Lot 75 Grave 12-Top Row Section 16 Division Block 7

Invoice No.

Acct. No.

W.O. E-74122

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

011365

CITY AUDITOR

MAY 23 1988

ISSUED BY Sandra Rice

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	300.00
Closing	77181	175.00
Burial	100	
Containers	77182	175.00
	100	
Handling Fee	77185	
Recording &	100	35.00
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	11.37
	78390	
TOTAL PAID	$	711.37

E_7422

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALEXANDRIA HELEN BENNETT	Female	July 23, 1908	May 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	Mendal Wayne Bennett (Husband) 4540 45th Street San Diego, CA 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary- 855 Broadway Chula Vista, CA	F-964

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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 Paist Board box - Clay 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 No Hardware N/A		
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 MAY 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 5/19/88 (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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William John Lowe

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs. 5/19 10:00

Church, Chapel, Graveside Chapel & Grave Cypress View Mortuary. Mike

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 108 Grave 2 Row _____ Section 4 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	35.00
Recording and filing fee	
Sales taxes	6.50
Total Due	606.50
Paid receipt number 36206	606.50
Balance due	0

Statement to Mortuary (Mike)

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7423

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

№ 36206

Date: 5-31, 19 88

From: Carroll Lowe Address: 5600 Carroll Lowe Rd

Six hundred six 50/100 — Dollars ($ 606.50)

In _____ Payment of William John Lowe's Burial Service

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7423

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 03348

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 2 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
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 78390	6	50
TOTAL PAID	$	606	50

E-7423

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 John Lowe	Male	July 9, 1888	May 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	Velma Dexter - Daughter 4715 Filipo Street San Diego, CA. 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers	3953 Imperial Ave. San Diego, CA.	670

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED 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 Min Spiritual Board	DATE CREMATED Wouden
		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 Clothoverend Belldenie	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 19 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Rowe M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/19/88 (ENTER DATE) 108-2-47	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 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 5-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katherene King

in a T. S. Vault (Vault/Liner) Funeral date, time Mon, 5/23 2:00

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 179 Grave 3 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	395.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	35.00
Recording and filing fee	
Sales taxes	11.37
Total Due	1106.37
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.

Anthony Young

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Anthony Young
Signature

2616 "K" St.
Address

92102
State Zip Code

236-1374
Telephone

Invoice # 070273

Acct. # 026558

Work Order # E 7424

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

№ 36324

Date: 6/21, 1988

From: Anthony Young Address: 2616 - K St - SD. 92102
Eleven Hundred Six & 37/100 Dollars ($ 1106 37)
In full Payment of Invoice - Burial of K. King

Lot 179 Grave 3 Row Section 1 Division Block 12

Invoice No. 070273
Acct. No. 026558
W.O. E-7424
BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☐

AC-2[illegible] (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUN 29 1988

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1106 37

W.O. NO. E-7424

NOTE—STRAIGHT

$1106.37 San Diego, California, May 17, 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 Market St., San Diego, CA 92102

the sum of one thousand one hundred six 37/100 DOLLARS,

with interest from after 60 days 9% annual 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.

Drive Lic. # N5275913

X Anthony Young

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E_7424

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Aka Katherine Moffitt Mabhering King	Female	May 8, 1926	May 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
National City	San Diego	Anthony Young - Daughter 2616 "K" Street San Diego, CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON INTERMENT)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 5050 Federal Blvd. San Diego, CA 92102	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION *OTHER THAN IN A CEMETERY*
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS: NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00 / DATE PERMIT ISSUED MAY 19 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D. MP
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/23/88 (ENTER DATE) 1993/1/12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Loyn Stitt	LICENSE 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

NO	DATE	NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	DATE / OPER	BY / BN/EQ	REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
070273	06/06/88	026558	ANTHONY YOUNG					06/21/88	CA		1,106.37	1,106.37	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					11.37		
			67007			77184					79.00		

E-7424

P.A.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/17/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rodna Pennington DOD- 3/25/88

in a NONE Vault/Liner Funeral, date, time Thurs 5/19 1:00

Church, Chapel, Graveside ; Calif Burial Ch. Mortuary.

All Funeral cars must 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 177 Grave 12 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Case # 1052306 Total Due	145.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # 070272

Acct. # 000952

Work Order # E 7425

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

N: 36517

Date: 8-5, 19 88

From: County of San Diego Address: 5201-A Ruffin Rd. S.D. CA 92123

One hundred sixty-five dollars and xx/100 Dollars ($ 145.00)

In Full Payment of Rodney Pennington Burial Pd. # 1052206

Lot 177 Grave 12 Row Section 1 Division Block 12

Invoice No. 070272

Acct. No. 000952

W.O. E 7425

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 100058

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 12 1988

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	55	00
Opening/ Closing	100 77181	40	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	$	145	00

CHANGE OF DISPOSITION

E-7425

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RODNEY W. PENNINGTON	Male	Dec.3,1955	March 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	Public Administrator 5201 A Ruffin Rd. San Diego, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
CALIFORNIA CREMATION & BURIAL CHAPEL 3882 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 St.-San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED: Portrait Board - Square -	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: 4 Plaster Hardware
BURIAL AT SEA OR DISPOSITION OTHER 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 Urn - Dirt filled Single depth Case was shelling -	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	Emb. made by Coroners office not claimed by family for shipment at F.H.	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT: ▶ Jack G. Moyer DATE SIGNED: May 15, 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: MAY 18 1988 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald E. Camras, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/19/88 (ENTER DATE) 177-12-1-12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Joyce W. Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: 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

Proved

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugene Ho

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 478 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	695.00
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	695.00
Paid receipt number	
Balance due	

Paid

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address 5310 North Ridge Ave

State San Diego, CA Zip Code 92117

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7426

PY-503 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Howard, Harold Ruddock

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri 5/20 11:00

Church, Chapel, Graveside Chapel of the Chimes, Humphrey 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 _____ .

Lot 2804 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 36178 35.00

Balance due 0

Dressed E-2715

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Ethel Ruddock
Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7427

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

№ 36178

Date: 5/20/88, 19

From: Ethel Ruddock Address: 1730-3rd ave-apt 706-SD 92101

~~Thirty five~~ dollars no Dollars ($ 35.00)

In full Payment of Recording and Record fee for David Harold J Ruddock-dec

Lot 2804 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. —

Acct. No. —

W.O. E9427

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 0411

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 26 1988

ISSUED BY Leoywitt

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

E-7427

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DAVID HAROLD RUDDOCK	Male	April 28, 1912	May 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	Ethel Ruddock (Wife) 1730 Third Avenue #706 San Diego, CA 92101

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA	F-964

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Pansy Lamb –	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 Mex Casket PC Conrado 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 MAY 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 5/20/88 (ENTER DATE) 280770	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stites	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-18-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William L. Dabney

in a Bell Liner (Vault/Liner) Funeral, date, time Mon 23- 10Am

Church, Chapel, Graveside Chapel- GS ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW-2

Lot 43 Grave 7 Row — Section 3 Division/~~Block~~ 12

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup ..... Received D-816 7

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee 35.00

Sales taxes .....

Total Due 35.00

Paid receipt number 36175 35.00

Balance due -0-

Public Freedom

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

William L. Dabney Jr.
Signature

4755 MONE AVE #16
Address

CA. 92105
State Zip Code

263-6326
Telephone

Invoice # ____

Work Order # E 7428

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 36175

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-19, 19 88

From: William L. Dabney Address: 4755 Home Ave #16

Thirty-five no/100 Dollars ($ 35.00)

In Payment of Opening - Fee for William L. Dabney 38 Burial Service

Lot 43 Grave 7 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-1428

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 910

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 23 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	25.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36878

Date: 10-28, 19 88

From: William Dabney Jr. Address: 4755 Home Ave #16, SD

One hundred twenty-five Dollars ($ 125.00)

In Payment of Marker Installation for William Dabney

Lot 43 Grave 7 Row 8 Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. 2-7428

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 986

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

004766

ISSUED BY Andrea Vrell

CREDIT	63031		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	125	00

AUDITOR NOV 8 1988

E-7428

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 Lawrence Dabney	Male	July 13,1915	May 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
La Mesa	San Diego	William Dabney Jr. Son 4755 Home Ave. Apt. 16 San Diego,Ca. 92105

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 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 OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Cloth Covered Urn.		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 20 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/23/88 (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 N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-7429

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-18-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel Ruddock Reed Stamp

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 2804 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 36172 35.00

Balance due 0

Transferred from Margaret Tyree by James Welch

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 1730 3rd Ave #206

State San Diego Zip Code 92101

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7429

PY-683 (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. 36172

Date: 5-18 , 19 88

From: [illegible] Address: 644 [illegible]

[illegible] Dollars ($ 35.00)

In Payment of [illegible]

[illegible]

Lot 284 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7421

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

37M

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 23 1988

ISSUED BY [illegible]

CREDIT	61003	
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

E-7429 5354

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

1/13/1971

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Margaret R. Tyree for the sum of $ 165.00 (DOLLARS)

LEGAL DESCRIPTION Lot 2804 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER C-9610

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. Allen
Cemetery Manager

William Julian
Director of Parks and Public Facilities

PW-584 (REV. 5-70)

E-7429

POWER OF ATTORNEY

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, *MARGARET TYREE*, 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 2804, 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 1st day of DECEMBER, 19 87.

Margaret R Tyree

STATE OF Arkansas
COUNTY OF Baxter } ss.

On this 1st day of December, in the year 19 87, before me, the undersigned, a Notary Public in and for said State, personally appeared Margaret R. Tyree, 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.

Traci Dianne Burges

Notary Public in and for said State.

Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Probably 5/26 - 4PM

Date 5/19/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of E-5683- Boykin - Jennings

in a _____ Vault/Liner Funeral, date, time 5/26/88 at 4PM

Church, Chapel, Graveside Remand Sons : Andrews/Republic Mortuary.

All Funeral cars must arrive 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 7 Row _____ Section 15 Division/Block 7

Grave space & Care Fund ..... To do on or before

Additional spaces and care fund Friday - 5/27 at

Opening/Closing & Setup ..... 10 Am at H.C.

Burial Container .....

Handling Fees .... Disinterment — 700.00

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Due 4/26/84

PAID

MAY 23 1988

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due $700.00

Paid receipt number 36181 700.00

Balance due 0

I hereby certify _____ of the above named decedent and this is my authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Witnessed By

Peter D. Gabriel
Signature

4951 Date PL.
Address

Calif. 92102
State Zip Code

(619) 262-1255
Telephone

Invoice # _____

Work Order # E 7430

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

№ 36181

Date: 5/23/88 19

From: Bonnie Harbott Address: 2583 Larson Ct San Bernardino Ca 92410

Seven Hundred and no/100 Dollars ($ 700.00)

In full Payment of Disinterment of Dorothy Gabriel - E5283 arranged for by Peter Gabriel on 5/19/88.

Lot 90 Grave 7 Row Section 15 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E 7430

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) # 296

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 26 1988

ISSUED BY George Stotler

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	700	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	700	00

FORM 81

LEGAL DESCRIPTION

E-7430 SAN

LOTS 90 and 91 SECTION 15 DIVISION 7

Lot 90 Gr.	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	REM
1	COLLINS, William E. X	Est. of	6/11/1963	15.00	6/12/1963	B-9814	
2	Buckley Fannie X	Tates Funeral Home	5/28/56	$10.00	5/28/56	B529	
3	JACKSON, Catherine X	Tapsico, B. H. ✓	8-1946	5.00	8/26/1946	8727	Deed #46
4	WARD, Lizzie X	Tate	5/4/53	10.00	5/5/53	A-5742	
5	ERWIN, Jessie X	Anderson	6/26/53	10.00	6/26/53	A-5961	
* 6	FRAZIER, Zula	Tate	2/25/56	10.00	3/30/56	B195	
Lot 91							
1	ADAMS, Lillie Mae	ADAMS, Henry L.	10/16/1962	30.00	10/17/1962	B-9047	
2	KEARSE, Jas. D. X	Kearse, Mrs. Maud ✓	11-8-1948	5.00	11/18/1948	11506	OK for c plot Deed #62
3	aka WARREN FULLYLOVE, Ernestine E.	FULLYLOVE, Richard	3/11/1963	30.00	3/14/1963	B-9518	
4	GRICE, Green	GRICE, Rebecca	5/27/1965	100.00	6/1/1965	C-2121	
5	VERDUSCO, Michael	VERDUSCO, David	9/29/1965	100.00	10/4/1965	C-2467	
6	HILL, Albert Alonzo	LITTLEWOOD, Myrtle	11/10/1965	100.00	11/12/1965	C-2603	

TAYLOR SYSTEM OF CEMETERY RECORDING

Lot 90 GR 7	AKA JENNINGS, D. J. BOYKINS, Dorothy Joan	HALEY, Georgia	01/27/1986	$495.	01/27/1986	E-5683

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

May 19 1988
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Dorothy Joan Gabriel

E-5683

from Lot 90 Grave 7 Section 15 Row — Block — Div 7
and to remove the same to ~~and reinter said remains in Lot~~ ~~Grave~~
~~Section~~ ~~Row~~ ~~Block~~ ~~Div~~. Top of ground for
Removal to Holy Cross Cemetery via Anderson-Pagsdale F.H.

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 Peter D. Gabriel		
Signature	Signature	Signature
x SON		
Relation to deceased	Relation to deceased	Relation to deceased
x 4951 Date PL.		
Address	Address	Address
SAN Diego, Ca. 92102		

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

E-7430

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 Joan Gabriel Jennings aka: Dorothy Joan Boykins	Female	July 21, 1934	Jan. 22, 1986

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National /City	San Diego	Peter David Gabriel 4951 Date Pl. San Diego CA 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Peter David Gabriel 4951 Date Pl San Diego	n/a

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
- [X] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Holy Cross Cemetery 4470 Hilltop Dr. 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 5-16-88	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Parrish, 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

From Mt. Hope to Holy Cross

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-20-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laurivene Hooper

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon 5/23 11:00

Church, Chapel, Graveside Vagel & Hare ; 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 3758 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	1306.37
Paid receipt number 36183	1306.37
Balance due	-0-

PAID
MAY 23 1988
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Mortuary Pick up

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

Reginald L Harmon
Signature
#H 695 Picador Bvld
Address
California 92154
State Zip Code
423-9644
Telephone

Invoice # _____

Work Order # E 7431

Acct. # _____

PY-583 (REV. 8-85)

E-7431

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lourvine Hooper	Female	Feb. 16, 1925	May 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
National City	San Diego	Reginald L. Harmon - Son 695 Picador Blvd. Apt. H San Diego, CA 92154

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary 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 Metal Sealer - T.L. 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 MAY 20 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Harmon, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/23/88 (ENTER DATE) 3/58/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stille	LICENSE 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

№ 36183

Date: 5/23/88, 19

From: Carlson-Rosedale Mortuary Address: 5050 Federal Blvd - SD 92102

Thirteen hundred Six and 37/100 Dollars ($ 1306 37)

In full Payment of Interment fee for Laurine Hooper dec

Lot 3758 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. —

Acct. No. —

W.O. E-7431

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 9602

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 26 1988

ISSUED BY Loyeen Stelter

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	63033 9022	—	—
Sales Tax	60101 78390	11	37
TOTAL PAID	$	1306	37

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36740

Date: September 28, 19 88

From: Calvin's Service Address:

Fifteen 92/100 Dollars ($ 15.92)

In Payment of Stone Cap for Lawrence Harper

Lot 3758 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-7131

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

OCT 3 1988

ISSUED BY Linda Reed

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		92
TOTAL PAID	$	15	92

AC-212 (Rev. 10-87)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-20-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of J. Harold Burke

in a Liner (Vault/Liner) Funeral, date, time Mon 9/23 1:00

Church, Chapel, Graveside Angel View Fairview Mortuary. Walter Eckert

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 149 Grave 2 Row _____ Section 4 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	25.00
Sales taxes	6.50
Total Due	606.50
Paid receipt number 36182	606.50
Balance due	0

PAID
MAY 23 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

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7432

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

№ 36182

Date: 5-23, 19 88

From: Barbara Burke Address: 3276 Virgo Road, SD, CA 92115

six hundred six 50/100 Dollars ($ 606.50)

In _____ Payment of J. Harold Burke's Burial Service

Lot 147 Grave 2 Row _____ Section 4 Division _____ Block 7

Invoice No. _____

Acct. No. _____

W.O. E-7432

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

502

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAY 26 1988

ISSUED BY Sonia 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
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	50
TOTAL PAID	$	606	50

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOSEPLH HAROLD BURKE	Male	Nov. 29, 1896	May 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
La Mesa	San Diego	Barbara M. Burke, wife 3276 West Virgo St. San Diego, California

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, Ca.	1063

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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 now left — here —		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 23 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 14/2/4/7 5/23/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Lemon, M.D. mm

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-20-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carmen Anderson

in a Bell liner (Vault/Liner) Funeral, date, time Fri. 5/27 11:00

Church, Chapel, Graveside Graveside ; Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . 4 Vaults Only

Lot 119 Grave 2 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup	12	55.00
Burial Container	35	~~100.00~~
Handling Fees	176.00	~~45.00~~
Flower vases - Marker setting fee	64	
Recording and filing fee		35.00
Sales taxes		~~6.50~~
Total Due	266	~~341.50~~
Paid receipt number 36294		266.00
Balance due		

Morgan Funeral Chapel 266 Public Trustee 266 Auditor 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 # _____

Work Order # E 7433

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

№ 36294

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-13, 19 86

From: County of SD Address: 5201-A Duffin Road

Two hundred sixty-six dollars Dollars ($ 266.00)

In _____ Payment of Burial Indigent

Lot 119 Grave 2 Row _____ Section 1 Division _____ Block 13

Invoice No _____

Acct. No _____

W.O. E-1433

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
020843

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 15 1986

ISSUED BY Sandra Wade

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	55 00
Burial Containers	100 77182	176 00
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	266 00

E7433

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Carmen W. Anderson	Female	Nov.13,1912	May 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 Guardian 5201-A Ruffin Road San Diego, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Mayer Mortuary 2869 Adams Av. San Diego, CA.	1424

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Mir Cloth Covered Casket	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 Lines - only one within 4 miles		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 25 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 119-2-1-12 5/27/88 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

Prepaid

Date 5-23-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William H. Barnes

in a Bell Liner (Vault/Liner) Funeral, date, time

Church, Chapel, 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 ____ .

Lot 1337 Grave ____ Row ____ Section ____ Division ~~Block~~ 10

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	150.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	1206.50
Paid receipt number 26186	1206.50
Balance due	0

Prepaid Trust

Rosedale will pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Margaret Bud
Signature
2855 Franklin ave
Address
California 92113
State Zip Code
235-4162
Telephone

Invoice # ____

Work Order # E 7434

Acct. # ____

PY-593 (REV. 8-85)

No. 36186 B

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: May 25, 1988

From: Rosdale Address:

One thousand two hundred fifty Dollars ($ 1250.50)

In Payment of William H Dakes

Lot 1337 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. R-7434

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

3771826

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR MAY 31 1988

ISSUED BY Sandra Rodd

CREDIT	67007	119	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 71165		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	611	50
Sales Tax	60101 78390		
TOTAL PAID	$	1206	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-23-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gleaze Robinson

in a T-S. Vault (Vault/Liner) Funeral date, time Thurs. 5/26 2:00

Church, Chapel, Graveside Church & 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 _____ . Witness Outline

Lot 112 Grave 12 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	395.00
Additional spaces and care fund	
Opening/Closing & Setup	500.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee Outline Mg	100.00
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	1206.37
Paid receipt number 7/11/88	1106.37
Balance due	100.00

Paid 7/8/88

I hereby certify I am the ~~Sadie~~ 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

Sadie M. Robinson
Signature
2528 ULRIC St
Address
SD. CA 92111
State Zip Code
2775692
Telephone

Invoice # 070274

Acct. # 026539

Work Order # E 7435

PY-593 (REV. 8-86)

W.O. NO. E-7435

NOTE—STRAIGHT

$ 1106.37 San Diego, California, May 23, 19 88

days after date, for value received, the undersigned maker(s) promise(s) to pay

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Market St., San Diego, CA 92102

the sum of one thousand one hundred six 37/100 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 Sadie M. Robinson

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

K173456

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
070274	06/06/88	026557	SADIE M. ROBINSON						07/11/88	CK	578	1,106.37	1,206.37	100.00
				100	072		77181	000072				293.47		PARTIAL PAYMENT
				100	072		77182	000072				160.49		
				100	072		77183	000072				123.81		
				100	072		77184	000072				289.81		
				100	072		77185	000072				155.91		
				60101			78390					10.43		
				67007			77184					72.45		

E-7435

OFFICIAL RECEIPT

№ 36465

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8/1/88, 19

From: Sadie M. Robinson Address: 8528 Ulric St SD 92111

One Hundred Dollars Dollars ($ 100.00)

In full Payment of Overtime late arrival

Glen Robinson Sexton

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. ✓

Acct. No. ✓

W.O. E-7435

BALANCE DUE 0

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

CITY AUDITOR

AUG 09 1988

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	100.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

7/14

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36398

Date: 7-11, 19 88

From: Sadie Robinson Address: 2528 Ulric Street SD

eleven hundred six 37/100 Dollars ($ 1106.37)

In Payment of Glen Robinson's Service

Lot 112 Grave 12 Row Section 1 Division Block 12

Invoice No. 070276

Acct. No. 026557

W.O. E-7435

BALANCE DUE 100.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

576

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

7/14/88
Rec'd
City Auditor

ISSUED BY Linda Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1106 37

E-7435

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GLENN HAYWARD ROBINSON	MALE	2-18-54	5-20-88

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
TRACY	SAN JOAQUIN	SADIE M. ROBINSON (MOTHER) 2528 ULRIC ST. SAN DIEGO, CA. 92111

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 Metal Sealer into 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 Wendy - Brad - Bryce - mom - Family very unpleasant - stayed		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A Left Bellefont 4:45 P.M.		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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: 5/23/88 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Yogi Chauna
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/26/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: 1601 E. HAZLETON ST. STOCKTON, CA.		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

Via Phone

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/23/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carmela Patti

in a Liner (Vault/Liner) Funeral, date, time Thurs 5/26 11:00

Church, Chapel, Graveside Witness Only; Humphrey Lay Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

✓ Lot 4497 Grave ~ Row ~ Section ~ Division/~~Block~~ 10

Grave space & Care Fund ..... Purchased E-610	~
Additional spaces and care fund ..... none	
Opening/Closing & Setup	
Burial Container ..... Purchased Pd E-610	
Handling Fees	
Flower vases - Marker setting fee ..... — #30328	
Recording and filing fee	35.00
Sales taxes	
Total Due	35.00
Paid receipt number	
Balance due	

Phone from Humphrey

Paid 7/5/88

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. Rosario J. Patti

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

3530 36th St.
Address

San Diego, CA 92104
State Zip Code

281-8938
Telephone

Invoice # 070277

Acct. # 026554

Work Order # E 7436

PY-593 (REV. 8-85)

E-7436

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CARMELA PATTI	Female	11-16-1902	May 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
Lemon Grove	San Diego	Rosario J. Patti (Son) 3530 36th Street San Diego, CA

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 Non-Embalmed Body - Partial Board Casket - 4 Bail Hardware
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Witness only Burial - 11 Am - Hum. Jon N/A Bell liner - Completed by 12:30 NOON	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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: MAY 24 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 5/26/88 (ENTER DATE) 4497-10	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.

070277	06/06/88	026554	ROSARIO J. PATTI 100 072	77183	000072	07/05/88 CK #947	35.00 35.00	35.00	0.00 PAID IN FULL

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 135.00

E-7436

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-24-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dr. Donald Nemcik

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 139 Grave 3, 9, 10 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	3 @ 495 1485.00
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	1485.00
Paid receipt number	
Balance due	

23 @ 46 8
1 @ 1485.00

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 P.O. BOX 3648
Chula Vista, CA 92012
State Zip Code

Telephone _____

Invoice # _____

Work Order # E 7437

Acct. # _____

PY-593 (REV. 8-85)

NAME Dr. Donald Nemcik

ACCT. NO. E-7437

ADDRESS P.O. Box 5648, Chula Vista, Ca 92012

RATING

LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
	88	Lot 139, Graves 3,9,10 Section 3, Division 12	1485 00			

AIGNER FORM NO. 25-204

Nemcik, Donald

139 - 3,9,10 - 3 - 12

PRINTED IN USA

E-7437

SANDRA WARD 9-3-88
ADMIN. AIDE II

(1)

DUE TO SEVERE FINANCIAL PROBLEMS, I WILL NOT BE ABLE TO FINANCE LOT # 139 - GRAVE 3-9-10 AS PLANED, I MUST ASK YOU TO CANCEL MY CONTRACT REGRETFULLY. THANK YOU FOR ALL YOU KINDNESS IN THIS MATTER. GOD BLESS.

SINCERELY

PS
I WILL REMARRY THIS YEAR SO I WILL BE AT A LATER DATE BE PURCHASING THREE LOTS

OVER

PAGE 2

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/24/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nicholas Eugene Thompson

in a Poured in Place Vault/Liner Funeral, date, time ~~[illegible]~~ 6/3 ~~[illegible]~~

Church, Chapel, Graveside ~~Graveside~~ ; Neptune — ~~[illegible]~~ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . Quiet Burial

Lot 320-21 Grave _____ Row _____ Section 2 Division/~~Block~~ 8

Grave space & Care Fund ..... Pre-need - A-6876	—
Additional spaces and care fund	—
Opening/Closing & Setup ..... Between 320 + 321	50.00
Burial Container	5.00
Handling Fees	10.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	.33
Total Due	$ 100.33
Paid receipt number 36185	100.33
Balance due	-0-

PAID
MAY 24 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

eight weeks

Within 2 Working Days after Receipt of Cremation

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

Call to set time —

Work Order # E 7438

PY-593 (REV. 8-85)

Signature

Address 365 Broadway St

Ca.

State 470-7224 * Zip Code

Telephone 698-5618

Invoice # _____

Acct. # _____

Group to offsite

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36185

Date: 5/24/88, 19

From: Jesse E Thompson Address:

One hundred dollars and 33/100 Dollars ($ 100 33/xx)

In full Payment of Interment - Inurnment - Nicholas E Thompson - deceased
as per special Instruction

Lot 320-321 Grave — Row Section 2 Division Block 8

Invoice No.

Acct. No.

W.O. E-7438

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 3219

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAY 31 1988

ISSUED BY Lorraine Hester

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	50	00
Burial Containers	100 77182	5	00
Handling Fee	100 77185	10	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		.33
TOTAL PAID	$	100	33

E-7438

N8076

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Nicholas Eugene Thompson	Male	May 21,1988	May 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	Debra Sue Thompson-mother 8714 Tyler St Spring Valley, Ca 92077

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 5/29/88	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 Center - 30" downfrom Headline Between 320 & 321		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Pour in Place Concrete Block - 12" below Sod.		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 MAY 27 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Parrish M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/2/88 (ENTER DATE) 320-2-8	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stille	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

Pre Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/24/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Geraldine M. Grauberger ⊗

in a Ash Vault - Vault/Liner Funeral, date, time

Church, Chapel, Graveside Witness ; 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 . Son to Witness

Lot 180 Grave 3 Row Section 3 Division/~~Block~~ 6

at Head left

Grave space & Care Fund	Pre Need Property of father - (1940)
Additional spaces and care fund	It is O.K. to inurn my 3 Sons if they So Wish
Opening/Closing & Setup	105.00
Burial Container	Conrete 40.00
Handling Fees	Inst. fee labor 60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.60
Total Due	242.60
Paid receipt number	
Balance due	

See back

To be trusted on Time Payment

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.

Geraldine M. Grauberger
Signature of recorded holder of deed

Geraldine M. Grauberger
Signature

3034 Chapo St.
Address

Spring Valley, Calif. 92077
State Zip Code

619 - 466 - 4603
Telephone

Fred Lee Worrell - Father
1889 - 1940

230 10.00
10 12.60

Invoice #

Work Order # E 7439

Acct. #

PY-593 (REV. 8-85)

These are my sons.
oldest Ronald Lee Andersen
(sometime Kristian)
middle Ralph Ludwig Andersen
youngest Kenneth Ray Grauberger
signed this date
5-24-1988
Geraldine May Grauberger

OFFICIAL RECEIPT

№ 36283

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-10 19 86

From: Pauline Gaulen Address: 3834 Chapo Street, SD

Lee Wallace Walker Dollars ($ Paid)

In Payment of Vaugn 1 Prepaid Trust

Lot 180 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E-7439

BALANCE DUE 832.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3629

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 15 1988

ISSUED BY Sadie Neal

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

OFFICIAL RECEIPT

№ 36403

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-11, 19 88

From: Geraldine Spuberger Address: 2034 Chaparral St. Sp Vlg

Ten no/100 Dollars ($ 10.00)

In Payment of Coupons & Pierced Trust

Lot 180 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E-1434

BALANCE DUE 222.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

3845

AC-212 (Rev. 10-67)

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		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	10	00
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

TRUST

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36546

Date: 8-10-88, 19

From: Walter Lindgren Address: 3034 Chase Court

Ten dollars Dollars ($ 10.00)

In Payment Payment of Preneed Trust

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E-7439

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3861

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

AUG 12 1988

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 8022	10 —
Sales Tax	50101 78390	
TOTAL PAID	$	10 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36627

Date: 9-6, 19 88

From: Geraldine M. Gardner Address: 3036 Mapo St, Sdiego
Tap rollup

Dollars ($ 10.00)

In Payment of Coupon 4 prenead Trust

Lot 180 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E-7437

BALANCE DUE 201.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 3877

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
SEP 13 1988

ISSUED BY Linda Diaz

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	10	00
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36830

Date: 10-12 19 88

From: Pauline Jaquinosa Address: 3034 Chase St, Sp Valley, CA

Dollars ($ 10.00)

In _____ Payment of Coupon 5, Perpetual Trust

Lot 110 Grave 3 Row _____ Section 3 Division 6 Block _____

Invoice No. _____

Acct. No. _____

W.O. 2-7439

BALANCE DUE 111.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☐

3701

AC-212 (Rev. 10-87)

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		
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	10	00
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36937

Date: 11-8, 19 88

From: Nadine Spaulding Address 234 Chaps St. Sb

Ten dollars 2ns no Dollars ($ 10.00)

In Payment of Oregon G Cemetery Perpetual Trust

Lot 110 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. 8-7434

BALANCE DUE 18.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

3913

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

CITY AUDITOR
NOV 15 1988

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37052

Date: 12-6, 19 86

From: Madeline Ingebretsen Address: 3234 Chapo St, S Diego

Dollars ($ 10.00)

In _____ Payment of Coupon 7 Prepaid Trust

Lot 180 Grave 2 Row _____ Section 3 Division Block 6

Invoice No. _____

Acct. No. _____

W.O. 2-7439

BALANCE DUE 171.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra Vaid

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	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

CITY AUDITOR
DEC 12 1988

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37208

Date: 1-10, 19 89

From: Madeline M. Sandoval Address: 334 Upas St, San Diego

Dollars ($ 10.00)

In Payment of Coupon & Proceed Trust

Lot 100 Grave 3 Row Section 3 Division Block

CITY AUDITOR
JAN 13 1989

Invoice No.

Acct. No.

W.O. C-1439

BALANCE DUE 161.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

2947

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Linda Vela

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	10 00
Sales Tax	80101 78390	
TOTAL PAID	$	10 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37360

Date: 2-13, 1989

From: [illegible] Address: 3034 Cajon Ct. Sp Valley

Ten dollars no/100 Dollars ($ 10.00)

In Payment of Corpus 9 Perpet Trust

Lot 116 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. 2-7937

BALANCE DUE 151.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 39-72

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 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

№ 37455

Date: 3-7, 19 89

From: Sunshine Funeral 3234 Ulajo St, Spring Ca

Address:

Ten dollars 10/00

Dollars ($ 10.00)

In Payment of Coupon 10 Pre-need Trust

Lot 180 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. 2-7437

BALANCE DUE 141.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 10 1989

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	10	00
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37639

Date: 4-7 19 89

From: [illegible] Address: 3034 Chap St, [illegible]

[illegible] Dollars ($ 10.00)

In _____ Payment of Perpetual Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. 2-7437

BALANCE DUE 181.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4021

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 17 1989

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	10	00 SW
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37779

Date: 5-8, 19 89

From: Geraldine Lambert Address: 3034 Chase St, Sp VIC

Ten dollars 10/100 Dollars ($ 10.00)

In Payment of Coupon 12 Perpet Trust

Lot 180 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E-7439

BALANCE DUE 121.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

4049

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Andria Vail

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	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 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

No 38138

Date: 6-8, 1989

From: Geraldine Anderson Address: 2034 Chaps St, Spvlle

Ten 20/100 Dollars ($ 10.00)

In Payment of Oregon 13 Perpetual Trust

Lot 160 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E-7439

BALANCE DUE 111.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
4068

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

CITY AUDITOR
JUN 15 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38260

Date: 7-7, 19 89

From: Sandhie Indrani Address: 2034 Otsego St, Spring

Two hundred 200.00 Dollars ($ 10.00)

In Payment of Sales for 19 Trust

Lot 180 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. 21-7439

BALANCE DUE 101.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

4081

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra

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	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

CITY AUDITOR
JUL 11 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-7439
No 38392

Date: Aug 8, 19 89

From: Geraldine Sroberger Address: 3084 Copper Cut
San
Dollars ($ 10-)

In Part Payment of Pioneer Trust Coupon 15

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. 57410

W.O. 39160

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 R. Hall

CREDIT 20% Sales Care	67097 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10-
Sales Tax	60101 78390	
TOTAL PAID	$	10-

CITY AUDITOR
AUG 12 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37939

Date: 9-13, 1989

From: Geraldine Grauberger Address: 3034 Chapo Court Spring Valley 92077

Eleven Dollars & no/100 Dollars ($ 11.00)

In PART Payment of Pre-Need Trust, Coupon 16

Lot 180 Grave 3 Row – Section 3 Division ~~Block~~ 6

Invoice No.

Acct. No.

W.O. E 7439

BALANCE DUE 80.60

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
4114

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sally Smoot

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	~~11 00~~
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	11 00
Sales Tax	60101 78390	
TOTAL PAID	$	11 00

CITY AUDITOR
SEP 18 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38043

Date: 10-11, 19 89

From: Sculptor Graves Address: 2324 Cajon St.

Ten dollars & no/100 Dollars ($ 10.00)

In Payment of Cajon 17 Grand Aust

Lot 100 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E-7439

BALANCE DUE 70.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

CITY AUDITOR
OCT 16 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO. 38577

Date: 11-16 1989

From: Geraldine Gardner Address: 3234 Tago Street

Clerin 11.00 Dollars ($ 11.00)

In Payment of Cemetery 16 Planed Lot

Lot 160 Grave 3 Row Section 3 Division Block

Invoice No.

Acct. No.

W.O. E-7437

BALANCE DUE 59.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

6154

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandra Nord

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	11 00
Sales Tax	60101 78390	
TOTAL PAID	$	11 00

CITY AUDITOR
NOV 20 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38674

Date: 12-11, 19 89

From: Nadine [illegible] Address: 234 Clay Court Apt VII 6

Ten dollars 10.00 Dollars ($ 10.00)

In Payment of Coupon 19 Prepaid Trust

Lot 100 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. C-7437

BALANCE DUE 47.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 6182

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Linda [illegible]

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10.00
Sales Tax	60101 78390	
TOTAL PAID	$	10.00

CITY AUDITOR
DEC 18 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38758

Date: 1-9, 19 90

From: Sandra M. Sanchez Address: 34 Days Ct, Chula Vista

For Gallery 2010 Dollars ($ 10.00)

In Payment of Cougar 25 Perpetual Trust

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-7439

BALANCE DUE 40.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

6229

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JAN 16 1990

ISSUED BY Lucy 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	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38866

Date: 2-7, 1990

From Shelley Grandinger Address: 3334 Cheyenne Ct, Spring Valley 92077

Ten Dollars Dollars ($ 10.00)

In Payment of Pre Need Trust

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-7439

BALANCE DUE 8.30.64

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 6290

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Ouellette

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10.00
Sales Tax	60101 78390	
TOTAL PAID	$	10.00

CITY AUDITOR
FEB 12 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 20 1990

No. 38975

Date: 3-9, 1990

From: [illegible] Address: 3 34 [illegible]
[illegible]

Dollars ($ 10.00)

In _____ Payment of [illegible]

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No _____

Acct. No. _____

W.O. E-1434

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 6319

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	10	00
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-7439 Preneed Trust

Geraldine M. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 11.00

Amount Received $ 10.00

NAME Geraldine M. Grauberger

ADDRESS 3034 Chapo Ct.

CITY Spring Valley STATE Calif. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7439 Preneed Trust

Geraldine M. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 11.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7439 . . Preneed Trust

Geraldine M. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					10						

Amount due when paid on or before due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7439 Preneed Trust

Geraldine M. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 10.00

Amount Received $ _____

NAME Geraldine M. Grauberger

ADDRESS 3034 Chapo Ct.

CITY Spring Valley STATE Cal. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7439 Preneed Trust

Geraldine M. Crauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 10.00

Amount Received $ _____

NAME Geraldine M. Grauberger

ADDRESS 3034 chapo ct.

CITY Spring Valley STATE Calif. ZIP 92077

☐ Check (✓) if this is new address

Send or bring one coupon with each remittance COUPON **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7439 Preneed Trust

Geraldine M. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					10						

Amount due when paid on, or before, due date above: $ 10.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ _____

Amount Received $ _____

NAME Geraldine M. Grauberger

ADDRESS 3037 Chapo ct.

CITY Spring Valley STATE [redacted] ZIP 92077

☐ Check (✓) if this is a new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7439 Prenced Trust

Geraldine M. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
					10						

Amount due when paid on, or before, due date above $ 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-7439 Preneed Trust

Geraldine N. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME Geraldine M. Grauberger

ADDRESS 3034 chapo ct.

CITY Spring Valley STATE Calif. ZIP 92077

☐ Check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-7440 Pressed Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 10.00

NAME Walter A. Grauberger

ADDRESS 3034 Chapo ct.

CITY Spring Valley STATE Calif. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7439 Preneed Trust

Geraldine H. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					10						

Amount due when paid on or before, due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 10.00

NAME Geraldine H. Grauberger

ADDRESS 3034 Chapo ct.

CITY Spring Valley STATE Ca. ZIP 92077

[redacted] is new address

Send or bring one coupon with each remittance **COUPON** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. K-7439 Preneed Trust

Geraldine H. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
					10						

Amount due when paid on, or before due date above ▶ $ 10.00

Amount due if paid more than ____ days after due date above ▶ $ 1.00

$ ____

Amount Received $ 10.00

NAME Geraldine H. Grauberger

ADDRESS 3034 Chapo ct.

CITY Spring Valley STATE Calif ZIP 92077

[redacted] check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT NO. E-7439 Pressed Trust

Geraldine M. Granberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					10						

Amount due when paid on, or before, due date above: $ 10.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ _____

Amount Received $ 10.00

NAME Geraldine M. Granberger

ADDRESS 3034 chapo ct.

CITY Spring Valley STATE Calif ZIP 92077

☒ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7439 Pressed Trust

Geraldine M. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					10						

Amount due when paid on, or before due date above: $ 10.00

Amount due if paid more than _____ days after due date above: $ 1.00

$ _____

Amount Received $ 10.00

NAME Geraldine M. Grauberger

ADDRESS 3034 Chapo ct.

CITY Spring Valley STATE Calif. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7439 Preneed Trust

Geraldine H. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					10						

Amount due when paid on, or before, due date above: $ 10.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ _____

Amount Received $ 10.00

NAME Geraldine M. Grauberger

ADDRESS 3034 Chapo Ct.

CITY Spring Valley STATE Calif ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7439- Preneed Trust

Geraldine M. Graubergar
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					10						

Amount due when paid on or before due date above $ 10.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ 10.00

NAME Geraldine M. Graubergar

ADDRESS 3034 Chapo ct.

CITY Spring Valley STATE Calif. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-7439 Preneed Trust

Geraldine H. Graeberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ~~[illegible]~~

Amount Received $ 11.00

NAME Geraldine M. Graeberger

ADDRESS 3034 Chapo ct

CITY Spring Valley STATE Calif ZIP 92077

☒ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-7439 Pressed Trust

Geraldine M. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
					10						

Amount due when paid on, or before due date above: $ 10.00

Amount due if paid more than: ____ days after due date above: $ 1.00

$ _____

Amount Received $ 10.00

NAME Geraldine M. Grauberger

ADDRESS 3034 chapo ct.

CITY Spring Valley STATE Cali. ZIP 92077

☐ check (✓) if this is new address

PRINTED WITH INK BY HAND MONROE

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7439 Preneed Trust

Geraldine M. Greuberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 11.00

NAME Geraldine M. Greuberger

ADDRESS 3034 Chapo Ct

CITY Spring Valley STATE Ca. ZIP 92077

☐ Check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7439 Pressed Trust

Geraldine M. Graubergar
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ 10.00

NAME Geraldine M. Graubergar

ADDRESS 3034 Chapo ct.

CITY Spring Valley STATE Calif. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. D-7439 Premed Trust

Geraldine M. Graeberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					10						

Amount due when paid on, or before, due date above $ 10.00

Amount due if paid more than _____ days after due date above $ 1.00

$ _____

Amount Received $ 10.00

NAME Geraldine M. Graeberger

ADDRESS 3034 Chapo Ct.

CITY Spring Valley STATE Calif. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. L-7439 Pressed Trust

Geraldine M. Grausberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
					10						

Amount due when paid on or before due date above. $ 10.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ 10.00

NAME Geraldine M. Grausberger

ADDRESS 3034 Chapo ct.

CITY Spring Valley STATE Calif. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7439 Pooled Trust

Geraldine K. Graeberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 10.00

NAME Geraldine M. Graeberger

ADDRESS 3034 Chapo Ct.

CITY Spring Valley STATE Calif. ZIP 92077

☐ check (✓) if this is new address

Pre need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/24/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walter A Grauberger ⊗

in a Ash Vault (Vault/Liner) Funeral, date, time

Church, Chapel, Graveside Witness ; 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 WW2 - Navy -

Lot 180 Grave 3 Row — Section 3 Division/~~Block~~ 6

at Head Rite

Grave space & Care Fund Pre need Property of Earl Worrell - 1940 - (Son in law)

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container Concrete Vault 40.00

Handling Fees Labor 60.00

Flower vases - Marker setting fee —

Recording and filing fee 35.00

Sales taxes 2.60

To be Trusted on Time Payment

Total Due 242.60

Paid receipt number

Balance due

I hereby certify I am the Myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Geraline M. Grauberger
Signature of recorded holder of deed

23 @ $10.00
1 @ $12.60

Walter A Grauberger
Signature
x 3034 Chalet Ct
Address
x Spring Valley Ca. 92077
State Zip Code
x 619-466-4603
Telephone

Invoice #

Work Order # E 7440

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. 36545

Date: 8-10, 19 88

From: Walter Lowry and Address: 334 Chapo Court

Ten dollars Dollars ($ 10.00)

In payment Payment of Perpetual Trust

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. C-7440

BALANCE DUE 21.00

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3862

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

AUG 12 1988

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10 —
Sales Tax	60101 78390	
TOTAL PAID	$	10 —

OFFICIAL RECEIPT

№ 36404

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-11 19 88

From: Walter Gruberman Address: 2034 Chase St, So Vista

Ten dollars Dollars ($ 10.00)

In Payment of Coupon 2 Credit Perpetual Trust

Lot 180 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. C-7440

BALANCE DUE 822.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 3846

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUL 13 1988

ISSUED BY Sandra Rand

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	10	00
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

OFFICIAL RECEIPT

№ 36284

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-15 19 88

From: Arthur C. Grauberger Address 334 Chapo St, Sp Valley

two dollars 10/100 — Dollars ($ 10.00)

In Payment of Coupon 1 Prepaid Trust

Lot 180 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E-7440

BALANCE DUE 232.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 3830

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 15 1988

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36628

Date: 9-6 19 88

From: Walter Graubarn Address: 3034 Mapo St, SDiego
for Wallace

Dollars ($ 70.00)

In Payment of Grave + Pre-need Trust

Lot 180 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E-7440

BALANCE DUE 201.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3876

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
SEP 13 1988

ISSUED BY Linda Vera

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	10	—
Sales Tax	60101 78380		
TOTAL PAID	$	10	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36831

Date: 10-12, 19 88

From: Walter Gamberino Address: 3034 Vista St, La Vill

Top Soil loam mixed Dollars ($ 10.00)

In Payment of Coupon 5 Rancho Mesa

Lot 110 Grave 3 Row CITY AUDITOR Section 2 Division Block 6

Invoice No.

Acct. No.

W.O. 2-7900

BALANCE DUE 191.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 3902

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

OCT 14 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10 —
Sales Tax	60101 78390	
TOTAL PAID	$	10 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36938

Date: 11-8, 19 88

From: Walter A. Sturbeyer Address: 3034 Vago St, Sun Valley

To Dallas Sales

Dollars ($ 10.00)

In Payment of Coupon 6 Perpetual Trust

Lot 180 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. 2-7440

BALANCE DUE 14.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 3912

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Linda Dale

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	10	00
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

CITY AUDITOR
NOV 15 1988

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37053

Date: 12-6 , 19 86

From: Walter Sigmund Address: 3534 Olapa St, S Vista

Dollars ($ 10.00)

In Payment of Crypt 7 Perpetual Trust

Lot 180 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E-7440

BALANCE DUE 176.60

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		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	10	00
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

CITY AUDITOR DEC 12 1986

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 3930

ISSUED BY Sandra Ward

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

№ 37209

Date: 1-10, 19 8

From: [illegible] Address: 334 Vaja St. [illegible]

[illegible] Dollars ($ 10.00)

In Payment of [illegible]

Lot 100 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. 1-7490

BALANCE DUE 161.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-312 (Rev. 10-87) 3946

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

CITY AUDITOR
JAN 1 9 1980

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37361

Date 2-13 , 19 89

From Martha Sanchez Address 3034 Chase St, S Vista

Ten dollars 00/100 — Dollars ($ 10.00)

In _____ Payment of Cangan 9 Perpetual Trust

Lot 100 Grave 3 Row _____ Section 3 Division _____ Block 6

Invoice No. _____

Acct. No. _____

W.O. 2-7040

BALANCE DUE 151.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

3917

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10 00
Sales Tax	60101 76390	
TOTAL PAID	$	10 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

№ 37456

Date: 3-7 19 89

From: [illegible] Address: 2034 [illegible] St [illegible]

[illegible] Dollars ($ 10.00)

In _____ Payment of Deposit on Perpetual Trust

Lot 10 Grave 3 Row _____ Section 3 Division Block 6

Invoice No. _____

Acct. No. _____

W.O. 2-7140

BALANCE DUE 141.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAR 10 1989

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37640

Date: 4-7, 19 89

From: Nettie Mathews Address: 3034 Clay St 3 Vill

Ten dollars 20/100 Dollars ($ 10.00)

In Payment of Coupon 11 Pre-need Trust

Lot 180 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E-2490

BALANCE DUE 131.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

4020

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
APR 17 1989

ISSUED BY Linda Reid

CREDIT 20% Sales Carry	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	83033 9022	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37780

Date: 5-8 , 19 89

From: Nette Gaskins Address: 3639 Otsego St, Apt 1
To Dallas Rains

Dollars ($ 10.00)

In _____ Payment of Coupon 12 Pre-need Trust

Lot 170 Grave 3 Row _____ Section 3 Division _____ Block 6

Invoice No. _____

Acct. No. _____

W.O. E-

BALANCE DUE 121.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

4050

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Wade

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

CITY AUDITOR
MAY 12 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38139

Date: 6-8, 19 89

From: Otto Sandvick Address: 3034 Hope St. Apt 11

10 dollars 00/100 Dollars ($ 10.00)

In Payment of Crypt 13 Perpetual Care

Lot 110 Grave 3 Row Section 3 Division 6 Block

Invoice No.

Acct. No.

W.O. E-7440

BALANCE DUE 111.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4067

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lindy

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	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

CITY AUDITOR
JUN 15 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO 38261

Date: 7-7, 19 89

From: [illegible] Address: 2034 Chase St, [illegible]

[illegible] 10/18 Dollars ($ 10.00)

In Payment of Coupon 14 funeral trust

Lot 180 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E-7440

BALANCE DUE 101.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4082

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

CITY AUDITOR
JUL 14 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

112 38391

Date: Aug. 8, 19 89

From: Geraldine Grubbs Address: 3034 Chipo Court

San

Dollars ($ 10 00)

In part Payment of Preneed Trust Coupon 15

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. 5231-B

BALANCE DUE $9160

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 4045

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY R. Kowal

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	10 —
Sales Tax	60101 78390	
TOTAL PAID	$	10 —

CITY AUDITOR
AUG 12 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37940

Date: 9-13, 1989

From: Geraldine Grauberger Address: 3034 Chapo Court Spring Valley 92077

Eleven Dollars & no/100 Dollars ($ 11.00)

In PART Payment of Pre-need TRUST, Coupon 16 FOR WALTER A. Grauberger

Lot 180 Grave 3 Row — Section 3 Division ~~Block~~ 6

Invoice No.

Acct. No.

W.O. E 7440

BALANCE DUE 80.60

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4115

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sally Smart

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	11	00
Sales Tax	60101 78390		
TOTAL PAID	$	11	00

CITY AUDITOR
SEP 18 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38044

Date: 10-11, 19 89

From: Walter C. Jackson Address: 534 Vista Ct, Spr Valley

Ten dollars 10.00 Dollars ($ 10.00)

In Payment of Weight 12 Inscr Mst

Lot 180 Grave 3 Row Section 3 Division 6 Block

Invoice No.

Acct. No.

W.O. 2-7140

BALANCE DUE 70.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

6066

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Vold

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	10	00
Sales Tax	60101 78390		
TOTAL PAID	$	10	00

CITY TREASURER
OCT 16 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 38578

Date: 11-16, 1989

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 11.00)

In [illegible] Payment of [illegible]

Lot 100 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. 21-9440

BALANCE DUE 59.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	11 00
Sales Tax	60101 78390	
TOTAL PAID	$	11 00

CITY AUDITOR
NOV 21 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38675

Date: 12-11, 19 89

From: Nettie A. Smith Address: 2024 Cleveland St, La Mesa

Ten dollars Dollars ($ 10.00)

In Payment of Charges 19 Lot and Trust

Lot 160 Grave 3 Row Section 3 Division Block 6

Invoice No.

Acct. No.

W.O. E-74410

BALANCE DUE 49.60

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 Anna L. Wa

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77165		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	10	—
Sales Tax	60101 78390		
TOTAL PAID	$	10	—

CITY AUDITOR
DEC 18 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO 38759

Date: 1-9, 19 90

From: Peter Smulewski Address: 324 Olaps St S Way
San Diego

Dollars ($ 10.00)

In _____ Payment of Vaughn 20 Years Trust

Lot 100 Grave 3 Row _____ Section 3 Division _____ Block 6

Invoice No. _____

Acct. No. _____

W.O. 2-7490

BALANCE DUE 40.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

6230

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JAN 16 1990

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

• AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO 38867

Date: 2-9, 19 90

From: Walter Hamburger Address: 334 Hyde St, Space 92112

Dollars ($ 10.00)

In _____ Payment of Perpetual Care

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7400

BALANCE DUE $ 10.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 6349

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	10 00
Sales Tax	60101 78390	
TOTAL PAID	$	10 00

CITY AUDITOR
FEB 12 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 20 1990

No 38974

Date: 3-9, 19 90

From: Walter Grainger Address: 334 Olive St, Ip Valley, 92027

Ten Dollars Dollars ($ 10.00)

In Payment of BPL Tax Dist

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. F-1446

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	10	00
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-7440 Preneed Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 11.00

Amount Received $ 10.00

NAME Walter A. Grauberger

ADDRESS 3034 Chapo Ct.

CITY Spring Valley STATE Cal. ZIP 92077

☐ Check (✓) if this is new address

Send or bring one coupon with each remittance: **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7440 Preneed Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					10						

Amount due when paid on or before due date above: $ 10.00

Amount due if paid more than _____ days after due date above: $ 1.00

$ 11.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance COUPON **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7440 Preneed Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					10						

Amount due when paid on or before due date above. $ 10.00

Amount due if paid more than _____ days after due date above: $ 1.00

$.

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7440 Preneed Trust

Walter A. Grauberger
3034 Chapo Coutt
Spring Valley, Ca 92077

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 10.00

Amount Received $ _____

NAME Walter A. Grauberger

ADDRESS 3034 Chapo Ct.

CITY Spring Valley STATE Calif. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7440 Preneed Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
					10						

Amount due when paid on or before due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 10.00

Amount Received $ _____

NAME Walter A. Grauberger

ADDRESS 3034 Chapo Ct.

CITY Spring Valley STATE Ca. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7440 Preneed Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					10						

Amount due when paid on, or before, due date above ▶ $ 10.00

Amount due if paid more than _____ days after due date above ▶ $ 1.00

$ _____

Amount Received $ _____

NAME Walter A. Grauberger

ADDRESS 3034 Chapo Ct.

CITY Spring Valley STATE Cal. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 3-7440 Preneed Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
					10						

Amount due when paid on or before, due date above: $ 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-7440 Prenced Trust

Walter A. Grauberger
3034 Chapo Coutt
Spring Valley, Ca 92077

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					10						

Amount due when paid on, or before due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME Walter A. Grauberger

ADDRESS 3034 Chapo ST.

CITY Spring Valley STATE Calif ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7439 Pressed Trust

Geraldine M. Graubergar
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
					10						

Amount due when paid on, or before, due date above $ 10.00

Amount due if paid more than ____ days after due date above. $ 1.00

$

Amount Received $ 10.00

NAME Geraldine M. Graubergar

ADDRESS 3034 chapo ct.

CITY Spring Valley STATE Calif ZIP 92077

☐ Check (✓) if this is new address

Send or bring one coupon with each remittance COUPON **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7440 Pressed Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					10						

Amount due when paid on or before due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 10.00

NAME Walter A. Grauberger

ADDRESS 3034 Chapo Ct.

CITY Spring Valley STATE Cal. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-7440 Pressed Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ 10.00

NAME Walter A. Grauberger

ADDRESS 3034 chapo ct.

CITY Spring Valley STATE Calif. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7440 Pressed Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					10						

Amount due when paid on or before due date above. $ 10.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ 10.00

NAME Walter A. Grauberger

ADDRESS 3034 chapo ct.

CITY Spring Valley STATE Calif. ZIP 92077

☒ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7440 Pressed Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077.

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					10						

Amount due when paid on, or before due date above. $ 10.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ 10.00

NAME Walter A. Grauberger

ADDRESS 3034 Chapo ct.

CITY Spring Valley STATE Calif. ZIP 92077

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7440 Preneed Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than _____ days after due date above: $ 1.00

$ _____

Amount Received $ 10.00

NAME Walter A. Grauberger

ADDRESS 3034 Chapo ct.

CITY Spring Valley STATE Calif. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. D-7440 Pressed Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					10						

Amount due when paid on or before, due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 10.00

NAME Walter A. Grauberger

ADDRESS 3034 Chapo ct.

CITY Spring Valley STATE Calif. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7440 Pressed Trust

Walter A. Graubergar
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 11.00

NAME Walter A. Graybergar

ADDRESS 3034 Chapo Ct.

CITY Spring Valley STATE Cal. ZIP 92077

☒ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7440 Pressed Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ 10.00

NAME Walter A. Grauberger

ADDRESS 3034 Chapo ct.

CITY Spring Valley STATE Calif. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7440 Pressed Trust

Walter A. Greuberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					10						

Amount due when paid on, or before, due date above. $ 10.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 11 00

NAME Walter A Greuberger

ADDRESS 3034 Chapo Ct

CITY Spring Valley STATE Ca. ZIP 92077

☐ Check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. D-7440 Prepaid Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
					10						

Amount due when paid on, or before, due date above ▶ $ 10.00

Amount due if paid more than _____ days after due date above ▶ $ 1.00

$ _____

Amount Received $ 10.00

NAME Walter A. Grauberger

ADDRESS 3034 Chapo ct.

CITY Spring Valley STATE Cal. ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7440 Pressed Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					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 Walter A. Grauberger

ADDRESS 3034 Chapo ct

CITY Spring Valley STATE Calif ZIP 92077

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7440 Pooled Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
					10						

Amount due when paid on, or before, due date above $ 10.00

Amount due if paid more than _____ days after due date above $ 1.00

$ _____

Amount Received $ 10.00

NAME Walter A. Grauberger

ADDRESS 3034 Chapo Ct.

CITY Spring Valley STATE Calif. ZIP 92077

☐ check (✓) if this is new address

COUPON **22**

ACCOUNT NO. [illegible] Prepaid Trust

Walter A. Grauberger
3034 Chapo Court
Spring Valley, Ca 92077

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					10						

Amount due when paid on or before due date above. $ 10.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ 10.00

NAME Walter A. Grauberger

ADDRESS 3034 Chapo ct.

CITY Spring Valley STATE Calif ZIP 92077

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Samuels

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 5156 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	695.00
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	
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

James Samuels Jr.
Signature

8036 SHADOW HILL DR
Address

LAMESA CA 92041
State Zip Code

697-34-14
Telephone

Invoice # _____

Work Order # E 7441

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

№ 36231

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-2, 19 86

From: Mrs Annuela Address: 8036 Indian St, La Mesa
Forty-eight nine

Dollars ($ 26.00)

In Payment of Voucher #1 Credit Lot

Lot 5156 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7411

BALANCE DUE 662.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 7 1988

ISSUED BY Sandy Wed

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	63003 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36350

Date: 7-6 19 88

From: Louis Samuels Address: 8036 Shadow Hill Dr, I M

Twenty-eight no/100 Dollars ($ 28.00)

In Payment of Oregon 2 Credit Lot

Lot 5156 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7441

BALANCE DUE 639.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
874

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	28 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36588

Date: 8-25 88

From: Gerald Smith Address: 6236 Shadow Hill Dr SD

twenty-eight 00/100 Dollars ($ 28.00)

In Payment of Burial Permit

Lot 5156 Grave Row Section Division Block D

Invoice No.

Acct. No.

W.O.

BALANCE DUE 583.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67) 0935

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
SEP 6 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	26.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	26.00

OFFICIAL RECEIPT

№ 36461

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 7-28, 19 88

From: James Samuels Address: 8036 Shadow Hill Dr. LM

Dollars ($ 28.00)

In _____ Payment of Coupon 3 Credit Lot

Lot 5156 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7441

BALANCE DUE 611.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

0905

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 03 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 36742

Date: 9-28, 19 88

From: [illegible] Address: 8036 [illegible] Hill Drive, SD

Twenty-eight 00/100 Dollars ($ 28.00)

In Payment of Coupon 5 Credit Lot

Lot 5156 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7441

BALANCE DUE 55.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 0975

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

OCT 3 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	22	00
Opening/ Closing	100 77181		
Burial Container#	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36882

Date: 10-31, 19 88

From: James J. Sanuelo Address: 8036 Mandeville Ln, La Mesa

Twenty-eight no/100 Dollars ($ 28.00)

In Payment of Coupon 6 Credit Lot

Lot 5156 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7441

BALANCE DUE 528.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1017

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	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37003

Date: 11-26, 19 88

From: James Smuckler Address: 8036 Shadow Hill Dr. S

Twenty eight 00/100 Dollars ($ 28.00)

In Payment of Burial 2 Cedar Lot

Lot 5156 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O.

BALANCE DUE 499.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1050

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	28 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	50101 78390	
TOTAL PAID	$	28 00

DEC 02 1988

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37117

Date: 12/23, 19 88

From: James Knowles Address: 8036 Mission Hills Dr.

Twenty-eight + nine Dollars ($ 28 —)

In Payment of Credit Sale

CITY AUDITOR
DEC 27 1988

Lot 5156 Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-7441

BALANCE DUE 421.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) # 1084

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Mary Hart

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	28 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37262

Date: 1-26, 19 89

From: Nancy Lowell for 3636 Hawthorn Hill Dr. La Mesa

Address:

Twenty-eight & no/100 Dollars ($ 28.00)

In Payment of Coupon & Credit Lot

Lot 5156 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-7441

BALANCE DUE 443.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

0129

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	26 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	26 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37376

Date: 2-21, 19 89

From: [illegible] Address: 2036 Harbor Hill Dr, 2.111.

[illegible] Dollars ($ 28.00)

In Payment of Vaupes 10 Double Lot

Lot 5156 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-1441

BALANCE DUE 415.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 0156

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 24 1989

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	28.00
Opening/ Closing	100 77181	
Burial Containers	100 77162	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28.00

OFFICIAL RECEIPT

№ 37560

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-26, 19 89

From: [illegible] Address: 2336 [illegible]

Twenty-eight 00/100 Dollars ($ 28.00)

In Payment of Coupons 11 Credit Lot

Lot 5156 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 8-7441

BALANCE DUE 300.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

0189

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 30 1989

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37703

Date: 4-25, 19 89

From: [illegible] Address: 636 Shadow Hill Dr LM

[illegible] Dollars ($ 28.00)

In _____ Payment of Coupon 12 [illegible]

Lot 5156 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7411

BALANCE DUE 35.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

0219

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	28 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	$	28 00

CITY AUDITOR
MAY 01 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37884

Date: 6-1, 1989

From: Mrs. Samuel Ly Address: 2636 Statler Hill Dr, 2 M

Twenty-eight 00/100 Dollars ($ 28.00)

In Payment of burial B crematorium Lot

Lot 5156 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-7441

BALANCE DUE 331.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

0247

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 09 1989

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	26 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	26 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38251

Date: 7-7, 19 89

From: Mrs James [illegible] Address: 8036 Mantle Hill Dr 2111

twenty-eight dollars Dollars ($ 28.00)

In _____ Payment of Oregon 14 Vault Lot

Lot 5156 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 2-7411

BALANCE DUE 303.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

0270

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	28.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28.00

CITY AUDITOR
JUL 14 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38313

Date: July 25, 1989

From: James Samuels Address: 8036 Shadow Hill Drive La Mesa

Twenty Eight 00/100 Dollars ($ 28.00)

In _____ Payment of Coupon 15, Cricket Lot

Lot 5156 Grave _____ Row _____ Section _____ Division _____ Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7441

BALANCE DUE $275.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 0304

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sharon L. Crim

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	28 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28 00

CITY AUDITOR
JUL 31 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38466

Date: 9-1, 19 89

From: [illegible] Address: 2636 [illegible]
[illegible] Dollars ($ 28.00)

In Payment of [illegible]

Lot 5/56 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7491

BALANCE DUE 297.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-67)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	28.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28.00

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

№ 37974

Date: 9-26, 19 89

From: [illegible] Address: 3626 [illegible] Ave, La Mesa

[illegible] Dollars ($ 26.00)

In _____ Payment of [illegible] Lot Transfer

Lot 5156 Grave _____ Row _____ Section _____ Division _____ Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7441

BALANCE DUE 215.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 0376

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007	26.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	28.00 (See)
Opening/ 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	$	26.00

OCT 02 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38003

Date: 10-4 19 89

From: Jerry Tomich Address: 2236 Lincoln Hill, SA Dia

one hundred sixty-dol Dollars ($ 160.00)

In Payment of non 3 & 2 1c-24 Vault/Lot

Lot 5156 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-7941

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT		
20% Sales Care	67007 / 77184	116 00
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	63033 / 9022	
Sales Tax	60101 / 78390	
TOTAL PAID	$	116 00

CITY AUDITOR
OCT 10 1989

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

ISSUED BY

AC-212 (Rev. 10-87) 0893

NAME Samuels, James Jr. ACCT. NO. E-7441

ADDRESS 8036 Shadow Hill Drive, La Mesa, Ca 92041 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
5-25	88	Lot 5156, Division 10	695 00			
6-2	88	Coupon 1, Receipt 36231			28 00	667 00
7-1	88	Coupon 2 Receipt 36350			28 00	639 00
7-28	88	Coupon 3 Receipt 36461			28 00	611 00
8-25	88	Coupon 4, Receipt 36588			28 00	583 00
9-28	88	Coupon 5, Receipt 36742			28 00	555 00
10-31	88	Coupon 6, Receipt 36882			28 00	527 00
11-29	88	Coupon 7, Receipt 37003			28 00	499 00
12-22	88	Coupon 8 Receipt 37113			28 00	471 00
1-29	89	Coupon 9, Receipt 37262			28 00	443 00
2-27	89	Coupon 10 Receipt 37376			28 00	415 00
3-28	89	Coupon 11 Receipt 37560			28 00	387 00
4-25	89	Coupon 12, Receipt 37703			28 00	359 00
6	89	Coupon 13 Receipt 37884			28 00	331 00
[illegible]	89	Coupon 14, Receipt 38257			28 00	303 00
7/25	89	Coupon 15, Receipt 38313			28 00	275 00
9-1	89	Coupon 16, Receipt 38466			28 00	247 00
9-26	89	Coupon 17, Receipt 37974			28 00	215 00
10-4	89	Coupons 18-24 Receipt 38023			196 00	

AIGNER FORM NO. 25-204 Samuels, James Jr. 5156 - 10 PRINTED IN USA

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7441 Credit Lot

James Samuels Jr.
8036 Shadow Hill Drive
San Diego, Ca 92041

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					10						

Amount due when paid on, or before, due date above: $ 28.00

Amount due if paid more than _____ days after due date above: $ 1.00

$ 29.00

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-7441 Credit Lot

James Samuels Jr.
8036 Shadow Hill Drive
La Mesa, Ca 92041

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					10						

Amount due when paid on, or before, due date above. $ 28.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 29.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring this coupon with each remittance. **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7441 Credit Lot

James Samuels Jr.
8036 Shadow Hill Drive
San Diego, Ca 92041

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. $ 28.00

Amount due 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-7441 Credit Lot

James Samuels Jr.
8036 Shadow Hill Drive
La Mesa, Ca 92041

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. $ 28.00

Amount due 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-7441 Credit Lot

James Samuels Jr.
8036 Shadow Hill Drive
San Diego, Ca 92041

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. $ 28.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7441 Credit Lot

James Samuels Jr.
8036 Shadow Hill Drive
La Mesa, Ca 92041

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 $ 28.00

Amount due 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-7441 Credit Lot

James Samuels Jr.
8036 Shadoy Hill Drive
San Diego, Ca 92041

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. $ 28.00

Amount due 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-7441 Credit Lot

James Samuels Jr.
3036 Shadow Hill Drive
La Hesa, Ca 92041

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. $ 28.00

Amount due 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-7441 Credit Lot

James Samuels Jr.
8036 Shadow Hill Drive
San Diego, Ca 92141

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. $ 28.00

Amount due 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-7441 Credit Lot

James Saugels Jr.
8036 Shadow Hill Drive
La Mesa, Ca 92041

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					10						

Amount due when paid on, or before, due date above. $ 28.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7441 Credit Lot

James Samuels Jr.
8036 Shadow Hill Drive
San Diego, Ca 92041

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: $ 28.00

Amount due 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-7441 Credit Lot

James Samuels Jr.
3036 Shadow Hill Drive
La Mesa, Ca 92041

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					10						

Amount due when paid on or before due date above. $ 28.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

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-7441 Credit Lot

James Samuels Jr.
8036 Shadow Hill Drive
San Diego, Ca 92041

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					20						

Amount due when paid on, or before, due date above: $ 25.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ _____

Amount Received $ _____

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-7441 Credit Lot

James Samuels Jr.
5036 Shadow Hill Drive
La Mesa, CA 92041

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					10						

Amount due when paid on, or before, due date above. $ 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. 1-7441 Credit Lot

Jesus Sanuale Jr.
8036 Shadow Hill Drive
San Diego, Ca 92041

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					10						

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

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-7441 Credit Lot

James Sarcale Jr.
3036 Shadow Hill Drive
La Mesa, Ca 92041

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. $ 28.00

Amount due 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-7441 Credit Lot

James Samuels Jr.
8036 Shadow Hill Drive
San Diego, Ca 92041

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. $ 28.00

Amount due 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-7441 Credit Lot

James Sawyals Jr.
3036 Shadow Hill Drive
La Mesa, Ca 92041

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. $ 28.00

Amount due 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-7441 Credit Lot

James Sequeis Jr.
8036 Shadow Hill Drive
San Diego, Ca 92041

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
					10						

Amount due when paid on, or before due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

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. B-7441 Credit Lot

James Segovia Jr.
3036 Shadow Hill Drive
La Mesa, Ca 92041

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					10						

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Z-7441 Credit Lot

James Sagnale Jr.
3036 Shadow Hill Drive
San Diego, Ca 92041

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
					10						

Amount due when paid on, or before, due date above. $ 23.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7461 Credit Lot

James Squeale Jr.
5036 Shadow Mill Drive
La Mesa, Ca 92041

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					10						

Amount due when paid on, or before, due date above. $ 28.00

Amount due 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-7441 Credit Lot

James Sagnole Jr.
3039 Shadow Hill Drive
San Diego, Ca 92041

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: $ 28.00

Amount due if paid more than _____ days after due date above: $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7441 Credit Lot

James Sprouls Jr.
3036 Shadow Hill Drive
La Mesa, Ca 92041

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 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 5-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Oshinosuke Koneshi

in a Ash Vault (Vault/Liner) Funeral, date, time Wed 5/25 A4P

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 4944 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

Received August 6, 1988

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7442

Acct. # _____

PY-593 (REV. 8-85)

E-7442

NAME Konishi, Ushinosuki C/O Teri T. Campbell ACCT. NO. E-7348

ADDRESS 6050 Broadway, San Diego, Ca 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
0[illegible]5	88	Ash Opening/Closing, Ash Vault, Recording Fee	242 60		242 60	00
		Recorded 5/16/88				

AIGNER FORM NO. 25-204 Konishi, Ushinosuki 4944 - 10 PRINTED IN USA

E-7442

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11508

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Campbell, Teri T. for the sum of $ 1390.00 2 @ $695. (DOLLARS)

LEGAL DESCRIPTION Lots 4944 & 4945, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-7347

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 Upright Monument

Preneed on file for Mitsu & Ushinosuki Konishi

Cemetery Manager

Property Director

Received the Cremains of
& Ushinosuke Konishi - deceased
on 5/14/88
See pur order E-7348
4944

Details of urn
Burial in Konishi-Ush-
May 1988-
4944-10

E-7442

E-7442

E 7442
Photo after
Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Hold at Monument, cover dirt

Date 5/25/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Wesley Jones

in a Topped Vault (Vault/Liner) Funeral, date, time Fri 5/27 2P.M.

Church, Chapel, Graveside Church of J.S. ; Rogadale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ~~Yes~~ Korea - Army

Lot 33 Grave 3 Row ____ Section 2 Division/Block 11

at Monument

Grave space & Care Fund Single Burial	495.00
Additional spaces and care fund none	
Opening/Closing & Setup	320.00
Burial Container T.S. Cement Vault	175.00
Handling Fees Labor	170.00
Flower vases - Marker setting fee (St. Bronze 135.00)	135.00
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	1341.37
Paid receipt number	
Balance due	

30 Day late

Paid 7/14/88

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.

Ruth L. Reed
Signature

5328 Emerald
Address

San Diego Ca 92114
State Zip Code

619-263-4396
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 070226

Work Order # E 7443

Acct. # 026555

PY-593 (REV. 8-86)

W.O. NO. E-7443

NOTE—STRAIGHT

$ 1341 37/xx San Diego, California, May 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 Market St., San Diego, CA 92102

the sum of Thirteen hundred forty-one & 37/100 DOLLARS

with interest from June 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 Ruth L. Record

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

V0657725

E-7443

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 WESLEY JONES	Male	Aug. 15,1931	May 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	Ruth Record - Mother 5328 Encina Drive San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED Metal 20ga min - P.C.	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	Monsalu - Vault	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 MAY 27 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10-3-2-11 (ENTER DATE) 5/27/88	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: Donald E. 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

7/14

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36409

Date 7/14/88, 19

From Truth Record Address: 5328 - Encinitas Sd. 92114

Thirteen Hundred forty one and 37/100 Dollars ($ 1341.37)

In full Payment of Interment of John Wesley Jones Jr.

Lot 33 Grave 3 Row Section 2 Division Block 11

Invoice No. 070276

Acct. No. 026535

W.O. E-7443

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☑

Pre-need Trust ☐ Cash ☐ Check ☑ M.O.

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

Rec'd 7/14/88 City Auditor

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1341 37

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 37429

Date: 3-3, 19 89

From: Mildred & Eunice Wood Address: 2370 Cosgrove Street SD 92123

Twenty-Six Hundred Fourteen 50/100 Dollars ($ 2614.50)

In _____ Payment of Prepaid lot & Trust for Mildred & Eunice Wood

Lot 4223 & 4224 Grave _____ Row _____ Section _____ Division _____ Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7443

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1014 & 4021

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 10 19

ISSUED BY Sandra Ward

CREDIT	67007	236	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	1520	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc/ Fees	100 77183		
Pre-Need Trust	63003 9022	1424	50
Sales Tax	60101 78390		
TOTAL PAID	$	2614	50

070276 06/06/88 026555 RUTH L. RECORD 07/11/88 CK 227224310 1,341.37 1,341.37 0.00

E-7443

100	072	77181	000072	320.00
100	072	77182	000072	175.00
100	072	77183	000072	170.00
100	072	77184	000072	396.00
100	072	77185	000072	170.00
60101		78390		11.37
67007		77184		99.00

PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-26-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shalamar Clark

in a ——— Vault/Liner Funeral, date, time Thurs 12:00 5/26

Church, Chapel, Graveside Groveside ; 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 850 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	64.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	25.00
Sales taxes	
Total Due	189.00
Paid receipt number 36187	189.00
Balance due	0

8 Check

I hereby certify I am the Mother of the above named decedent and time is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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
MAY 26 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby authorize the interment in lot I hold under deed.

Signature

Antonia Wright
Signature
452 Logan Ave #205
Address
San Diego Ca 92113
State Zip Code
264 8816
Telephone

Invoice # _____

Work Order # E 7444

Acct. # _____

PY-593 (REV. 8-86)

E_7444

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SHALAMAR NICOLE CLARK	Female	April 29, 1988	May 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	Anntonia Wright - Mother 4852 Logan Ave. Apt. 205 San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102	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 18" Wooden - no lener earth 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: $4.00 / DATE PERMIT ISSUED: MAY 26 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Perrot M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/26/88 (ENTER DATE) 850-9	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Blatt / LICENSE 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

№ 36187

Date: 5-26, 19 86

From: Arthur Wright Address: 4152 Logan Ave #205

one hundred ninety-nine Dollars ($ 199.00)

In Payment of Calendar Charts Lawns

Lot 330 Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-7414

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
MAY 31 1988

ISSUED BY

CREDIT	67007	40	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	60	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	06

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

324138-

Date 5-26-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Lenwood Thomas

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 30 Grave 9 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 36190	200.00
Balance due	295.00
36191	295.00

PAID
MAY 26 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____
219 Coolwater Dr
Address
SD CA 92114
State Zip Code
479-0864
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7445

PY-593 (REV. 8-86)

NAME Thomas, James Lenwood ACCT. NO. E-7445

ADDRESS 219 Coolwater Drive, San Diego, Ca 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
[illegible]	88	Lot 30, Grave 9, Section 2, Division 12	495 00		200 00	295 00
5-26	88	Receipt 36191			295 00	-0-

AIGNER FORM NO. 25-204 Thomas, James Lenwood 30 - 9 - 2 - 12 PRINTED IN USA

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36190

Date: 5-26, 19 88

From: Mary L. Shannon Address: 219 Cochwater Dr, SD, CA

Two hundred 10/100 Dollars ($ 200.00)

In Payment of Prepaid Lot Sale

Lot 30 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7445

BALANCE DUE 295.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 31 1988

ISSUED BY Sandra Ward

CREDIT			
20% Sales Care	67007 77184		
80% Sales of Lots	100 77194	200	00
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77155		
Recording & Misc. Fees	100 77163		
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

№ 36191

Date: 5-26, 19 88

From: James L. Thomas Address: 219 Cardwater Dr SD

Two hundred ninety-five 00 Dollars ($ 295.00)

In _____ Payment of Perpetual Care

Lot 30 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7445

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
MAY 31 1988

ISSUED BY Sandra Dod

CREDIT	67007	99	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	196	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	295	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-26-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alfonzo Davis

in a T.S. Vault Vault/Liner Funeral, date, time Fri 5/27 1:00

Church, Chapel, Graveside Chapel & Home, 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 101 Grave 3 Row _____ Section 2 Division/~~Block~~ 19

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	85.00
Sales taxes	11.37
Total Due	1011.37
Paid receipt number 36192	300.00
Balance due	711.37

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

Bernice Carter
Signature
4080 Franklin Ave.
Address
San Diego Calif. 92113
State Zip Code
262-7198
Telephone

Invoice # 070275

Work Order # E 7446

Acct. # 026556

PY-593 (REV. 8-85)

E_7446

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Alfonzo Davis	Male	March 15, 1918	May 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	Gloria Davis - Wife 4080 Franklin Ave. San Diego, CA 92113

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, 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 T.L. Vault - at Vet Mon.
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Metal Non Sealer - Loge 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: MAY 27 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Remer, M.D., MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/27/88 (ENTER DATE) 101-3-2-11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Lloyd 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

W.O. NO. E-7446

NOTE—STRAIGHT

$ 711.37 San Diego, California, May 26, 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 Market St., San Diego, CA 92102

the sum of Seven hundred eleven 37/100 — 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 Bernice Carter

4080 Franklin Ave.

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

~~Debt~~ 39261

Sawaya Bros. Mark

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36192

Date: 5-26, 1988

From: Bernice Carter Address: 4080 Franklin Ave 30

Three hundred dollars Dollars ($ 300.00)

In Payment of Mango Davis Funeral Service

Lot 101 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7446

BALANCE DUE 711.37

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 31 1988

ISSUED BY Linda L. Mc

CREDIT	67007	
20% Sales Care	77184	60.00
80% Sales of Lots	100 77184	240.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	300.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-26-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward Deering

in a Ball lever (Vault/Liner) Funeral, date, time Tue 5/31 1:00

Church, Chapel, Graveside no service ; Chapel of the Hills Mortuary, Auburn CA

All Funeral cars must 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 35 Grave 2 Row _____ Section MAS Division/~~Block~~ K

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	6.50
Total Due	606.50
Paid receipt number 36196	606.50
Balance due	0

Check

Mortuary will deliver

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7447

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

№ 36196

Date: 5-29, 1988

From: Chapel of the Hills Mort Address: 1391 Lincoln Way, Auburn Ca 95603

six hundred six dollars 50/100 Dollars ($ 606 50)

In full Payment of Interment of Cremated Hearing Dec

Lot 35 Grave 2 Row — Section 17 Division Block K

Invoice No.

Acct. No.

W.O. E-7447

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 00171

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 2 1988

ISSUED BY Sara Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77164	
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 50
TOTAL PAID	$	606 50

E-7447

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 Emanuel Deering	Male	Feb.13,1897	May 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
Auburn	Placer	Mary O. Deering 3945 Grass Valley Hwy.#31 Auburn, Ca 95603

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Chapel of the Hills 1331 Lincoln Wy Auburn, CA	F - 372

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a Metal Casket delivered	DATE CREMATED 5/29	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 By J. Moore		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 5-27-88	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Laura Jamieson Dep.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/31/88 (ENTER DATE) 3572 MAST K	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION George W Stetter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

TO George Edward Deany 35-2-MAS

DATE _____ TIME E 7447

WHILE YOU WERE OUT

M Myron →

OF Chapel of the Hills Auburn

PHONE 1-800-635-0880 EXT. _____

TELEPHONED	✓	PLEASE CALL	✓
RETURNED YOUR CALL		WILL CALL AGAIN	
WAS IN TO SEE YOU		WILL COME IN AGAIN	

MESSAGE He would like to deliver body Sunday for the Sunday evening burial

Embalmed – Steel Casket

Will Call

FORM BD-70 (Rev. 8-86) RECEIVED BY Sandy

See Marker for Lp # 4 or 6

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-27-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sylvia Burkhardt

in a T.S. Vault (Vault/Liner) Funeral date, time Tues 5/31 11:00

Church, Chapel, Graveside Chapel & Graveside Services 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 162 Grave 6 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-need	
Additional spaces and care fund ..... One Lp.	
Opening/Closing & Setup	320.00
Burial Container ..... Topseal Vault	175.00
Handling Fees ..... Labor	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	711.37
Paid receipt number 36213	711.37
Balance due	0

John to pay from one CR on Wed -

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

Harold Burkhardt
Signature
1819 Grandview Drive
Address
San Diego Cal. 92111
City, State, Zip Code
277-6972
Telephone

Invoice # _____

Work Order # E 7448

Acct. # _____

PY-553 (REV. 8-85)

OFFICIAL RECEIPT

№ 36213

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 5-31, 1986

From: Ronald Bucharoff Address: 1819 Crandall Dr SD

$ seven hundred twenty 37/100 Dollars ($ 720.37)

In Payment of Inglewood Gardens Special Service

Lot 162 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7446

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 035695

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 2 1988

ISSUED BY Sylvia Ortega

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	00
Burial Containers	100 77182	175	00
	100	70	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	37
TOTAL PAID	$	711	37

E 7448

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SYLVIA ISABELLA BUCHARDT	female	Nov 9, 1913	May 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	Harold Buchardt - husband 1819 Crandall Drive San Diego, CA 92111

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 Metal Casket -	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a Bronze Hold Lem 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 MAY 31 1988 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Rennet, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 5/31/88 (ENTER DATE) 162/6/2/12	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 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.

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/27/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles W. 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 WW2 - army

Lot 2168 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund ... Single Space Care ... 595.00

Additional spaces and care fund ... _____

Opening/Closing & Setup ... none amount at this time ... _____

Burial Container ... _____

Handling Fees ... _____

Flower vases - Marker setting fee ... _____

Recording and filing fee ... _____

Sales taxes ... _____

Payoff before 24 mo.

Total Due ... 595.00

Paid receipt number 36194 ... 150.00

Balance due 445.00

I hereby certify I am the Myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x C. W. Thomas
Signature

x 616 Bradford Rd.
Address

x El Cajon, Ca. 92019
State Zip Code

x
Telephone

Invoice # _____

Work Order # E 7449

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 37867

Date: 5-26 19 89

From: Carlos Spencer Address: 610 Grandfield Rd SC

Grave Liner 2 @ 95. Dollars ($ 460.95)

In Payment of Lease of Burial Lot

Lot 216 Grave Row Section Division Block

CITY AUDITOR
JUN 02 1989

Invoice No.

Acct. No.

W.O. 2-7499

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

CREDIT 20% Sales Care	67007 77184	100
80% Sales of Lots	100 77184	320 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	300
Handling Fee	100 77185	10 00
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	25
TOTAL PAID	$	460 95

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36194

Date: 5/27/88, 19

From: Charles W. Thomas Address: 610 Bradford Rd. El Cajon 92019

One Hundred Fifty and 00/100 Dollars ($ 150.00)

In Part Payment of Cy Need purchase of Space next to Shirley Mae Thomas - Sec

Lot 2168 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. —

Acct. No. —

W.O. E-7449

BALANCE DUE 440.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 3050

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 2 1988

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	150 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	50101 78390	
TOTAL PAID	$	150 00

NAME Thomas, Charles W. ACCT. NO. E-7449

ADDRESS 610 Broadford Road, El Cajon, Ca 92019 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
[illegible]27	88	Lot 2168, Division 10	595 00		150 00	445 00
5-28	89	Receipt 37867			445 00	00

AIGNER FORM NO. 25-204 Thomas, Charles W. 2168 - 10 PRINTED IN USA

134-3

MT. HOPE CEMETERY,

INTERMENT ORDER

City of San Diego

Date 5-31-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tonda Thomas

in a Liner (Vault/Liner) Funeral, date, time Fri 6/3 1pm

Church, Chapel, Graveside Riverside 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 No.

Lot 134 Grave 2 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	856.50
Paid receipt number 36240	856.50
Balance due	0

Mortuary will bill

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: Juliata T. Wright

Address: 5133 Swtr. Spgs Apt #23

State: Spring Valley CA Zip Code: 92078

Telephone: (619) 670-8286

Invoice #

Work Order # E 7450

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

№ 36240

Date: 6-3, 19 88

From: Mackey-Mitchell Address: 3655 Fifth Ave SD 92103

eight Hundred Sixty-six 50/100 Dollars ($ 866.50)

In Payment of Total Thomas' Burial Service

Lot 134 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7450

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

6904

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUN 13 1988

ISSUED BY

CREDIT 20% Sales Care	67007 77184	33	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	50
TOTAL PAID	$	866	50

E_7450

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Tonda Layo Thomas	Female	Oct. 2, 1948	May 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	Willis W. Tolliver, Father 460 Island Avenue #321 San Diego, CA 92101

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 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 MAY 31 1988	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 6/3/88 (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		

Bell Line - Cloth Steel
Opened Casket at L.S. — F.D. Permit

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-30-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eva Malluquiza

in a Vault/Liner Bell Liner Funeral, date, time Thurs 6/2 10am

Church, Chapel, Graveside Graveside Erickson-Ordway Mortuary. Mr. Warren

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 2638 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 36204	35.00
Balance due	0

Received E-1267

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.

Felipe Malluquiza
Signature

5995 LAKE MURRAY DR.
Address

LA MESA, Ca. 92042
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 7451

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

№ 36204

Date: 5-31, 19 86

From: Elise Mallinnings Address: 5915 Lake Murray Blvd
Apt - Suite 8

Dollars ($ 35.00)

In Payment of Eva Mallinnings Burial Vault

Lot 2636 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7451

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 2 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	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	69033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

AC-212 (Rev. 10-87)

E-7451

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 Malluquiza	Female	Sept. 14, 1918	May 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
Santee	San Diego	Fellipe Malluquiza Husband 5995 Lake Murray Blvd. La Mesa, CA. 92042

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Erickson-Anderson 8390 Allison Av. La Mesa, CA.	F296

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA.	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED / 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 Cloth Covered - Wooden State - Lively Bay Hardware	
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 May 30, 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 JUN 2 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 6/2/88 (ENTER DATE) 2638-10	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/31/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn Virginia Merriweather Q

in a Vault - P.I.P (Vault/Liner) Funeral, date, time 6/1/88 - AXP 3PM

Church, Chapel, Graveside _____ ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 39 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	97.00
Additional spaces and care fund ... None	
Opening/Closing & Setup	105.00
Burial Container ... 20" deep - Cement in Place	40.00
Handling Fees	60.40
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	2.60
Total Due	340.00
Paid receipt number 36215	340.00
Balance due	0

PAID
JUN 01 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.

Via Mr. Rogsdale

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 7452

Acct. # _____

PY-593 (REV. 8-85)

E-7452

LINCOLN

Inengweather

N 19°23'37" W

CURB LINE N 19°13'2

3,205.414
1,726.386

3,205.257
1,724.924

Ragsdale

39-1-3-12

9.5' 10.5'

DRIVE

N 45°20'46" E

CURB LINE

10X 11 X 20

FLAT MARKER ON

9.00' 10.20'

L=182.09'

N. 3060.330
E. 1566.767

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36215

Date: 6/1/88, 19

From: Anderson-Rosedale Mortuary Address: 5050 Federal Blvd - S.D. 92102

Three Hundred forty and no/00 Dollars ($ 340.00)

In full Payment of Interment of Evelyn Virginia Merriweather

Lot 39 Grave 1 (unit 4) Row — Section 3 Division Block 12

Invoice No. —

Acct. No. —

W.O. E-7452

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 9655

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 7 1988

ISSUED BY George W. Stetter

CREDIT	67007	19	40
20% Sales Care	77184	77	60
80% Sales of Lots	100 77184	105	00
Opening/ Closing	100 77181	40	00
Burial Containers	100 77182	60	40
Handling Fee	100 77185	35	00
Recording & Misc. Fees	100 77183	—	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	60
TOTAL PAID	$	340	00

E-7452

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Evelyn Virginia Merriweather	Female	July 30, 1918	Jan. 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
Chula Vista	San Diego	Marcia Walker - Daughter 1494 Oro Vista Road, Apt. 79 San Diego, CA 92154

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mortuary:San Diego, CA 92102	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED 14065 Olde Highway 80 Leneda Inc.:El Cajon, CA	DATE CREMATED 1/30/88	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 Off Point Loma Shoreline -- San Diego County		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass 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 Jan. 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 JAN 27 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/1/88 (ENTER DATE) 39/13/12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

E-7452

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Evelyn Virginia Merriweather	Female	July 30, 1918	Jan. 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
Chula Vista	San Diego	Marcia Walker - Daughter 1494 Oro Vista Road Apt. 79 San Diego, California 92154

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) CC
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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 Leneda Inc.: 14065 Olde Highway 80; El Cajon, 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 ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 07 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/8/88 (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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/1/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Solomon Worku

in a Liner (Vault/Liner) Funeral, date, time Sat - 6/4/88 - 10 AM

Church, Chapel, Graveside Ch of L.S. ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot ____ Grave 14 Row A Section I Division/Block ____

Grave space & Care Fund ..... Single Burial	250.00
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320.00
Burial Container ..... Concrete Bell Liner	100.00
Handling Fees ..... Sat. O.T. = 380.00 + Reg 145	525.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	1236.50
Paid receipt number 36222	380.00
Balance due	856.50

U. of V.C. -
Sat O.T. To be Pd by 6/4
$380.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # ____

Acct. # ____

Work Order # E 7453

PY-593 (REV. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/1/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Solomon Worku

in a Liner (Vault/Liner) Funeral, date, time Sat - 6/4/88 - AM

Church, Chapel, Graveside Ch of J.S. ; Pagoda Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot _____ Grave 1½ Row A Section I Division/Block [redacted]

Grave space & Care Fund ..... Single Burial	250.00
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320.00
Burial Container ..... Comite Bill Liner	100.00
Handling Fees ..... Sat. O.T. = 380.00 + Reg 145	525.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	1236.50
Paid receipt number _____	
Balance due	

U. of V.C. -
Sat O.T. To be Pd by 6/4
#380.00

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

Haibselassie Lessesse
Signature
5458 BAY VIEW HTSPL #5
Address
SAN DIEGO 92105
State Zip Code
CA (619) 527-03838
Telephone

Invoice # _____

Work Order # E 7453

Acct. # _____

PY-593 (REV. 8-85)

W.O. # E-7453

NOTE

$ 856.50 San Diego, California June 1 1988

45 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Eighthundred fifty six 50/100 DOLLARS with interest from July 15, 1988 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME x Haileselassie Legesse SIGNATURE x Haileselassie Legesse

ADDRESS 5458 BAY View HTS pl #5 S.D. Ca. 92105

CALIF. DRIVERS LIC. # 29551410

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37711

Date 4-27, 19 89

From: [illegible] Address: P.O. Box 2360, [illegible]

[illegible] Dollars ($ 842.75)

In Payment of

CITY AUDITOR
MAY 01 1989

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. 8-7453

BALANCE DUE 13.75

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 65433743

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007	50 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	200 00
Opening/ Closing	100 77181	325 00
Burial Containers	100 77182	100 00
Handling Fee	100 77185	195 00
Recording & Misc. Fees	100 77183	21 25
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	9 50
TOTAL PAID	$	842 75

E- 7453

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SOLOMON WORKU	Male	Nov. 7, 1963	May 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	Genet-Teklu Aseresagn - Wife 3654-42nd Street San Diego, California 92105

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING THEREIN)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY Cloth Covered P.C. Mim Oitozan
BURIAL AT SEA OR DISPOSITION OTHER 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	Lonnie Lenn Bell In grave due North of Space 1 — Row A
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A (Head to West looking East)	In Easement
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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: JUN 1 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Gerald L. Parmas, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (DATE) 6/4/88 TS-A-I-CR	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

№ 36222

Date: 6/ 19 88

From: [illegible] Address: 5458 [illegible] Unit #5

Three hundred eight [illegible] Dollars ($ 380.00)

In Deposit Payment of Salon [illegible] Burial Service

Lot Grave 1/2 Row A Section I Division Block

Invoice No.

Acct. No.

W.O. E-7453

BALANCE DUE 86.50

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87) Cash

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 7 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	380	00
Pre/Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	380	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/1/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frank Richard ~~[illegible]~~ Van Gorder

in a Ash Vault (Vault/Liner) Funeral, date, time Friday 6/3 11:30

Church, Chapel, Graveside Groveside ; SD Mortuary ~~Service~~ Mortuary.

All Funeral cars must 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-N. George Act [illegible]

Lot 1238 Grave _____ Row _____ Section 3 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	2.60
Total Due	242.60
Paid receipt number 36236	242.60
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.

Evelyn J. Dadouch
Signature

3773 Imperial Ave
Address

S.D. Ca 92105
State Zip Code

565-1943
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Acct. # _____

Work Order # E 7454

PY-883 (REV. 8-88)

E-7454

Martha E. Parker

Cremated. ⊗

um.

Fi. Bd.

G.S.

*24260

325-1943

1238-3-8

John C.--1237

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36236

Date: 6/3/88 19

From: Evelyn Dadourl Address: San Diego

Two Hundred forty two and 60/100 Dollars ($ 242 60)

In full Payment of Inurnment plaque for Frank Richard Van Gordon - 8

Lot 1238 Grave Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-7454

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 620

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 7 1988

ISSUED BY Roger Stott

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	105 00
Burial Containers	100 77182	40 00
Handling Fee	100 77185	60 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	2 60
TOTAL PAID	$	242 60

E_7454

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FRANK RICHARD VAN GORDER	MALE	JUNE 15,1925	MAY 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
LA PAZ	BAJA CALIFORNIA SUR,MEXICO	EVELYN DADOUSH-DAUGHTER 3723 MENLO AVENUE SAN DIEGO,CA,92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
471 PICKWICK ST SAN DIEGO,CA,92102 SANDIEGO MORTUARY SERVICE	F-1425

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MOUNT HOPE CEMETERY,3751 MARKET STREET,SAN DIEGO,CA,92102		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED LENEDA INC,14065 OLDE HWY 80,EL CAJON	DATE CREMATED 5/27/88	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 NA Cremation in Crypt Vault - Gwd did Lemi "Veteran" USN		
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 $4.00	DATE PERMIT ISSUED MAY 26 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 6/3/88 (ENTER DATE) 1238/3/8	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/1/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mildred M Penick

in a Bell Vault/Liner Funeral, date, time Sat - 11:30A - 6/4/88

Church, Chapel, Graveside Chapel - H&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 59 Grave 6 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund ... Pre-need D-9720	—
Additional spaces and care fund ... none	—
Opening/Closing & Setup	320.00
Burial Container ... Bell - Conrite	100.00
Handling Fees ... Sat O.T. 380.00 + Labor 145	525.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	986.50
Paid receipt number 36227	986.50
Balance due	0

Payment by 6/4

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

18 Ga. Steel

Margaret M. Myers
Signature

3245 Front St.
Address

San Diego, Ca
State Zip Code

295-8415
Telephone

Invoice # ____

Acct. # ____

Work Order # E 7455

PY-593 (REV. 8-85)

E-7455

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 MARIE PENICK	female	March 29, 1904	May 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	Mary E. Orr - daughter 1241 Adobe 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 — Comp Marker —	DATE CREMATED on grave	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. Batesville all Steel — Bellliner		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a 11:30 chapel — left grave at 2 P.M — "Sat"		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 1 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 6/4/88 (ENTER DATE) 59/6/2/12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION George Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 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

№ 36227

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-2, 19 88

From: Mary Orr Address: 3204 Dashin Ave, SD

nine hundred nine 21 50/100 Dollars ($ 986.50)

In Payment of Mulberry Lawn Burial Service

Lot 59 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7455

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4595

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 7 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
Handling Fee	100 77185	45	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	50
TOTAL PAID	$	986	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/2/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bealia Hopkins

in a Top Seal Vault (Vault/Liner) Funeral, date, time Monday 11 Am 6/6

Church, Chapel, Graveside Church & 215 ; 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 .

127 Lot 127 Grave 6 Row — Section 2 Division/Block 11

Grave space & Care Fund ..... Single Burial	250.00
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	11.37
Total Due	961.37
Paid receipt number 36225	961.37
Balance due	-0-

PAID
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.

James Hopkins
Signature

Route 7 Box 4345
Address

Texarkana Ark. 75502
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 7456

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36225

Date: 6/2/88 19

From: James Stagner Address: RT 7 - Box 4345 - Terrell Texas 75501

Nine Hundred Sixty one & 37/100 Dollars ($ 961.37)

In full Payment of Interment of Beulia Hopkins - dec

Lot 127 Grave 6 Row 2 Section 2 Division ~~Block~~ 11

Invoice No. —

Acct. No. —

W.O. E-7457

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

JUN 7 1988

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	320	00
Burial Containers	100 77189	175	00
Handling Fee	100 77185	170	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022	—	
Sales Tax	60101 78390	11	37
TOTAL PAID	$	961	37

E-7456

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BEULIA HOPKINS	Female	Sept. 27, 1917	May 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
Chula Vista	San Diego	Addie L. Brown - Daughter 754 O'Meara Street San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS DIRECTOR)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED Mem. Metal Zoga - non Scale	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 JUN 3 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Powers M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/6/88 (ENTER DATE) 127-6-2-11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Fletcher	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-3-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emmett Dykes

in a Bell Liner (Vault/Liner) Funeral, date, time Mon 6/6 1:00

Church, Chapel, Graveside Church & 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 VA. Veteran

Lot 105 Grave 12 Row _____ Section 2 Division/~~Block~~ 7

(Top of Dip)

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	6.50
Total Due	606.50
Paid receipt number 36241	606.50
Balance due	0

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Linnadee Dickens
Signature

X 3167 FRANKLIN AVE
Address

X SAN DIEGO CA 92113
State Zip Code

X 619-233-0387
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7457

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

№ 36241

Date: 6-3, 1988

From: [illegible] Address: 2167 [illegible] Ave [illegible] 92113

[illegible] Dollars ($ [illegible])

In Payment of [illegible]

Lot 105 Grave 12 Row Section 2 Division Block 7

Invoice No.

Acct. No.

W.O. E-7457

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
JUN 13 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
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	6	58
TOTAL PAID	$	606	58

E-7457

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EMMETT DYKES	Male	June 4, 1897	June 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
National City	San Diego	Annie Lee Dickens - Sister 3167 Franklin Avenue San Diego, California 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

"Veteran"

FOR CORONER'S 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 20 ga Metal N/A Non-Scale		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A None		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 6 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Gerald G. Parnes, M.D., MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/6/88 (ENTER DATE) 105/12/27	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gregory 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		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-3-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (+) Donald Stanley Richardson

in a Asb Vault (Vault/Liner) Funeral, date, time ~~Thes 6/7 2pm~~

Church, Chapel, Graveside Chapel of 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 _____ . Friday 6/17 11am wdrs only

Lot 152 Grave 12 Row _____ Section 1 Division ~~Block~~ 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	2.60
Total Due	242.60
Paid receipt number 36249	242.60
Balance due	0

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Karen White
Signature

4178 Swift Ave 'G'
Address

San Diego Ca 92114
State Zip Code

584-8371
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7458

PY-583 (REV 8-85)

E 7458

MOUNT HOPE CEMETERY

6-3 19 88

The undersigned hereby requests and authorizes the interment of the remains of Donald Stanley Dickinson in Lot 152 Gr 12 Row _____ Sec. 1 Block _____ Division 12 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.

Karen White
Signature of relative or legal representative

4178 Swift Ave 'G' S.D. 92104
Address & relationship to deceased or authority to sign authorization

Witness

Witness

OFFICIAL RECEIPT

№ 36249

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-6, 19 88

From: Carol White Address: 4817 Saint Paul, S.D. 92115

Two hundred forty-two 60/100 Dollars ($ 242.60)

In Payment of Gerald Stanley Richardson's Cremation

Lot 52 Grave 12 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-7156

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

JUN 13 1988

ISSUED BY Linda Rhew

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	10.00
Recording & Misc. Fees	100 77183	30.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	2.60
TOTAL PAID	$	242.60

E_7458

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DONALD STANLEY Richardson	Female	Oct. 15, 1961	June 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
National City	San Diego	Sylvia J. Richardson - Mother 3787 Broadway Street San Diego, California 92102

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☒ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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 Leneda Inc.: 14065 Olde Highway 80; Ca,	DATE CREMATED 6/9/88	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 N/A Copper urn (Late)		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Cemento Vault — 2PM witness — Bob Keller		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 07 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Parmer, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/17/87 (ENTER DATE) 152-12-1-12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gregory 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 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rose C. McNamara

in a Bell Liner (Vault/Liner) Funeral, date, time Thurs 6/9 11am

Church, Chapel, Graveside Lewis Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 63 Grave 2 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee 35.00

Sales taxes ..... _____

Total Due 35.00

Paid receipt number 36586 35.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7459

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

№ 36586

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-25 19 88

From: County of San Diego Address: 5201-A Griffin Road, SD

Thirty-five 20/100 Dollars ($ 35.20)

in Payment of Rose McNamara's recording fee + interest

Lot 62 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE E-7459

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 023563

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
SEP 6 1988

ISSUED BY Sandra Davis

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	25	00
Sales Tax 10%	60104 78390		20
TOTAL PAID 75133	$	25	20

E-7459

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROSE CATHERINE McNAMARA	female	March 27, 1897	June 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	SELF... by pre-arrangement

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery - San Diego, CA (3751 Market St.)		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a Burial Octogan - Bellhen Wooden		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $4.00	DATE PERMIT ISSUED: JUN 9 1988 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald G. Ramos, M. Dunn
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/9/88 (ENTER DATE) 6/3/2/3/12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH: n/a		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

X

Date 6-6-88

CAVE

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph Cave

in a Double Crypt (Vault/Liner) Funeral, date, time Wed 6/8 2pm

Church, Chapel, Graveside Chapel & Grave; Goodbody (Name) Mortuary.

All Funeral cars must 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

Lot 98 Grave 12 Row 2 Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... Double Crypt Space	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container .. Double Crypt - Installed Vault	330.00
Handling Fees ..... Labor	320.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	21.45
Total Due	1521.45
Paid receipt number	
Balance due	

30 day note

Paid 8/1/88

I hereby certify I am the Widow & myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X

Signature

8195 Lake Andrita Ave

Address

San Diego, CA 92119

State Zip Code

460-8074

Telephone

Invoice # 070638

Acct. # 026678

Work Order # E 7460

PY-093 (REV. 8-88)

W.O. # E-7460

NOTE

$ 1521 45/100 San Diego, California June 6 1988

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Fifteen Hundred twenty one & 45/100 DOLLARS with interest from July 8, 1988 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME Shirley R. Cave SIGNATURE Shirley R. Cave

ADDRESS 8195 Lake Andrita San Diego Cal. 92119

CALIF. DRIVERS LIC. # S0692062

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E_7460

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOSEPH RICHARD CAVE	Male	March 18, 1933	June 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	Shirley R.Cave wife 8195 Lake Andrita Avenue San Diego, California 92119

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 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-20ga-Now Sealer — Bottom D. Opt		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Veteran —		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 07 1988 ▶ Donald G. Ramsey, M.D. MHm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/8/88 (ENTER DATE) 78/12/1/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joseph Letts	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN OTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

E_7460

Honorable Discharge

NAVY DEPARTMENT · UNITED STATES OF AMERICA

from the Armed Forces of the United States of America

This is to certify that

JOSEPH RICHARD CAVE, ENGINEMAN THIRD CLASS, USN

was Honorably Discharged from the

United States Navy

on the 13th *day of* January 1954 *This certificate is awarded as a testimonial of Honest and Faithful Service*

D. B. REAVIS, JR.
Lieutenant, U. S. Navy
~~By direction of Commanding Officer~~

ace of discharge U. S. NAVAL RECEIVING STATION, SAN DIEGO, CALIFORNIA

uthority for discharge BUPERS MAN ART C-10317 (1) (F)

rial or file number 345 39 11

ate and place of birth 18 March 1933 (Date) ATCHISON, KANSAS (Place)

ate of entry into active service 24 OCTOBER 1950

ating at discharge ENGINEMAN THIRD CLASS

tal service for pay purposes during this enlistment 03 YEARS, 02 MONTHS, 20 DAYS

rvice (vessels and stations served on) U. S. NAVAL TRAINING CENTER SAN DIEGO, CALIFORNIA

U. S. S. ASHTABULA (AO-51)

SUB GROUP ONE SAN DIEGO PAC. RES. FLT.

marks NONE

R. C. WOODWARD ENS *U.S.N.(R)*

029978

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/05/88

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
070638	06/14/88	026678	SHIRLEY K. CAVE					08/01/88	CK	345	1,521.45	1,521.45	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					21.45		
			67007			77184					99.00		

E-7460

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,521.45

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego Y

Tues - 2 P.M for charge -

Date 6/6/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beverly Y. Cubit

in a Bell Liner (Vault/Liner) Funeral, date, time Wed-2 P.M-6/8

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 117 Grave 5 Row ~ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... Single Space	300.00
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320.00
Burial Container ..... Liner	100.00
Handling Fees ..... Labor	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	906.50
Paid receipt number 36243	100.00
Balance due	806.50

Bal Dy 6/8-2 P.M.

36276 806-50

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature: Lillian Moyed

Address: 2516 Fairmont Ave #B

State: S.D. Ca Zip Code: 92105

Telephone: 528-0031

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice #

Work Order # E 7461

Acct. #

PY-593 (REV. 8-85)

395

711.37 - V

1106.37

a 300.00

711.37 - op. - Vent
Ri. Cole

37

300.00

606.50

906.50

E-7461

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Beverly Yvonne Cubit	Female	May 16, 1953	Found June 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	Vivian Majeed - Sister 2516 Fairmont Ave. 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 San Diego, CA 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED 20ga Non - Sealed - Metal	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 Lined -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 07 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Parrish, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/5/2/11 (ENTER DATE) 6/8/88	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gregory Stell	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36243

Date: 6/6/88, 19

From: Vivian Majeed Address: SD

One Hundred Dollars ($ 100.00)

In: Deposit Payment of Installment for Beverly Cubit - Du

Lot 117 Grave 5 Row ~ Section 2 Division ~~Block~~ 11

Invoice No. —

Acct. No. —

W.O. E-7461

BALANCE DUE 806.50

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
JUN 13 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36276

Date: 6-8, 19 86

From: Ronald Cubit Address: 10202 Clocktower, [illegible]

eight hundred 54 50/100 Dollars ($ 806.50)

In: Payment of Lot & Grave Cubit Burial

Lot 117 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7461

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

064 87

227-0820-500

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 13 1988

ISSUED BY

CREDIT	67007	60	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	140	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	63033 9022		
Sales Tax	60101 78390	6	50
TOTAL PAID	$	806	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clarence Jackson

in a ~~[illegible]~~ Vault (Vault/Liner) Funeral, date, time Wed 6-8-88 10am

Church, Chapel, Graveside Graveside ; Pairs Mortuary.

All Funeral cars must 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 3654 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund ..... Pre need Pd	
Additional spaces and care fund ..... None	
Opening/Closing & Setup	320.00
Burial Container ..... Vault —	175.00
Handling Fees ..... Labor	170.00
Flower vases - Marker setting fee	
Recording and filing fee	3.00
Sales taxes	11.37
30 day account Total Due	711.37
Paid receipt number 36250	500.00
Balance due	211.37

Paid 8/19/88

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

HENRY E. JACKSON
Signature

15201 AMSO ST.
Address

POWAY CA 92064
State Zip Code

748-9502
Telephone

Invoice # 070640

Acct. # 026675

Work Order # E 7462

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

№ 36250

Date: 6/6/88 19

From: Henry E Jackson II Address: 15201 Amso St Poway, Ca 92064

Five Hundred & 00/100 Dollars ($ 500 00/2)

In Deposit Payment of Interment of Clarence Jackson dec

Lot 3654 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E7462

BALANCE DUE 211.37

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 0849

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 13 1988

ISSUED BY Gregory Stitts

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	5	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

E- 7462

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Clarence Edward Jackson	Male	May 2, 1908	June 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	Henry Jackson-Grandson 15201 Amso Street Poway, CA 92064

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Parks-Frederick Mortuary, 374 N. Magnolia Ave. El Cajon, CA	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 Street, San Diego, Ca 92119		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Vault — Blue Arlington Wooden-Clock Cement	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 (Elmer + Chelsey)		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 7 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/8/88 (ENTER DATE) 3254/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stetter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Celestine Bell

in a Vault (Vault/Liner) Funeral, date, time Thurs. 6-9-88 2pm

Church, Chapel, Graveside Chapel/H.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 5022 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	695.—
Additional spaces and care fund	
Opening/Closing & Setup	320.—
Burial Container T.S. Vault	175.—
Handling Fees	170.—
Flower vases - Marker setting fee	
Recording and filing fee	35.—
Sales taxes	11.37
Total Due	1406.37
Paid receipt number 36248	800.—
Balance due	606.37

Paid 7/7/88

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

Robert A. Bell
Signature
7384 SKYLINE DR.
Address
SAN DIEGO, CA. 92114
State Zip Code
619-264-9944
Telephone

Invoice # 070635

Acct. # 026680

Work Order # E 7463

PY-593 (REV. 8-85)

W.O. # E-7463

NOTE

$ 606.37 San Diego, California June 6 19 88

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of six hundred six 37/100 DOLLARS with interest from August 6, 1988 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME ALBERT A. BELL SIGNATURE Albert A. Bell

ADDRESS 7384 Skyline Dr. San Diego, CA. 92114

CALIF. DRIVERS LIC. # B0453523

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36248

Date: 6-6-88, 19

From: Albert A. Bell Address: 7384 Skyline Dr. S.D. CA 92114

Eight hundred dollars and 1x/100 Dollars ($ 800.00)

In part Payment of interment of Celestine Bell

Lot 5022 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E7463

BALANCE DUE 606.37

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 W. J. Teague

CREDIT	67007	131	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	100	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

AC-212 (Rev. 10-87)

E-7463

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Celestine Bell	Female	Feb. 6, 1931	June 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	Albert Bell - Husband 7384 Skyline Dr. San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.:5050 Federal Bl. San Diego CA	F 1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED 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 Leaker 20ga	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 ~~Mt.~~ T. S. Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 9 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Cameron M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/9/88 (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.

070635	06/14/88	026680	ALBERT A. BELL			07/07/88 CA	606.37	606.37	0.00
			100	072	77181	000072	215.00		PAID IN FULL
			100	072	77182	000072	175.00		
			100	072	77183	000072	35.00		
			100	072	77185	000072	170.00		
			60101		78390		11.37		

6-7463

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/7/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marguerite Mae McKinney

in a Bell dem Vault/Liner Funeral, date, time Thurs 6/9 10:30

Church, Chapel, Graveside ; Pacific Beach Chill Mortuary.

All Funeral cars must 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 28 Grave 8 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund ..... D-2039 — ..... —

Additional spaces and care fund ..... None ..... —

Opening/Closing & Setup ..... Pre Paid ..... _____

Burial Container ..... D-2039 ..... _____

Handling Fees .... _____

Flower vases - Marker setting fee ..... 1972 P.N. ..... _____

Recording and filing fee 35.00

Sales taxes ..... Pay ..... _____

Mortuary to Pay $35.00

Total Due 35.00

Paid receipt number 36325 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.

Via Phone - [illegible]

Signature

I hereby authorize the interment in lot I hold under deed.

_____

Signature of recorded holder of deed

Address

State Zip Code

Telephone

Invoice # _____

Work Order # E 7464

Acct. # _____

PY-593 (REV. 8-85)

E_7464

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARGUERITE MOORE McKINNEY	FEMALE	JAN. 23, 1907	JUNE 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
LEMON GROVE	SAN DIEGO	SELF PRE-NEED

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

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S 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 Bell Urn - Direct Burial	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ / DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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: JUN - 7 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rennard, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/9/88 (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: 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. 36325

Date: 6-22 19 88

From: M Carrico Address: 5600 Carroll Canyon Rd SD

White - five rolling Dollars ($ 35.00)

In Payment of Marguerite Mckinney opening fee

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-7464

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

083583

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

012775

CITY AUDITOR
JUN 30 1988

ISSUED BY Linda Chase

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 6/7/88

Chamber

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Georgia Wilber ⊗ 6/16 Thur 1:30 Grave

in a Ash Vault (Vault/Liner) Funeral, date, time 6/15/~~Wed~~/1 PM

Church, Chapel, Graveside Witness - G.S. ; 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 _____ . Put urn at Center Head left -

✓ Lot 68 Grave 9 Row — Section 2 Division/~~Block~~ 6

Grave space & Care Fund	—
Additional spaces and care fund (Plan 2 spaces for 6 Cremain)	—
Opening/Closing & Setup Labor & Equipment	105.00
Burial Container Ash Vault (Cremate)	40.00
Handling Fees Labor	60.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	2.60
Total Due	242.60
Paid receipt number 36308	242.60
Balance due	Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

#5 - air Seal

Merrill Leighton Bishop
Signature

11319 Sunshine Terrace
Address

Studio City, Ca 91604.
City, State, Zip Code

818-760-0148
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7465

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

№ 36308

Date: 6-16 19 66

From: Merrill Lynch Pierce Fenner & Smith Address: 11319 Sunset Dr, Lakeside

two hundred forty two 60/100 Dollars ($ 242.60)

In Payment of Johnson Chamberlin Wilbur's Cemetery

Lot 66 Grave 9 Row Section 2 Division Block 6

Invoice No.

Acct. No.

W.O. E-7465

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3525

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 20 1988

ISSUED BY Sandra Wood

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	105 00
Burial Container	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 60
TOTAL PAID	$	242 60

E-7465

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

C-36802.

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Georgia Chambers Wilber	Female	Aug. 1, 1918	May 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
Studio City	Los Angeles	Mrs. Merrill Bishop - Daughter 11319 Sunshine Terr. Studio City, Cal. 91604

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Armstrong Family Malloy-Mitten	380

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XX☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, Calif.	COUNTY San Diego Co.
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Angeles Abbey Mem.Pk., Compton, Ca.	DATE CREMATED 6-6-88
	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Nora Alamanchi	
BURIAL AT SEA OR DISPOSITION OTHER 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
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ Martin Lee DATE SIGNED May 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 JUN 01 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ John B. Mata
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/16/88 (ENTER DATE) 68-9-2-6	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-8-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jana Strachan

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 9 Grave 10 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number 36271	100.00
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.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____
3064 Clare Street
Address
Lemon Grove, CA 92045
State Zip Code
465-4127
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7466

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

No. 36271

Date: 6-8, 19 88

From: Emma Strachan Address: 3664 Ivan

one hundred dollars exact Dollars ($ 100.00)

In Payment of cost of lot sale

Lot 9 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7166

BALANCE DUE 375.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 180

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	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

№ 36340

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-29, 1988

From: Anna Strachan Address: 3064 Crane Street, SD

One hundred 00/100 Dollars ($ 100.00)

In Payment of Credit Lot Sale

Lot 9 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7466

BALANCE DUE 275.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 806

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 30 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	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

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36452

Date 7-25 8, 19

From: Tanya Stratton Address: 3064 Ultric St, 2G

One hundred Dollars ($ 100.00)

In Payment of Credit Act

Lot 4 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 195.00 E-7466

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 236

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUL 29 1988

ISSUED BY Sandra [illegible]

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

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36604

Date: 8/31 19 88

From: Lana Strachan Address: 2064 Crane Street, SD

one hundred 00/100 Dollars ($ 100.00)

In _____ Payment of credit for sale

Lot 9 Grave 10 Row _____ Section 2 Division _____ Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7466

BALANCE DUE 45.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

287

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
SEP 6 1988

ISSUED BY Sandra Ward

CREDIT	67007	4	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	76	00
Opening/ Closing	100 77181		
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
264-3151

№ 36899

Date: 11-3, 19 88

From: Tana Strader Address: 3064 Cove Fwy, Lemon Grove

Fifty dollars Dollars ($ 50.00)

In Payment of payment on vault lot

Lot 4 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7466

BALANCE DUE 45.00

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.

NOV 8 1988

ISSUED BY Linda Ward

CREDIT	67007	50	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37237

Date: 1-19, 1989

From: Lana Stanton Address: 3064 Clare Street L.G.
Santee - Lane

Dollars ($ 45.00)

In Payment of Final payment on credit lot

AUDITOR
JAN 29 1989

Lot 9 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 2-17466

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 Andrea Clark

CREDIT	67007	
20% Sales Care	77184	45 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77186	007575
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45 00

NAME Strachan, Fama ACCT. NO. E-7466

ADDRESS 3064 Crane Street, Lemon Grove, Ca 92045 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
	88	Lot 9, Grave 10, Section 2, Division 11	495 00		100 00	395 00
6-28	88	Receipt 36340			100 00	295 00
7-25	88	Receipt 36452			100 00	195 00
8-24	88	Receipt 36604			100 00	95 00
11-3	88	Receipt 36899			50 00	45 00
1-9	89	Receipt 37237			45 00	00

PAID
JAN 19 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

AIGNER FORM NO. 25-204 Strachan, Fama 9 - 10 - 2 - 11 PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-8-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Homer Malloy

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 136 Grave 8 & 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	2 @ 495	990.00
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container	23 @ 41.00	
Handling Fees		
Flower vases - Marker setting fee	1 @ 47.00	
Recording and filing fee		
Sales taxes		
	Total Due	990.00
	Paid receipt number	
	Balance due	

PAID
SEP 11 1991
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is my authorization for the interment of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 6759 Mezin Wy
State San Diego, CA Zip Code 92119

Telephone _____

Invoice # _____

Work Order # E 7467

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36361

Date: 7-5 19 86

From: Grover Mallory Address: 6759 Meyer Way SD 92114

Forty-one Dollars ($ 41.00)

In Payment of Coupon 1 Credit Lot

Lot 136 Grave 8810 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7467

BALANCE DUE 941.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1115

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUL 11 1988

ISSUED BY Sabina Ward

CREDIT	63001	
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

OFFICIAL RECEIPT

№ 36525

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 8-8-88 19

From: Homer Mallory Address: 6759 Mayin St 92114

Forty one and 00 Dollars ($ 41.00)

In Payment of Coupon #2 on Credit Lot Sale

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No _____

Acct. No _____

W.O. E-7467

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

AC-213 (Rev. 10-87) 1119

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

AUG 12 1988

ISSUED BY [signature]

CREDIT	67057	
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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36678

Date: 9-12, 19 88

From: James Mallory Address: 6759 Mozin Way, SD 92119

forty-one Dollars (Dollars ($ 41.00)

In Payment of Coupon 3 Crested Ant

Lot 136 Grave 2810 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7467

BALANCE DUE 00.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1135

AC-212 (Rev. 10-67)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

SEP 19 1988

ISSUED BY Linda Ward

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	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
264-3151

№ 36827

Date: 10-12, 1988

From: James Mallon Address: 6759 Mission Drive

Forty-one and 1/100 Dollars ($ 41.00)

In Payment of Coupon 4 Vault Lot

Lot 136 Grave 8 & 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-2467

BALANCE DUE 667.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1143

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
OCT 14 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	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

№ 36947

Date: 11-9, 1986

From: Homer Mallory Address: 6757 Mesgin Way, San Diego

forty-one 00/100 Dollars ($ 41.00)

In Payment of coupon 5 Credit Lot

Lot 136 Grave 6810 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 2-7467

BALANCE DUE 126.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1156

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
NOV 21 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	41	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	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

№ 37106

Date: 12-15, 19 88

From: H.R. Mallory Address: 6759 Mesa Dr, SD

Lot one Gra/100 Dollars ($ 41.00)

In Payment of Origin & Outlet Lot

Lot 136 Grave 210 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 2-7467

BALANCE DUE 76.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1167

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	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
DEC 27 1988

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37198

Date 1-9, 19 89

From: [illegible] Address: 6759 Mesa [illegible], San Diego

[illegible] Dollars ($ 410)

In Payment of [illegible] Coupon 7 [illegible]

Lot 136 Grave 8 & 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 2-7467

BALANCE DUE 704.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	410 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	410 00

CITY AUDITOR
JAN 11 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37335

Date 2-8, 19 89

From [illegible] Address 6759 [illegible]

[illegible] Dollars ($ 41.00)

In [illegible] Payment of [illegible]

Lot 136 Grave 6710 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 21-7467

BALANCE DUE 703.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
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
FEB 16 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37491

Date 3-10 19 89

From: Henry Mullner Address: 6757 Mesa Dr SD

City-one Hundred Dollars ($ 41.00)

In Payment of Coupon 9 Unit 2

Lot 136 Grave 8810 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 2-7467

BALANCE DUE 662.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1192

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	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
MAR 16 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37634

Date: 4-6 19 89

From: James Mallory Address: 6759 Magin Way, SD

Forty-one & 25/100 Dollars ($ 41.00)

In Payment of Vaughan-10 Crediet Lot

Lot 136 Grave 8 & 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 8-7467

BALANCE DUE 621.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1202

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
APR 17 1989

ISSUED BY Sandra [illegible]

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	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
264-3151

№ 37766

Date: 5-5 19 89

From: Thomas Mullay Address: 6759 Meyer Way SD 92114

not - one [illegible] Dollars ($ 41.00)

In Payment of Coupon 11 Credit Lot

Lot 136 Grave 2 & 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7467

BALANCE DUE 580.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1223

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	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
MAY 12 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO 38121

Date: 6-6, 19 89

From: Homer Mallory Address: 6759 Meyer Dr. D

Forty - one dollars Dollars ($ 41.00)

In Payment of Cemetery 12 Crestal Lot

Lot 136 Grave 8 & 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 2-7467

BALANCE DUE 339.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUN 09 1989

ISSUED BY Sandy

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	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
264-3151

№ 38249

Date: 7-7, 19 89

From: Homer Mellow Address: 6759 Magic Way SD

Forty - one Dollars Dollars ($ 41.00)

In Payment of Burgan 13 Credit Lot

Lot 136 Grave 8810 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 2-7467

BALANCE DUE 498.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-Need Trust ☐ Cash ☐ Check ☑

1255

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38033

Date: 10-10, 19 89

From: James Mallory Address: 425 Martin Rd, Chula Vista
Ca 92010 Street-Time Dollars ($ 123.00)

In Payment of Burial 14-16 Crestlawn

Lot 136 Grave 1076 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 2-7467

BALANCE DUE 275

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 199

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	123 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	123 00

AUDITOR
OCT 16 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38532

Date: 11-7, 19 89

From: Homer Mallow Address: 4125 Marsh Rd, Wyoming CC

forty-one 00/100 Dollars ($ 41.00)

In Payment of Cheapan 17 Credit Lot

Lot 136 Grave 3 & 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 2-7467

BALANCE DUE 33.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 206

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Andy Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	41 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	41 00

CITY AUDITOR
NOV 13 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38656

Date: 12 11, 19 89

From: Homer Mallory Address: 6759 Magin Way, San Diego

forty - one - 00/100 Dollars ($ 41.00)

In Payment of Assign 18 Createt Lot

Lot 136 Grave C & D Row Section 2 Division/Block 12

Invoice No.

Acct. No.

W.O. E-17469

BALANCE DUE 293.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC 212 (Rev. 10-87) 230

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Andrea 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	
Sales Tax	60101 78390	
TOTAL PAID	$	41.00

CITY ACCTNG
DEC 18 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38761

Date: 1-9, 19 90

From: Homer Mallory Address: 6759 Magin Cy, SD

Forty-one & 00/100 — Dollars ($ 41.00)

In Payment of Vacant Lot

Lot 136 Grave 6-10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 21-7467

BALANCE DUE 211.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

260

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JAN 16 1990

ISSUED BY Dale Bell

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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38868

Date: 2-9, 1990

From: [illegible] Address: 6759 Meyer Way St 92114

[illegible] Dollars ($ 41.00)

In Payment of [illegible]

Lot 136 Grave 2 & 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-7467

BALANCE DUE $120.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-67) 287

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	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
FEB 12 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 20 1990

No. 38978

Date: 3-7, 19 90

From: [illegible] Address: [illegible]

Dollars ($ 41.00)

In Payment of [illegible]

Lot 134 Grave [illegible] Row Section 3 Division ~~Block~~ 13

Invoice No.

Acct. No.

W.O. E-7467

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 30

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	41 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	41 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR No 39107

APR 16 1990

Date: 4-11, 19 90

From: Lane Mallory Address: 4255 Mata Rd, Clairemont

Forty One Dollars Dollars ($ 41)

In Payment of Credit L.T.

Lot 136 Grave 7 & 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. F-7467

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3-87

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR

MAY 29 1990

No 39241

Date: 5-12, 19 90

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 47.00)

In [illegible] Payment of [illegible]

Lot 136 Grave 9 & 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-1461

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 553

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	87007	47 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	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	47 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 41244

Date: 9/4/, 19

From Dalley, Homer Address: [illegible]

Forty one and 00/100 Dollars ($ 41.00)

In Full Payment of CREDIT LOT

Lot 186 Grave 9,10 Row — Section Division Block

Invoice No.

Acct. No.

W.O. E-7467

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-67) #699

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	41.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	41.00

E_7467

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-8-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Homer Mallory

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 136 Grave 8&10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	2 @ 495	990.00
*Additional spaces and care fund		
Opening/Closing & Setup	41.00	
Burial Container	23 @ 47.00	
Handling Fees		
Flower vases - Marker setting fee	1 @	
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 6759 Mesin Way
Address San Diego, CA 92118
State Zip Code
Telephone

Invoice # _____

Work Order # E 7467

Acct. # _____

PY-593 (REV. 8-85)

(615) 645-9507

NAME Mallory, Homer, 425 Martin Rd, Clarksville, Tenn. 37042 ACCT. NO. E-7467

ADDRESS 6759 Mezin Way, San Diego, Ca 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
6-8	88	Lot 136, Graves 8 & 10, Section 2, Division 12	990 00			
7-5	88	Coupon 1 Receipt 36361			41 00	94[illegible]00
9-12	88	Coupon 3 Receipt 36678			41 00	908 00
10-13	88	Coupon 4, Receipt 36827			41 00	867 00
11-9	88	Coupon 5, Receipt 36947			41 00	826 00
12-15	88	Coupon 6, Receipt 37106			41 00	785 00
1-9	89	Coupon 7, Receipt 37198			41 00	744 00
2-8	89	Coupon 8, Receipt 37335			41 00	703 00
3-10	89	Coupon 9, Receipt 37491			41 00	662 00
4-6	89	Coupon 10, Receipt 37634			41 00	621 00
5-5	89	Coupon 11, Receipt 37766			41 00	580 00
6-6	89	Coupon 12, Receipt 38121			41 00	539 00
7-7	89	Coupon 13, Receipt 38249			41 00	498 00
10-10	89	Coupon 14-16 Receipt 38033			123 00	375 00
11-7	89	Coupon 17, Receipt 38532			41 00	334 00
12-1	89	Coupon 18, Receipt 38656			41 00	29[illegible]00
8-8	88	Coupon 2, Receipt 36525			41 00	252 00
1-9	90	Coupons 19[illegible] Receipt 38761			41 00	211 00
2-8-90		Coupon 20, Receipt 38868			41 00	170 00

AIGNER FORM NO. 25-204 Mallory, Homer 136 - 8&10 - 2 - 12 PRINTED IN USA

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
					170.00
3-9-90	Coupon 22, receipt 38978			41.00	129.00
4-11-90	Coupon 23 receipt 39107			41.00	88.00
5-17-90	Coupon 24, receipt 39241			47.00	41.00
9-11-91	No coupon #0 Receipt # 41244			41.00	Ø

PAID
SEP 11 1991
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

AIGNER FORM NO. 25-204

PRINTED IN USA

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Homer Mallory
6759 Mezin Way
San Diego, Ca 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
						10					

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ 42.00

Amount Received $ 41.00

NAME Homer Mallory

ADDRESS 6759 MEZIN WAY

CITY San Diego STATE CA ZIP 92114

☐ Check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Homer Mallory
6759 Mezin Way
San Diego, Ca 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
						10					

Amount due when paid on, or before due date above. $ 41.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ 42.00

Amount Received $ 41.00

NAME Homer Mallory

ADDRESS 6759 Mezin Way

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Homer Mallory
6759 Mezin Way
San Diego, Ca 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
						10					

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than ____ days after due date above. $ 1.00

$.

Amount Received $ 41.00

NAME Homer Mallory

ADDRESS 6759 Mezin Way

CITY San Diego STATE CA ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Homer Mallory
6759 Mezin Way
San Diego, Ca 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
						10					

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 41.00

NAME HOMER MALLORY

ADDRESS 6759 MEZIN Way

CITY SAN DIEGO STATE CA ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Homer Mallory
6759 Mesin Way
San Diego, Ca 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
						10					

Amount due when paid on, or before, due date above ▶ $ 41.00

Amount due if paid more than _____ days after due date above. ▶ $ 1.00

$ _____

Amount Received $ _____

NAME Homer R. Mallory

ADDRESS 6759 Mesin Way

CITY S.D., Ca. STATE ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Homer Mallory
6759 Mezin Way
San Diego, Ca 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
						10					

Amount due when paid on or before due date above: $ 41.00

Amount due if paid more than _____ days after due date above: $ 1.00

$ _____

Amount Received $ 41.00

NAME Homer Mallory

ADDRESS 6759 Mezin Way

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7467 Credit Lot

Homer Mallory
6759 Mezin Way
San Diego, Ca 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
						10					

Amount due when paid on or before due date above. $ 41.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 41.00

NAME Homer R. Mallory

ADDRESS 6759 Mezin Way

CITY San Diego STATE CA ZIP 92114

☐ check (✓) if this is new address

...upon with each remittance **COUPON** **8**

...MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Homer Mallory
6759 Mesin Way
San Diego, Ca 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
						10					

Amount due when paid on, or before, due date above: $ 41.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ ____

Amount Received $ 41.00

NAME Homer Mallory

ADDRESS 6759 Mesin Way

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

ACCOUNT No. E-7467 Credit Lot

Homer Hallory
6759 Kevin Way
San Diego, Ca 92114

#9

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. $ 1.00

$ _____

Amount Received $ _____

NAME Homer Hallory

ADDRESS 6759 Kevin Way

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Homer Mallory
6759 Meadow Way
San Diego, Ca 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
						10					

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than ____ days after due date above. $ 1.00

$

Amount Received $ 41.00

NAME Homer Mallory

ADDRESS 6759 Meadow Way

CITY S.D. STATE Ca. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7467 Credit Lot

Homer Hallory
6759 Kazin Way
San Diego, Ca 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
						10					

Amount due when paid on, or before due date above. $ 41.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME Homer Hallory

ADDRESS 6759 KAZIN WAY

CITY SAN DIEGO STATE CA ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Homer Mallory
6759 Mezin Way
San Diego, Ca 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
						10					

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than ___ days after due date above. $ 1.00

$ _____

Amount Received $ 41.00

NAME Homer Mallory

ADDRESS 6759 Mezin Way

CITY San Diego STATE CA ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Homer Mallory
6759 Mezin Way
San Diego, Ca 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
						10					

Amount due when paid on, or before, due date above $ 41.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ 41.00

NAME HOMER MALLORY

ADDRESS 6759 MEZIN WAY

CITY SAN DIEGO STATE CA ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Homer Hallory
6759 Yexin Way
San Diego, Ca 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
						10					

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME Homer Hallory

ADDRESS 425 Martin Road

CITY Clarksville STATE TN ZIP 37042

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Homer Mallory
6759 Mesia Way
San Diego, Ca 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
						10					

Amount due when paid on, or before, due date above $ 41.00

Amount due if paid more than ____ days after due date above $ 1.00

$ ____

Amount Received $ ____

NAME HOMER MALLORY

ADDRESS 425 MARTIN Road

CITY CLARKSville STATE TN ZIP 37042

☒ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Homer Mallory
6759 Mesia Sky
San Diego, Ca 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
						10					

Amount due when paid on or before due date above. $ 41.00

Amount due if paid more than ____ days after due date above $ 1.00

$ _____

Amount Received $ _____

NAME Homer Mallory

ADDRESS 425 Martin Road

CITY Clarksville STATE TN ZIP 37042

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Border Valley
6759 Vegla Way
San Diego, Ca 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
						10					

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME Homer Mallory

ADDRESS 425 Martin Road

CITY Clarksville STATE Tenn ZIP 70112

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-7467 Credit Lot

Homer Mallory
6759 Vista Way
San Diego, Ca 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
						10					

Amount due when paid on, or before, due date above $ 41.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ ____

NAME HOMER MALLORY

ADDRESS 425 MARTIN ROAD

CITY CLARKSVILLE STATE TN ZIP 37042

☑ check (✓) if this is new address

Send or bring this coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Homer Mallory
6759 Hazin Way
San Diego, Ca 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
						10					

Amount due when paid on or before due date above. $ 41.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ 41.00

NAME Homer Mallory

ADDRESS 425 Martin Rd

CITY Clarksville STATE Tn ZIP 37042

☒ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Homer Hallory
6759 Mesip Way
San Diego, Ca 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
						10					

Amount due when paid on, or before, due date above $ 42.00

Amount due if paid more than _____ days after due date above. $ 1.00

$

Amount Received $ 41.00

NAME H.R. MALLORY

ADDRESS 425 MARTIN Rd

CITY CLARKSVILLE STATE TN ZIP 37042

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7467 Credit Lot

Homer Mallory
6759 Vexin Way
San Diego, Ca 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
						10					

Amount due when paid on, or before, due date above. $ 41.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ ____

Amount Received $ 41.00

NAME Homer MaCloy

ADDRESS 425 Martin Road

CITY Clarksville STATE TN ZIP 37042

Check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-7487 Credit Lot

Homer Mallory
6759 Rexin Way
San Diego, Ca 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
						10					

Amount due when paid on or before due date above. $ 41.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

615-645-9507

Amount Received $ 41.00

NAME Homer R. Mallory

ADDRESS 425 Martin Rd

CITY Clarksville STATE TN ZIP 37042

☒ check (✓) if this is new address

r bring this coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 5-7467 Credit Lot

Lonar Hallory
6759 Nasin Way
San Diego, Ca 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
						10					

Amount due when paid on, or before, due date above $ 47.00

Amount due if paid more than ____ days after due date above $ 1.00

$ ____

Amount Received $ 47.00

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-8-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nicholas Lopez

in a _____ (Vault/Liner) Funeral, date, time Mon 6/13 11am

Church, Chapel, Graveside _____ Clairemont Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ Dorothy Wooden Casket

Lot 170 Grave 2 bottom Row _____ Section 1 Division/Block 12

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

PA Susan Geller $33.07 #105

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 070630

Acct. # 000952

Work Order # E 7468

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

№ 36518

Date: 8-5- , 19 88

From: County of San Diego Address: 5201-A Ruffin Rd. S.D. Cal 92123

One hundred forty-five dollars and xx/00 Dollars ($ 145.00)

In Full Payment of Interment of Lopez, Nicholas R.H.# 105227

Lot 170 Grave 2 Row Section 1 Division Block 12

Invoice No. 070630

Acct. No. 000952

W.O. E 7468

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1000 88

AC-212 (Rev. 10-67)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 12 1988

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	55	00
Opening/ Closing	100 77181	90	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	$	145	00

E_7468

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Nicholas Lopez	Male	Feb. 17, 1958	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	San Diego County Coroner 5555 Overland Ave. San Diego, CA. 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Clairemont Mortuary 4266 Mt. Abernathy Ave.	F-1126

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED 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 Sy-Wooden Box –	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A On Bottom Under – Jane Doe in Mite Casket		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED JUN 13 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/13/88 (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 6/9/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walter Lee Collins

in a T.L Vault (Vault/Liner) Funeral, date, time 6/10/Fri/2 PM

Church, Chapel, Graveside Graveside ; Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 18 Grave — Row — Section IOOF ~~Division~~/Block 50

Grave space & Care Fund ..... Prepaid .....

Additional spaces and care fund .....

Opening/Closing & Setup ..... Trust .....

Burial Container .....

Handling Fees ..... E-7236 .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Via Phone

Total Due .....

Paid receipt number _____

Balance due -0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Elara-66-100F-6

_____
Signature

_____
Address

_____
State Zip Code

442-3868
Telephone

Invoice # _____

Work Order # E 7469

Acct. # _____

PY-593 (REV. 8-85)

E-7469

NAME Collins, Walter J. C/O Myrna L. Prestion ACCT. NO. E-7236

ADDRESS 136 Terra Lane, El Cajon, Ca 92021 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
2	88	Opening/Closing, Top Seal Vault, Recording E-	710 50		710 50	

AIGNER FORM NO. 25-204 Collins, Walter J. 18 - IOOF - 50 PRINTED IN USA

E_7469

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WALTER LEE COLLINS	Male	Aug. 27, 1903	June 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	Myrna L. Preston-Baughter 736 Terra Lane El Cajon, CA 92021

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary 7387 Broadway-Lemon Grove, CA 92045	F 941

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 10 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/10/88 (ENTER DATE) 18/100/80	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 ▶ Donald L. Powers, 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 9- 88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Logan D. Holt — DIP

in a Private Vault (Vault/Liner) Funeral, date, time Mon 2PM 6/13

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 No .

Lot 1736 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Open to Double Depth —	595.00
Additional spaces and care fund Res 1737 & 1735 - 30 dep	
Opening/Closing & Setup	320.00
Burial Container By Family —	
Handling Fees Labor & lower	140.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	0
Total Due	1090.00
Paid receipt number	
Balance due	

16 Chairs

30 day open

Paid 5/14/88

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 [illegible] Sr.

Address 3037 Ville Ave

State San Diego, CA Zip Code 92113

Telephone 619-232 1486

DIP — Bottom

Invoice # 070641

Work Order # E 7470

Acct. # 026673

PY-593 (REV. 8-86)

E_7470

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Logan S. Holt	Female	Dec. 19, 1906	June 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	Lawrence F. Smith 3037 Valle Ave. San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary: 5050 Federal Blvd San Diego, CA 92102	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $4.00	DATE PERMIT ISSUED JUN 9 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/13/88 (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

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
070641	06/14/88	026673	LAWRENCE F. SMITH					07/14/88	CK	9867	1,090.00	1,090.00	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77183	000072				35.00		
			100	072		77184	000072				476.00		
			100	072		77185	000072				140.00		
			67007			77184					119.00		

E-7470

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,090.00

P.A.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/9/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe Coff 0850

in a NONE Vault/Liner Funeral, date, time Monday - 6/13

Church, Chapel, Graveside Direct Burial : Featherwell Valley Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . Metal Casket

Lot 120 Grave 2 Row _____ Section 1 Division ~~Block~~ 12

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

P.A. 105367

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 070628

Acct. # 000952

Work Order # E 7471

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

№ 36521

Date: 2-5- , 19 88

From: County of San Diego Address: 5201 A Ruffin Rd, S.D. CA 92123

One hundred forty-five dollars and xx/100 Dollars ($ 145.00)

In Full Payment of Jane Doe CC 0850 P.A. # 1053671

Lot 170 Grave 2 Row Section 1 Division Block 12

Invoice No. 070628

Acct. No. 000952

W.O. E7471

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

100088

AC-212 (Rev 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 12 1988

ISSUED BY W. J. League

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	55	00
Opening/ Closing	100 77181	90	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78990		
TOTAL PAID	$	145	00

E_7471

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JANE --- DOE CC #0850	female	Unknown	FOUND 4-13-88

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	San Diego County Coroner 5555 Overland Avenue San Diego, California

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
San Diego, Ca. Fortheringill Mortuary 8322 El Cajon Blvd.	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 Street, San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a Metal Casket — non sealed	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: Cold Casket
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a On the Top of Lopez		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a Grand Jury — Footy Casket to South edge of Cpse		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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: JUN 13 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 6/13/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Royce Fortheringill	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-10-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Myrtle Cornell

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 291 Grave _____ Row _____ Section 4 Division/~~Block~~ 8

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... Pendell

Recording and filing fee 35.00

Sales taxes ..... _____

Total Due 286 ..... 35.00

Paid receipt number 36286 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 7472

PY-593 (REV. 6-85)

OFFICIAL RECEIPT

№ 36286

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-10, 19 88

From: Myrtle Cornell Address: 5207 52nd St. #106, SD

Thirty-five 00/100 Dollars ($ 35.00)

In Payment of Prepaid Trust Handling Fee

Lot 291 Grave Row Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. E-7472

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

0326

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 15 1988

ISSUED BY Linda Wade

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	35 00
Sales Tax	60101 78390	
TOTAL PAID	$	35 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-10-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe 88-0884

in a — Vault/Liner Funeral, date, time Wed 6/15 11am

Church, 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 _____ .

Lot 163 Grave 2-~~bottom~~ Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes (3)	
Total Due	145.00
Paid receipt number	
Balance due	

B.A. 105366 S. Yelley

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 070927

Acct. # 000952

Work Order # E 7473

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. 36520

Date: 8-5- 1988

From: County of San Diego Address: 5201-A Ruffin Rd, S.D., CA 92123

One hundred forty-five dollars and xx/100 Dollars ($ 145.00)

In Full Payment of Interment of John Doe CC-880884

PA# 1053663

Lot 163 Grave 2 Row Section 1 Division Block 12

Invoice No. 070927

Acct. No. 000952

W.O. E7473

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67) 100088

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

AUG 12 1988

ISSUED BY W.J. Teague

CREDIT			
20% Sales Care	87007 77184		
80% Sales of Lots	100 77184	55	00
Opening/ Closing	100 77181	90	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	145	00

E-7473

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 DOE #CC88-0884	male	unknown	Found: April 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
Imperial Beach	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 P.A. no Lime	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a On the —		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 15 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald G. Rennick, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/15/88 (ENTER DATE) 163/2/1/12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH n/a			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-13-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Micah Christopher Foster

in a ____ Vault/Liner Funeral, date, time Wed 6/15 11am

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 835 Grave ____ Row ____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	64.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	199.00
Paid receipt number 36295	199.00
Balance due	0

PAID
JUN 14 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

8 claims

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 E. Foster II
Signature
5562 Roswell st
Address
Calif. 92114
State Zip Code
264-4748
Telephone

Invoice # ____

Acct. # ____

Work Order # E 7474

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 36295-B

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/14, 19 88

From: William Foster Address:

One hundred ninety-nine 00/100 Dollars ($ 199.00)

In full Payment of Interment of ashes for Mucha C Foster - Joe

Lot 835 Grave — Row — Section 1 Division Block 9

Invoice No. —

Acct. No. —

W.O. E 7474

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 20 1988

ISSUED BY [signature]

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

AC-212 (Rev. 10-87)

E_7474

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MICAH CHRISTOPHER FOSTER	male	June 10, 1988	June 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
San Diego	San Diego	Maryann & William Foster - 5562 Roswell St parents San Diego, CA 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough 3051 El Cajon Blvd, San Diego, CA 92104	F-480

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery - San Diego, CA (3751 Market St.)		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a Cloth Covered Wooden - and Top	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 liner - Tgravel T		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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: JUN 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 6/15/88 (ENTER DATE) 835-1-9	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: 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 6/13/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Howard H. Hicks

in a Vault Funeral, date, time Friday 6/17 2pm

Church, Chapel, Graveside Angel of Grace 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 141 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 Labor	120.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	1206.37
Paid receipt number	
Balance due	

Paid 7/13/88

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature: Sandra H. Jackson

Address: 4529 F St.

City, State, Zip Code: San Diego CA 92102

Telephone: 263-5483

Invoice # 070925

Acct. # 026778

Work Order # E 7475

PY-593 (REV. 8-85)

E_7475

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Howard George Hicks	Male	July 17, 1912	June 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	Sandra Hicks Jackson - Daughter 4529 "J" 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 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 Vault Bob Keller		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 15 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Carmel, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/17/88 (ENTER DATE) 141-2-3-12	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.

W.O. # E7475

NOTE

$ 1206 37/xx San Diego, California June 12 1988

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Twelve Hundred Six and 37/100 DOLLARS with interest from July 15, 1988 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME Sandra H. Jackson SIGNATURE Sandra H. Jackson

ADDRESS 4529 F St. San Diego CA 92102

CALIF. DRIVERS LIC. # N0869901

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/27/88

DATE: 07/27/88
TIME: 205702
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	PO BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
070925	06/24/88	026778	SANDRA H. JACKSON					07/23/88	CK	657948717	1,206.37	1,206.37	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					11.37		
			67007			77184					99.00		

E-7475

9C

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/14/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth Ray Scott

in a T.S. Vault — Vault/Liner Funeral, date, time 11Am-Fri-6/17

Church, Chapel, Graveside Chapel & G.S. ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 67 Grave 6 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund Res. 6 sp. for 30 day-OKTP	
Opening/Closing & Setup	320.00
Burial Container Concrete Vault	175.00
Handling Fees Labor	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	1206.37
Paid receipt number	
Balance due	

30 day note

Paid 7/5/88

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.

Signature: Lisleen [illegible]

Address: 6105 PARKSIDE AVE.

State: S.D. CA 92139 Zip Code

Telephone: 470-1234

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 070924

Acct. # 0267777

Work Order # E 7476

PY-583 (REV. 8-86)

W.O. # E-7476

NOTE

$ 1206 37/xx San Diego, California 6-14-88 19

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Twelve Hundred Six and 37/100 DOLLARS with interest from July 15, 1988 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME LASTEEN C SMITH SIGNATURE Lasteen C Smith

ADDRESS 6105 PARKSIDE AVE. S.D. CA 92139

CALIF. DRIVERS LIC. # H04999989

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E 7476

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Kenneth Ray Scott	Male	Nov. 15, 1952	June 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	L.C. Smith - Brother 6105 Parkside Ave. San Diego, CA 92139

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	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a Blue Arlington - Wooden Combo 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 JUN 15 1988 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald G. Rennet, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/17/88 (ENTER DATE) 67-6-2-1X	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Leozen Shelton	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

070924 06/24/88 026777 LASTEEN C. SMITH 07/05/88 CA 1,206.37 1,206.37 0.00

E-7476

100	072	77181	000072	320.00
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		11.37
67007		77184		99.00

PAID IN FULL

NUMBER OF INVOICES PAID 4
TOTAL AMOUNT PAID 5,609.19

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-15-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roberto Zenora Martinez

in a _____ Vault/Liner _____ Funeral, date, time Thurs 6/16 4pm

Church, Chapel, Graveside _____ Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . Chris Toland Drop Off

Lot 163 Grave 2-Top Row _____ Section 1 Division/Block 12

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

PA 105312-4

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 070926

Acct. # 000952

Work Order # E 7477

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

№ 36519

Date: 8-5, 19 88

From: County of San Diego Address: 5201-A Ruffin Rd, S.D. CA 92123

One hundred forty-five dollars and 1x/100 Dollars ($ 145.00)

In Full Payment of Interment of Roberto Z Martinez

R.A. # 1053124

Lot 163 Grave 2 Row Section 1 Division Block 12

Invoice No. 070926

Acct. No. 000952

W.O. E7477

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 100088

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

AUG 12 1988

ISSUED BY W. J. Hague

CREDIT 20% Sales Care	67007 77194		
80% Sales of Lots	100 77184	55	00
Opening/ Closing	100 77181	90	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	$	145	00

E-7477

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Roberto Zamora Martinez	Male	July 29, 1961	March 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	San Diego Indigent Burial Officer 5201-A Ruffin Road San Diego, CA. 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers 3953 Imperial Ave. San Diego, CA.	670

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- ☐ 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED 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 Top of [redacted]	DATE CREMATED CC-0884	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 Gravel Packed - no liner		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A (Top)		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 16 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/16/87 (ENTER DATE) 163-21-1-12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W Slotta	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.

Foster

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/15/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a Casket + Fiberglass Vault - Vault/Liner Funeral, date, time Fri - 6/17/ 2PM

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 _____ Grave _____ Row — Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	64.00
Burial Container	5.00
Handling Fees	10.60
*Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	.32
Total Due	199.00
Paid receipt number	15.92
Balance due	214.92

Flower Vase $ #15.92

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 563-0858 Zip Code

Telephone

Invoice # _____

Work Order # E 7478

Acct. # _____

PY-593 (REV. 6-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-15-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jessie W. Adams

in a Double Crypt (Vault/Liner) Funeral date, time Tues 6/21 11:00

Church, Chapel, Graveside Church & Home, 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 82 Grave 4 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Bottom	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees ..... 2 @	220.00
Flower vases - Marker setting fee ..... Opening Premium	320.00
Recording and filing fee	35.00
Sales taxes	21.45
Total Due	1841.45
Paid receipt number 36353	1841.45
Balance due	-0-

12 months

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.

(Charlotte)

Signature

5435 Ericina St

Address

S.D. Ca 92114

State Zip Code

619-262-7363

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 070926

Acct. # 026774

Work Order # E 7479

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

No. 36353

Date: 7-5 19 88

From: Marlette Lewis Address: 5435 Encina Dr. SD

eighteen hundred forty-one 45 Dollars ($ 1841.45)

In Payment of Jesse W. Adams Lot & Service

Lot 82 Grave 4 Row Section 2 Division Block 12

Invoice No. 070921

Acct. No. 026774

W.O. E-7479.

BALANCE DUE E

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 378859

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUL 13 1988

ISSUED BY Sandra L. Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1841 45

W.O. # E-7479

NOTE

$ 1841.45 San Diego, California June 16 19 88

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of One thousand Eight hundred forty-one 45 DOLLARS with interest from August 16, 1988 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME Charlotte Devich SIGNATURE C A Devich

ADDRESS 5435 Encina Dr. S.D. Ca 92131

CALIF. DRIVERS LIC. # CA. P0645598

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-7479

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JESSIE ADAMS	Female	March 5, 1913	June 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
National City	San Diego	Clifton Adams - Husband 5435 Encina Drive San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market 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 Batesville 20 ga Sealer		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Bottom Table Crypt		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED JUN 17 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/22/88 (ENTER DATE) 82/42/12	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.

E-7479

070921	06/24/88	026774	CHARLOTTE DEVICH			07/05/88 CK	3788559	1,841.45	1,841.45	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			21.45		
			63033		9022			320.00		
			67007		77184			99.00		

Pre Need Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/15/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Peggy A. Heathers // Cynthia Lawrence Wallace

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; Humphries Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 24 Grave 3 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	For Single Vault + Single	495.00
Additional spaces and care fund	none	
Opening/Closing & Setup	None of the services are paid for at this date	
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
Total Due		495.00
Paid receipt number	36302	495.00
Balance due		0

Estimate on Burial of Peggy - $711.37
Estimate on Amount of Cyntha - 242.60

I hereby certify I am the Myself and friend of Cynthia of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Peggy A. Heathers
Signature

x 6951 Princess View Dr
Address

x San Diego CA 92120
State Zip Code

x 265-2877
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Acct. # _____

Work Order # E 7480

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 36302

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/15, 19 88

From: Peggy A. Heathers Address: 6951 Princess View Dr. S.D. 92120

Four Hundred Ninety five 00/100 Dollars ($ 495.00)

In full Payment of Grave Space for Peggy A. Heathers & Cynthia Lawrence Wallace

Lot 24 Grave 3 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-7480

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 1190

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 20 1988

ISSUED BY Gregory Hatter

CREDIT			
20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	495	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/16/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joshua Foster

in a Bell Liner (Vault/Liner) Funeral, date, time 6/17 Fri 2PM

Church, Chapel, Graveside Graveside ; Pagadelo Mortuary.

All Funeral cars must 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 3147 Grave — Row — Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	64.00
Burial Container	47.00
Handling Fees	50.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	3.00
Total Due	299.00
Paid receipt number 36309	299.00
Balance due	0

PAID
JUN 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 Valerie Foster
Signature
x 3750 43 St #1
Address
x S.D. CA. 92105
State Zip Code
563-0858
Telephone

Invoice #

Work Order # E 7481

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

№ 36309

Date: 6/16/88 19

From: Valerie Foster Address: 3730-43rd St. #1 S.D. 92105

Two Hundred Ninety-nine & 00/100 Dollars ($ 299.00)

In full Payment of Interment fee for Joshua Foster - Sec

Lot 3147 Grave — Row — Section -1- Division Block -9-

Invoice No. —

Acct. No. —

W.O. E-94481

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 20 1988

ISSUED BY Lorraine Stetter

CREDIT	67007	
20% Sales Care	77184	20 00
80% Sales of Lots	100 77184	80 00
Opening/ Closing	100 77181	64 00
Burial Containers Rec	100 77182	47 00
Handling Fee	100 77185	50 00
Recording & Misc. Fees	100 77183	35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	3 00
TOTAL PAID	$	299 00

E_7481

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH Found
Joshua Neal Foster	Male	May 20, 1988	June 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	Valerie Yolanda Foster - Mother 3730 N. 43rd St., Apt. 1 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 San Diego, CA — COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a — DATE CREMATED: 1-9- Flat top - 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 OCA Bellhouse -
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me. — SIGNATURE OF APPLICANT: ▶ — DATE SIGNED:
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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: JUN 17 1988 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/17/88 (ENTER DATE) — SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Leonard Ellis — LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE:
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/17/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leola Boone

in a Liner (Vault/Liner) Funeral, date, time Mon 6/20 / 11AM

Church, Chapel, Graveside Church x LS. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 120 Grave 3 Row ____ Section 14 Division/~~Block~~ 7

Grave space & Care Fund Pre-need DiP –	
Additional spaces and care fund now	
Opening/Closing & Setup	320.00
Burial Container Bell Liner	100.00
Handling Fees Labor	145.00
Flower vases - Marker setting fee	
Recording and filing fee	3.50
Sales taxes	6.50
Total Due	606.50
Paid receipt number	
Balance due	

Paid 8/24/88

Son of James Hilliard

I hereby certify I am the Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Ernest Hilliard
Signature

x 1228 Calle Santiago St.
Address

x Chula Vista, Ca. 92010
State Zip Code

x 1-619-421-8252
Telephone

Invoice # 026776

Acct. # 070923

Work Order # E 7482

PY-693 (REV. 9-85)

W.O. # E-7482

NOTE

$ 606.50 San Diego, California 6/17 1988

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Six Hundred Six and 50/100 DOLLARS with interest from July 20, 1988 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME Amuel Hilliard SIGNATURE Amuel Hilliard

ADDRESS

CALIF. DRIVERS LIC. # B 1846508

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E 7482

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Leola Hilliard Boone	female	Aug. 5, 1903	June 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
Visalia	Tulare	William Upton - nephew Vernon C. Upton - nephew 710 E. Virginia Rialto, CA 92376

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Hadley Funeral Chapel	169

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope 371 S. Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Blue Arlington - 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 Linn		
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 JUN 16 1988 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/20 (ENTER DATE) 120B/14/7	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anita S. Dunkl

in a Vault (Vault/Liner) Funeral, date, time Tues. 6/21 11:00

Church, Chapel, Graveside Graveside ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 660 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund	prepaid C0849
Additional spaces and care fund	
Opening/Closing & Setup	320.-
Burial Container ..... Vault	175.-
Handling Fees ..... Labor	170.-
Flower vases - Marker setting fee	
Recording and filing fee	35.-
Sales taxes	11.37
Total Due	711.37
Paid receipt number 36313	711.37
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.

Rita A. Dunkl
Signature

919 Crosby St.
Address

San Diego CA 92113
State Zip Code

235-0985
Telephone
unlisted

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 7483

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

№ 36313

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-17, 19 88

From: Rita A. Dunkl Address: 919 Crosby St. S.D. CA 92113

Seven hundred eleven dollars and 37/100 Dollars ($ 711.37)

In Full Payment of interment of Anita S. Dunkl

Lot 660 Grave Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E7483

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 314

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 27 1988

ISSUED BY W. J. Teague

CREDIT 20% Sales Cem	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	320	—
Burial Containers	100 77182	175	—
Handling Fee	100 77185	170	—
Recording & Misc. Fees	100 77183	35	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	37
TOTAL PAID	$	711	37

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Anita S. Dunkl	Female	July 26, 1901	June 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	Rita Dunkl (Daughter) 919 Crosby Street San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary I-805 & Imperial Ave., San Diego, CA	F-843

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED 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 State Vault Very Hard to open		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 20 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 6/21/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Stella	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/17/88

Wed - 2 P.M.

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Hampton Barnes

in a Bell Liner (Vault/Liner) Funeral date, time ~~Tues~~ WED 6/22 2pm

Church, Chapel, Graveside Chapel of Ghost ; 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 1337 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due ..... ~~0~~

Paid receipt number _____ _____

Balance due _____

Received E 7434

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7484

Acct. # _____

PY-593 (REV. 8-85)

E-7484

NAME Barnes, William H. ACCT. NO. E-7434

ADDRESS 2855 Frankline Avenue, San Diego, Ca 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
5-24	88	Lot 1337, Division 10, Opening/Closing,	1206 50		1206 50	00
		Bell Liner, Recording Fee				

AIGNER FORM NO. 25-204 Barnes, William H. 1337 - 10 PRINTED IN USA

E_7484

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 HAMPTON BARNES	Male	May 6, 1935	June 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	Margarie Reed - Sister 2855 Franklin Ave. San Diego, CA 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Andereon-Ragsdale Mort:5050 Federal Bd.:San Déego,	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 Steel - Sealer - Bell Liner	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 JUN 17 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. MHO
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/22/88 (ENTER DATE) 1337-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gregory Stalter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jack Cox

in a Bell liner (Vault/Liner) Funeral, date, time Mon. 6/20 10am

Church, Chapel, Graveside Church & Grave 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 _____ . DIP

Lot 164 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due 6

Paid receipt number _____ _____

Balance due _____

Prepaid E-6639

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7485

Acct. # _____

PY-593 (REV. 8-85)

E_7485

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JACK - COX	Male	Nov. 18, 1904	June 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	Pre-need

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary 7347 Broadway-Lemon Grove, CA 92045	F 941

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mount Hope Cemetery 3751 Market Street San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Wooden flat 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: JUN 20 1988 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/20/88 (ENTER DATE) 164/10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Slotta	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 6-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frankie B. Hernandez

in a — Vault/Liner Funeral, date, time Tues 6/21 2pm

Church, Chapel, Graveside — ; Coty Bueno Mortuary.

All Funeral cars must 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 Order

Lot 142 Grave 8 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund (Single Burial)	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

PA 105406

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 070928

Acct. # 000952

Work Order # E 7486

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

№ 36516

Date: 8-5- , 19 88

From: County of San Diego Address: 5201-A Ruffin Rd.

One hundred forty-five dollars and 00/100 Dollars ($ 145.00)

In Full Payment of Interment of Frankie B. Hernandez

P.A. # 1054066

Lot 142 Grave 8 Row Section 1 Division Block 12

Invoice No. 070928

Acct. No. 000952

W.O. E 7486

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

100088

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

AUG 12 1988

ISSUED BY W. J. Teague

CREDIT			
20% Sales Care	57007 77154		
80% Sales of Lots	100 77154	55	00
Opening/ Closing	100 77181	90	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	$	145	00

E_7486

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FRANKIE BLANCO HERNANDEZ	Male	May 6, 1961	March 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
Escondido	San Diego	Public Administrator 5201 A Ruffin Rd. San Diego, CA 92123

NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
CALIFORNIA CREMATION AND BURIAL CHAPEL 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

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 Covenant Chapel	DATE CREMATED — 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 Plastic (4) Handles		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A No Liner — Refilled With Earth Sand		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL 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 JUN 21 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 6/21/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Leonen Stale	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

Prepaid

Date 6-20-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Effie Patterson

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 87 Grave 2 Row _____ Section 4 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	11.37
Total Due	711.37
Paid receipt number 36315	711.37
Balance due	0

PAID JUN 20 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

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7487

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

№ 36315

Date: 6-20, 19 88

From: Effie Patterson Address: 1352-A San Ysidro Ave, SD

Seven hundred eleven 37/100 Dollars ($ 711.37)

In Payment of Prepaid Burial Service

Lot 27 Grave 2 Row Section 14 Division Block 7

Invoice No.

Acct. No.

W.O. E-7487

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 302

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 27 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	711	37
Sales Tax	60101 78390		
TOTAL PAID	$	711	37

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/20/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edgar C. Wortman

in a Topless Vault (Vault/Liner) Funeral date, time 6/22-Wed 10 AM

Church, Chapel, Graveside Chapel - H.S. ; Goodbodys Mortuary.

All Funeral cars must 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 4753 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	Pre Need
Additional spaces and care fund	One
Opening/Closing & Setup	Pre Need Paid
Burial Container	Upgrade to Vault 600 ~~250.37~~
Handling Fees	100.00
Flower vases - Marker setting fee	
Recording and filing fee	36.00
Sales taxes	11.37
Total Due	285.37
Paid receipt number 36319	285.37
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.

x Mrs. Lydia Wortman
Signature

Address

State Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice #

Acct. #

Work Order # E 7488

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 36319

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/20/88, 19__

From: Lydia A. Wortman Address: 2212 Upas St SD. 92104

Two hundred Eighty five & 37/100 Dollars ($ 285 37/xx)

In full Payment of Interment of + for Edgar C. Wortman - dec
upgrade to Vault + Rec'd fee

Lot 4753 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E7488

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

JUN 27 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	~~200~~	37
	100	170	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	37
TOTAL PAID	$	285	37

69.00

dec

E_7488

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDGAR C. WORTMAN	Male	June 28, 1928	June 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	Lydia Wortman wife 2212 Upas Street San Diego, California 92104

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Goodbody Mort., 5027 El Cajon Blvd, San Diego,CA	F 790

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED 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 Steel Sealer in 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 no Damage to anything "She" watched Burial —		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A "no Comp."		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 21 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Ramras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/22/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 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.

Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/20/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lydia A. Wortman

in a Top Seal Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 4752 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container Upgraded to T.S. Vault	250.37
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	285.37
Paid receipt number 36318	285.37
Balance due	-0-

Pre need Paid in full for future

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.

Mrs. Lydia Wortman
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 7489

Acct. # _____

FY-593 (REV. 8-85)

OFFICIAL RECEIPT

№ 36318

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6/20/88 19

From: Lydia A Wortman Address: 2212 Upas St SD. 92104

Two Hundred Eighty Five & 37/100 Dollars ($ 285 37)

In Payment of Upgrade to Topseal Granite Vault — also Recording fee — all Paid —

Lot 4752 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E7489

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

JUN 27 1988

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77164	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial/ Containers	100 77182	~~700~~ 5 Gus
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	285 37
Sales Tax	60101 78390	
TOTAL PAID	$	285 37

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-20-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lawrence Chancel Smith

in a Liner (Vault/Liner) Funeral, date, time Fri 6-24- 11 Am

Church, Chapel, Graveside Chapel, G.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 87 Grave 1 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	300.-
Additional spaces and care fund	
Opening/Closing & Setup	320.-
Burial Container liner	100.-
Handling Fees labor	145.-
Flower vases - Marker setting fee	
Recording and filing fee	35.-
Sales taxes	6.50
Total Due	906.50
Paid receipt number 36320	200.-
PO 6-21-88 36322 Balance due	706.50 706.50

I hereby certify I am the Mother 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.

Signature: Louise Smith

Address: 7377 Beckenbach #113

State: Zip Code: 92111

Telephone: 560 1914

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # _____

Acct. # _____

Work Order # E 7490

PY-593 (REV. 8-85)

E 7490

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lawrence Chancel Smith	Male	April 30, 1947	FOUND June 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
National City	San Diego	Louise E. Smith - Mother 7777 Belden Street, Apt. 113 San Diego, California 92111

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 Cloth Covered 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 Outrigger - Line		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 22 1988 ▶ SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Cameron, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/24/88 (ENTER DATE) 87-1-2-11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Joyce Stitt	LICENSE 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

№ 36322

Date: JUNE 21, 19 88

From: LOUSIE L SMITH Address: 7777 BELDEN ST #113 S/D CA 92111

SEVEN HUNDRED SIX & 50/00 Dollars ($ 706.50)

In FULL Payment of INTERMENT OF LAWRENCE C SMITH

Lot 87 Grave 1 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 7490

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
JUN 27 1988

ISSUED BY Kay Harrison

CREDIT	67007	
20% Sales Care	77184	60 00
80% Sales of Lots	100 77184	240 00
Opening/ Closing	100 77181	320 00
Burial Containers	100 77182	100 0
Handling Fee	100 77185	145 00
Recording & Misc. Fees	100 77183	~~706 50~~ 35 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	6 50
TOTAL PAID	$	706. 50

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36320

Date: 6-20- , 19 88

From Louise E. Smith Address: 7777 Belden St. #113; S.D. CA 92111

Two hundred dollars and 00/100 Dollars ($ 200.00)

In part Payment of interment of Laurence Chanel Smith

Lot 87 Grave 1 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E 7490

BALANCE DUE 706.50

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

JUN 27 1988

ISSUED BY W. J. Teague

CREDIT	67007	40	—
20% Sales Care	77184		
80% Sales of Lots	100 77184	160	—
Opening/ Closing	100 77181		
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	—

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AKA - Gloria Taylor Date 6-20-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gloria Davis

in a Bell Liner (Vault/Liner) Funeral date, time Wed 6/22 11am

Church, Chapel, Graveside Chapel & Grave Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot — Grave J Row 41 Section W-5 Division/~~Block~~ 7

Grave space & Care Fund Single Burial	495.00
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 No	—
Recording and filing fee	35.00
Sales taxes	6.50
Total Due	1101.50
Paid receipt number 36323	400.00
Balance due	701.50

Paid 11/29/88

I hereby certify I am the Rosie Gray of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Rosie Gray
Signature

2216 NW 16th St
Address

OKC. Okla 72113
State Zip Code

(408) 8402317
Telephone

Invoice # 070922

Acct. # 026775

Work Order # E 7491

PY-583 (REV. 8-86)

W.O. # E-7491

NOTE

$ 701 50/xx San Diego, California June 20 19 88

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Seven Hundred One and 50/100 DOLLARS with interest from July 22, 1988 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME BENNIE L HERRON SIGNATURE Bennie L Herron

ADDRESS 8550 Park Brook LN S.D. CA 92114

CALIF. DRIVERS LIC. # 470-8042

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-7491

Flora Davis
Wed - 11 Am
Chapel + BS.
Graveside

* Bell Runner

CANYON ROAD

10'

10'

Wattenbarger

ROW 40.	ROW 39.	ROW 38.		
N	N STANTON	N ANDREWS		
M	M COHEN	M PEARSON		
L DAVIS	L	L MOSLEY		
K STEWART	K SPARLIN	K MOSLEY		
J	J SIMS	J GRIFFIN	J HUNTER	
I HUNTER ROW 41	I WISE	I HODSON	I OAKLEY	
H	H GIBBS	H CHAFFERS	H HAYNES	H HAYNES ROW 37.
G	G GIBBS	G DANIELS	G KNIGHT	G ROW 36
F	F ELSTON	F HAWKINS	F PARKER	F WILSON F
F ROLAND	E STEWART	E FERGUSON	E YOUNG	E WADE	E COX	E
E DOUGLASS	D SMALLEY	D BAKER	D MARTIN	D BURKS	D PORTER	D [illegible]
D BARBER	C RICHARDSON	C JOHNSON	C LOOMIS	C IVY	C SANDOZ	C BOSTICK
C HEMOKETH	B ALLEN	B BAILEY	B CURTIS	B QUINN	B SANDOZ	B HIGHTOWER
B MOORE						
A BYRD	X X X X X	X X X X X	X X X X X	X X X X X	X X X X X	A COLEMAN

ROW 42

ROW 43

1 SMITH	1 MOSLEY	1 RICHARDSON	1 WILLIAMS	1 JONES	1 KNIGHT	1 HAYDEN HAYDEN	1 WEST
2 EDWARDS	2 CLAY	2 ALEXANDER	2 LILLY	2 JONES	2 HORN	2 GREEN	2 GOFF
3 MURRAY	3 SIMPSON	3 GORDON	3 BRYANT	3 WHITE	3 BROWN	3 EDWARDS	3 TWYMAN
4 WILLIAMS	4 FORD	4 WEST	4 NEAL	4 CHAPMAN	4 SANDERS	4 ORR	4 ROWAN
5	5 OVERTON	5 COLLIER	5 JACKSON	5 RITCHETT	5 SAMPLE	5 LOGAN LOGAN	5 MYER
6 LOGAN	6 SANDERS	6 KELLEY	6 GLOVER	6 WEST	6 STEWART	6 CARTER CHAPMAN	6 GLOVE

ROW 44

E-7491

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA Gloria Taylor GLORIA DAVIS	Female	April 28,1930	June 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	Pat Herron - Sister 8550 Parkbrook Lane San Diego, California 92114

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED Covered grey octagon	SIGNATURE OF PERSON IN CHARGE OF CREMATORY —wooden
BURIAL AT SEA OR DISPOSITION OTHER 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 Lawn — N/A (note Waterline on North Half of grave)		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED JUN 22 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/22/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Leoyen 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 Grave J-Row 41-W-5-7		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36312

Date: 6-17 19 88

From: Mayer Mortuary Address: 2859 Adams Ave SD

One thousand one hundred six 37/100 Dollars ($ 1106 37)

In _____ Payment of for Rec, CC#872396, Burial

Lot 162 Grave 5 Row _____ Section 1 Division _____ Block 12

Invoice No _____

Acct. No _____

W.O. E-2391

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2383

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 27 1988

ISSUED BY [signature]

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	50101 78390	11 37
TOTAL PAID	$	1106 37

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36323

Date: JUNE 21, 19 88

From: LINNIE C GRAY Address: 4401 N MILLER OKLAHOMA CITY OK

FOUR HUNDER & 00/100 Dollars ($ 400.00)

In PART Payment of INTERMENT FOR GLORIA DAVIS

Lot — Grave 5 Row 41 Section W-5 Division 7 ~~Block~~

Invoice No.

Acct. No.

W.O. E 7491

BALANCE DUE $701.50

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

JUN 27 1988

ISSUED BY [illegible]

CREDIT	67007	4	00
20% Sales Care	77184	396	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	~~400.00~~	
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	400	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36330

Date: 6-24 19 88

From: Lawrence Gray Address: 3216 NW 15th Street

Three hundred no/100 — Dollars ($ 900.00)

In Payment of Gloria Davis Burial Service

Lot Grave 5 Row 41 Section 5 Division Block 7

Invoice No. 070922

Acct. No. 026775

W.O. E-7491

BALANCE DUE 401.50

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

827-1676-6077

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 30 1988

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	300	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36891

Date: 11-1, 19 88

From: Vera Johnson Address: 5225 30th St. Apt 4 92116

two hundred no/100 Dollars ($ 200.00)

In Payment of Gloria Davis' Interment

Lot Grave J Row 41 Section 105 Division Block 7

Invoice No.

Acct. No.

W.O. 2-7411

BALANCE DUE 1.05

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 2360

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Linda Vera

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	$	200 00

CITY AUDITOR
NOV 9 1988

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

11/8

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36886

Date: 10-31, 1986

From: Mr. Gutierrez Address: 1530 Alzarito Ave, Bonita Ca

Two hundred. 00/100 Dollars ($ 200.00)

In Payment of Opening Closing Interment

Lot Grave J Row 41 Section 0-5 Division Block 7

Invoice No. 070922

Acct. No. 026775

W.O. E-42191

BALANCE DUE 201.50

Pre-Need Lot ☐ At Need ☑ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Sandra Ruiz

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	$	200 00

CITY AUDITOR NOV 0 1986

070922 06/24/88 026775 BENNIE L. HERRON ✓ 06/24/88 CK 227169668 300.00 701.50 401.50

E-7491

100	072	77181	000072	136.85	PARTIAL PAYMENT
100	072	77182	000072	42.77	
100	072	77183	000072	14.97	
100	072	77185	000072	62.01	
60101		78390		2.78	
67007		77184		40.62	

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 800.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-20-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Calleca Jeanette Page Hutter

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 964 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 _____	
Balance due	

Paid

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7492

Acct. # _____

PY-693 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/22/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joyce Anderson

in a Vault (Vault/Liner) Funeral, date, time Fri 1P.M - 6/24

Church, Chapel, Graveside Chuck + D's ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 86 Grave 4 Row _____ Section 2 Division/~~Block~~ 11

Sp6 to new Double Burial

Grave space & Care Fund	495.00
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	11.37
Total Due	1206.37
Paid receipt number 36513	1206.37
Balance due	0

PAID AUG 5 1988 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Bill Pd Dus assignment

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

Phillip A. Anderson
Signature

705 SOUTH 31ST
Address

SAN DIEGO
State

CA 92113
Zip Code

Telephone

Invoice # _____

Work Order # E 7493

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36513

Date: 8-5-, 19 88

From: Phillip H. Anderson Address: 705 South 31st St. S.D. CA 92113

Twelve hundred six dollars and 0/100 Dollars ($ 1206.00)

In Full Payment of interment of Joyce Anderson

Lot 86 Grave 4 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 7493

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
482040

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
AUG 05 1988

ISSUED BY W.J. Teague

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	83033 9022		
Sales Tax	60101 78390	11	00
TOTAL PAID	$	1206	00

E-7493

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 Joyce Anderson Joyce Gwendolyn Anderson	Female	Feb. 11, 1947	June 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	Phillip Anderson-Husband 705 So. 31st St. San Diego, CA. 92113

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)
- [X] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Stt; San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Metal - Comute Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Changed to Sp4 due to E-7490 Sameday		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 23 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Gerald G. Parrott M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/24/88 (ENTER DATE) 86-4-2-1	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stetler	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

Service at monument
Flag & Staff

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/22/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth E. Dunaway - (L.C.)

in a Bell Liner (Vault/Liner) Funeral, date, time Now 11:00 Am 6/27

Church, Chapel, Graveside Chapel - GS ; Mil Hon. Ant. Hayedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran — . US. Marine - 1½ yr Sen

Lot 56 Grave 4 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund — no —	
Opening/Closing & Setup	320.00
Burial Container Bell Liner	100.00
Handling Fees Labor	145.00
Flower vases - Marker setting fee	
Recording and filing fee	3.00
Sales taxes	6.50
Total Due	1101.50
Paid receipt number	1101.50
Balance due	0

Mil Pay from family - 300.00 gov

Paid 8/29/88

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Roslyn Davis
Signature
5410 Bayview Hgts Pl #4
Address
San Diego CA 92105
State Zip Code
262 9053
Telephone

Invoice # 071639

Work Order # E 7494

Acct. # 026975

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

№ 36594

Date: 8-29, 19 88

From: Board of Nurses Address: 937 N. Harbor Drive, SD

Eleven hundred & 50/100 Dollars ($ 1105-50)

In _____ Payment of Cornelia Dunaway's Interment

Lot 56 Grave 4 Row _____ Section 2 Division 11 Block _____

Invoice No. 876639

Acct. No. 026775

W.O. E-2454

BALANCE DUE ~~$~~

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 6350-625013

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
SEP 7 1988

ISSUED BY Linda Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1105 50

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36662

Date: 9-8, 1986

From: Eddie Dempsey Address: 1624 Oregon Rd Hot Springs Nev

one hundred thirty-five & 00/100 Dollars ($ 135.00)

In Payment of Maple Installation for the

Kenneth Dempsey

Lot 56 Grave 4 Row 8 Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-7404

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
SEP 14 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	135.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	135.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 36698

Date: 9-19, 19 88

From: [illegible] Address: [illegible]

Dollars ($ 15.92)

In _____ Payment of Flower Vase for Grave Liner

Lot 56 Grave 4 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-14192

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

SEP 21 1988

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/Closing	100 77181		
Burial Containers	100 77182	5	00
	100	10	60
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	69033 9022		
Sales Tax	60101 78390		32
TOTAL PAID	$	15	92

E-7494

5307	09/02/88		1101.50	INVS
09/02/88	5307	1	1101.50-	CK
09/02/88	5307	1	.00	BA

E_7494

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Kenneth Eric Dunaway Lance Corporal	Male	May 21,1968	June 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
Temecula	Riverside	Military Records MGACC 29 Palms, CA. 92278

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Wiefels & Son,6522 Desert Queen,29 Palms,CA.92277	F 841

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

Veteran

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	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 Bateswella Military Special Full Detail – Marine		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 6-22-88
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Edward J. Gallagher,MD/ MR
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/27/88 (ENTER DATE) 56/4/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Loyce 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 Riverside County Health Dept. P.O. Box 1370 Riverside,CA. 92502		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN 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

		65021		90222			6.00-		
071639 07/12/88 026975	ROSILYN DAVIS				08/29/88 CK	835002561	1,101.50	1,101.50	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			396.00		
	100	072	77185	000072			145.00		
	60101		78390				6.50		
	67007		77184				99.00		

E-7494

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 6.00-

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-23-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Forest Cochran

in a ——— Vault/Liner Funeral, date, time Mon. 6-27 12:00 (Vista)

Church, Chapel, Graveside ——— ; Allen Brothers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Topcenter Delivery Only

Lot 135 Grave 9 Row ——— Section 1 Division ~~Block~~ 12

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
Paid receipt number	
Balance due	

P.A. # 1053906 called by Mary Seiger P.A.'s office

I hereby certify I am the ——— of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # 07165

Work Order # E 7495

Acct. # 000952

PY-593 (REV. 8-85)

E_7495

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 Forrest Cochran	Male	9/7/1934	6/15/1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Vista	San Diego	Margie Akiu-Sister 189 San Pablo Ct. #9 Marina, Calif. 93933

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Allen Brothers Mortuary, Inc. 1315 S. Santa Fe Ave. Vista	1120

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St., San Diego, Calif.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Plywood Box Standard-4 in Center of grave		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Top		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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 JUN 23 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Power M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/27/88 (ENTER DATE) B5/9/1/12	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 6/23/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Hunter

in a - Liner (Vault/Liner) Funeral date, time 2P.M. Mon 6/27

Church, Chapel, Graveside Chapel & G.S. ; 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 60 Grave 12 Row — Section 17 Division/~~Block~~ 7

Grave space & Care Fund ..... Pre need C-7203 - .....

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container ..... Pre Paid.

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee 35.00

Sales taxes .....

PAID
JUN 23 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 35.00

Paid receipt number 36327 35.00

Balance due -0-

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Deed # 4338

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Beatrice Pressly
Signature

Address 3017 Grelyone

State 234-2913 Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7496

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

№ 36327

Date: 6/28, 1988

From: Beatrice Prosly Address: 3017 Grady Av - SD 92113

Dollars ($ 35.00)

In full Payment of Interment fee for Mary Hunter - Dec

Lot 60 Grave 12 Row — Section 17 Division Block 7

Invoice No. —

Acct. No. —

W.O. E-7496

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUN 30 1988

ISSUED BY Lorraine Stetter

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

E-7496

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 HUNTER	Female	Nov. 1, 1904	June 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	Beatrice Presley - Daughter 3717 Greely Avenue San Diego, California 92113

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
5050 Federal Blvd. Anderson-Ragsdale Mort. San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Cloth Covered - Blue Velvet	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 JUN 27 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/27 60/12/17/7 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Rumrod, 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-23-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesus De La Cruz

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 5010 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Grave space & Care Fund	695.00
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	695.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 7497

Acct. # _____

PY-593 (REV. 8-85)

E-7497

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 23 day of June, 1988, between Jesus De La Cruz, 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 5011, Grave ____, Row ____, Section ____, ~~Block~~/Division 10, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $695.00, payable as follows: $ — cash herewith, the receipt of which is hereby acknowledged; $28.00 on the 10 day of July, 1988; and the balance in installments of $28.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

E-7497

WITNESS our hands this day and year above written.

Deed to be issued to: Joseph Norah & L Gray
Name

7014 San Miguel
Address

Lemon Grove, Ca 92045

23 @ $28.00
1 @ $51.00

PURCHASER

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra L. Ward

GWS:baa(2)62
2-14-86

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
APR 9 1990

No 39051

Date: 4-2- , 19 90

From: Jesus De La Cruz Address: 7174 San Miguel Avenue, Lemon Grove

Twenty-eight dollars and 00/100 Dollars ($ 28.00)

In net Payment of Credit lot

Lot 5010 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E 7497

BALANCE DUE 79.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

4659

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	87007 77184	28 —
80% Sales 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	$	28 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO 39184

Date: 5-4 19 90

From: Jesus De la Cruz Address: 7014 San Miguel Ave Long Beach 90805

Fifty six dollars & 00/100 Dollars ($ 56.00)

In part Payment of Credit Lot

Lot 5010 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E 7497

BALANCE DUE 23.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87)

#4132
#4105

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

MAY 14 1990

ISSUED BY

CREDIT	67007	56	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	$	56	00

PR.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39219

Date: 5-11-, 19 90

From: Jesus + Norah DeLaCruz Address: 7014 San Miguel, Lemon Grove CA 92045

Twenty three dollars and xx/100 Dollars ($ 23.00)

In Full Payment of Credit Lot

Lot 5010 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E 7497

BALANCE DUE ~~0~~

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4138

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAY 14 1990

ISSUED BY W. J. Teague

CREDIT	67007	23	—
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	23	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO. 38831

Date: 2-5, 19 90

From: Jose De La Cruz Address: 7014 San Miguel Ave, Lemon Grove 92045

Twenty-eight dollars and 00/100 Dollars ($ 28.00)

In part Payment of Credit lot

Lot 5010 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7497

BALANCE DUE 135.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

4006

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W J Zeague

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	28 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28 —

CITY AUDITOR
FEB 12 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 38725

Date: 1-2, 19 90

From: Jesus De La Cruz Address: 1014 San Miguel Ave L.G.

Twenty - Eight Dollars (Dollars ($ 28.00)

In _____ Payment of Vaults per 19 Credit Act

Lot 5010 Grave _____ Row _____ Section _____ Division _____ Block 10

Invoice No _____

Acct. No. _____

W.O. E-74497

BALANCE DUE 163.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 3965

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Lesley Vural

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	28 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28 00

CITY AUDITOR
JAN 03 1990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38609
005985

Date: 12-1- , 19 89

From: Jesus De La Cruz Address: 7014 San Miguel Ave

Twenty-eight dollars Dollars ($ 28.00)

In part Payment of Credit Lot

Lot 5010 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 7497

BALANCE DUE 219.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) #3953

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

DEC 01

ISSUED BY W. J. Teague

CREDIT	67007	20 — see
20% Sales Care	77184	
80% Sales of Lots	100 77184	8 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28 —

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 38512

Date: 11-3- , 19 89

From: Norah De La Cruz Address: 7614 San Miguel Ave, S.D, CA 92045

Twenty-eight dollars and no/100 Dollars ($ 28.00)

In part Payment of Credit lot

Lot 5010 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O.

BALANCE DUE 247

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-67)

3841

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	28 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28 —

CITY AUDITOR
NOV 13 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

003706 38020

Date: 10/6 19 89

From: [illegible] Address: 7014 [illegible]
[illegible] Dollars ($ 26.00)

In _____ Payment of [illegible]

Lot 5010 Grave _____ Row _____ Section _____ Division _____ Block 10

Invoice No. _____

Acct. No. _____

W.O. 2-7497

BALANCE DUE 26.00

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

003706

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	26	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

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

№ 38473

Date: 9-5, 19 89

From: Jesus [illegible] Address: 7014 [illegible]

[illegible] Dollars ($ 26.00)

In _____ Payment of [illegible] 15 [illegible]

Lot 5010 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 2-7491

BALANCE DUE 303.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

365

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	26 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	26 00

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

№ 38368

Date: Aug 4, 1989

From: [illegible] Address: [illegible]

Dollars ($ 28)

In part Payment of Coupon 14 Credit lot

Lot 5010 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7494 B303

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

3759

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY R. Lowder

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	28 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28 —

CITY AUDITOR
AUG 12 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38221

Date: 7-5-, 19 89

From: Norah De La Cruz Address: 7014 San Miguel Ave

Twenty-eight dollars and no/100 Dollars ($ 28.00)

In part Payment of Credit Lot For Jesus / Norah De La Cruz

Lot 5010 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E 7497

BALANCE DUE 331.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3575

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY W. J. Tague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181	CITY AUDITOR	
Burial Containers	100 77182		
Handling Fee	100 77185	JUL 10 1989	
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO 37887

Date: 6-2, 1989

From: [illegible] Address: [illegible]

Twenty [illegible] Dollars ($ 26.00)

In Payment of [illegible]

Lot 5010 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7477

BALANCE DUE 259.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3.60

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUN 09 1989

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	26.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	26.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37724

Date: 5-2, 19 89

From: Jesus De La Cruz Address: 7014 San Miguel, L.G.

Twenty eight 20/100 Dollars ($ 28.00)

In Payment of Compen " Cemetery Lot

Lot 5010 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7497

BALANCE DUE 387.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3730

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Cam	77184	
80% Sales of Lots	100 77184	28 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28 00

CITY AUDITOR
MAY 02 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37575

Date: 4-3, 19 89

From: [illegible] Address: 7014 San Miguel Ave SD
[illegible] 20/20

Dollars ($ 28.00)

In _____ Payment of [illegible] 10 [illegible] Lot

Lot 3010 Grave _____ Row _____ Section _____ Division _____ Block 20

Invoice No. _____

Acct. No. _____

W.O. 8-7477

BALANCE DUE 415.0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 10-87) 3777

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 05 1989

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	25.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37305

Date: 2-6, 19 89

From: Jesus De La Cruz Address: 7014 San Miguel, SD

Twenty six 00/100 Dollars ($ 26.00)

In Payment of Charges & Credit Lot

Lot 5010 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-7497

BALANCE DUE 471.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

3637

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
FEB 10 1989

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	26 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	26 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37436

Date: 3-6, 19 89

From: Jesus Be La Cruz Address:

Twenty - eight 10/100 Dollars ($ 28.00)

In Payment of Coupon 9 Oriental Lot

Lot 5010 Grave Row Section Division Block 15

Invoice No.

Acct. No.

W.O. 2-7477

BALANCE DUE 443.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87) 3604

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 10 1989

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	28.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37126

Date: 12-27, 19 88

From: Jesus De La Cruz Address: 7014 San Miguel, San Diego

Twenty-eight & no/100 Dollars ($ 28.00)

In Payment of Coupon 7 Crypt 247

Lot 5710 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. 2-7477

BALANCE DUE 499.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2621

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	28 00
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28 00

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

112 38926

Date: 3-2, 1990

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 28.00)

In part Payment of pre-need lot

Lot 5010 Grave Row Section Division Block 10

Invoice No.

Acct. No. E-7447

W.O.

BALANCE DUE $107.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 4033

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	28 00
Opening/ Closing	100 77161	
Burial Containers	100 77162	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37020

Date: 12-2, 1988

From: Jesus L De La Cruz Address: 7014 Mohawk Ave Imperial Beach CA 92035

Twenty eight Dollars Be 00 Dollars ($ 28.00)

In full Payment of credit sales coupon #6

Lot 5010 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No. E-7497

W.O.

BALANCE DUE 527.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

36066

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
DEC 9 1988

ISSUED BY Lora Black

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

Recorded

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36898

Date: 11-3, 19 88

From: Jesus De La Cruz Address: 7014 San Miguel Terrace

Twenty eight 00/100 Dollars ($ 28.00)

In _____ Payment of Coupon 5 Vault Lot

Lot 5010 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. 8-7497

BALANCE DUE 555.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

3539

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID AUDITOR NOV 8 1988

ISSUED BY Linda Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	21	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36753

Date: 10-3, 19 88

From: Jesus De La Cruz Address: 7014 San Miguel Ave, Lemon Grove

Twenty-eight ~~00/100~~ Dollars ($ 28.00)

In Payment of Coupon 4 Owner Lot

Lot 5070 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. C-1177

BALANCE DUE 583.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

OCT 7 1988

ISSUED BY Sandra Vosk

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	26	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36608

Date: 9-1 19 5

From: Monah De La Cruz Address: 7014 San Miguel Ave 2B

twenty - eight 20/100 Dollars ($ 28.00)

In Payment of Charges 3 Credit Int

Lot 3010 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-14997

BALANCE DUE 61.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3489

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
SEP 6 1988

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	28 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36347

Date: 7-1, 1988

From: James C. & L. Chris Address: 7014 San Miguel Street, - eight

Dollars ($ 28.00)

In Payment of Credit Lot Sale

Lot 5010 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-7497

BALANCE DUE 667.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 8462

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

JUL 11 1988

ISSUED BY Sandra Dale

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	28 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36468

Date: 8-2- 1988

From: Jesus De La Cruz Address: 7014 San Miguel Ave, Lemon Grove CA 92045

Twenty-Eight Dollars and xx/100 Dollars ($ 28.00)

In Full Payment of Credit Lots Coupon 1 & 2

Lot 5010 Grave ~ Row ~ Section ~ Division Block 10

Invoice No.

Acct. No.

W.O. E 7497

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

3470

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	28	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	—

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7497 Credit Lot

Jesus & Norah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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 $ 28.00

Amount due if paid more than ____ days after due date above $ 1.00

$ 29.00

Amount Received $ 28.00

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-7497 - Credit Lot

Jesus & Norah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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. $ 28.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ 29.00

Amount Received $ 28.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7497 Credit Lot

Jesus & Norah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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. $ 28.00

Amount due if paid more than ____ days after due date above 9/1/88 $ 1.00

28.00 ok

$

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-7497 Credit Lot

Jesus & Norah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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 $ 28.00

Amount due 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-7497 Credit Lot

Jesus & Norah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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. $ 28.00

Amount due if paid more than ____ days after due date above. 9/1/84 $ 1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7497 Credit Lot

Jesus & Norah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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. $ 28.00

Amount due if paid more than _____ days after due date above. $ 1.00

ok 3606 $ _____

#28.00 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-7497 Credit Lot

Jesus & Norah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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. $ 28.00

Amount due if paid more than ____ days after due date above. 9/1/99 $ 1.00

Ck 3628 28.00

$

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-7497 Credit Lot

Jesus & Norah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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. $ 28.00

Amount due if paid more than _____ days after due date above. $ 1.00

CL 32.39
2/14/89 - $28.00

$ _____

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-7497 Credit Lot

Jesus & Norah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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 $ 28.00

Amount due if paid more than _____ days after due date above. 9/1/ev $ 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-7497 Credit Lot

Jesus [redacted]orah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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. $ 28.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7497 Credit Lot

Jesus & Norah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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. $ 28.00

Amount due 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-7497 Credit Lot

Jesus & Norah De La Cruz
70N San Miguel
Lemon Grove, Ca 92045

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
						10					

Amount due when paid on, or before, due date above. $ 28.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring this coupon with each remittance

DO NOT MAIL ENTIRE BOOK

COUPON 13

ACCOUNT No. E-7497 Credit Lot

Jesus & Norah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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 $ 28.00

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-7497 Credit Lot

Jesus & Norah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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. $ 26.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7497 Credit Lot

Jesus & Norah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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 $ 28.00

Amount due 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-7497 Credit Lot

Jesus & Norah De La Cruz
7014 San Miguel
Lemon Grove, Ca. 92045

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 $ 26.00

Amount due 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. 2-7497 Credit Lot

Jesus & Norah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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. $ 28.00

Amount due if paid more than _____ days after due date above. $ 2.00

$ _____

Amount Received $ 28.00

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. E-7497 Credit Lot

Jesus & Noreli De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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. $ 28.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ 28.00

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-7497 — Credit Lot

Jesus & Sorah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
						30					

Amount due when paid on or before due date above ▶ $ 28.00

Amount due if paid more than _____ days after due date above ▶ $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7497 Credit Lot

Jesus S Spain De La Cruz
7024 San Miguel
Lemon Grove, Ca 92045

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. $ 26.00

Amount due if paid more than ____ days after due date above. $ 1.00

$ _____

Amount Received $ 28.00

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. S-7497 Credit Lot

Jesus & Sorah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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 $ 28.00

Amount due 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-7497 Credit Lot

Jesus & Sarah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

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. $ 28.00

Amount due if paid more than ____ days after due date above. $ 31.00

$ _____

Amount Received $ 28.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. L-7497 Credit Lot

Jesus & Sarah De La Cruz
7014 San Miguel
Lemon Grove, Ca 92045

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
						10					

Amount due when paid on, or before, due date above. $ 20.00

Amount due if paid more than _____ days after due date above. $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7497 Credit Lot

Jesus & Norah De La Cruz
7034 San Miguel
Lemon Grove, Ca 92045

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. $ 51.00

Amount due if paid more than ____ days after due date above $ -1.00

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

5088 460-9928

NAME De La Cruz, Jesus & Norah ACCT. NO. E-7497

ADDRESS 7014 San Miguel, Lemon Grove, Ca 92045 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
[illegible]-23	88	Lot 5010, Division 10	695 00			
7-1	88	Receipt 36347			28 00	667 00
8-2	88	Receipt 36468			28 00	639 00
9-1	88	Receipt 33608, Coupon 3			28 00	611 00
10-3	88	Receipt 36752, Coupon 4			28 00	583 00
11-3	88	Receipt 36898, Coupon 5			28 00	555 00
12-2	88	Receipt # 37020, Coupon # 6			28 00	527 00
12-27	88	Coupon 7, Receipt 37126			28 00	499 00
2-6	89	Coupon 8, Receipt 37305			28 00	471 00
3-6	89	Coupon 9, Receipt 37436			28 00	443 00
4-3	89	Coupon 10, Receipt 37575			28 00	415 00
5-2	89	Coupon 11, Receipt 37724			28 00	387 00
6-2	89	Coupon 12, Receipt 37887			28 00	359 00
7-5	89	Coupon 13, Receipt 38221			28 —	331 00
[illegible]	89	Coupon 15, Receipt 38473			28 —	303 00
10-6	89	Coupon 16, Receipt 38020			28 00	275 00
11-3	89	Coupon #17, Receipt 38512			28 00	247 00
12-1	89	Coupon #18, Receipt 38609			28 —	219 —
8-4	89	Coupon #14, Receipt 38368			28 —	191 00

AIGNER FORM NO. 25-204 De La Cruz, Jesus & Norah 5010 - 10 PRINTED IN USA

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT 191.00

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
1-2 90	Coupon 19, Receipt 38725			2800	16300
2-5 90	Coupon 20, Receipt 38831			2800	13500
3-2 90	Coupon 21, Receipt 38926			2800	10700
4-2 90	Coupon 22, Receipt 39051			2800	7900
5-4 90	Coupon 23, Receipt 39184			5600	2300
5-11 90	Coupon 24, Receipt 39219			23—	—0—

AIGNER FORM NO. 25-204

PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-23-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Minnie Portell

in a Vault Funeral, date, time Tues 6/28 2pm

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 21 Grave 6 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... Single Burial	250.00
Additional spaces and care fund ..... none	
Opening/Closing & Setup	320.00
Burial Container ..... Coffin	175.00
Handling Fees ..... Labor	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	11.37
Total Due	961.37
Paid receipt number 36333	500.00
Balance due	461.37

Pd 12/2/89

To be Completed by 1 P.M. 6/28

36338 200.00 261.37

I hereby certify I am the x Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Richard Pitts
Signature

x 8065 Chippewa
Address

x Reno, NV 89506
State Zip Code

x 702-677-0145
Telephone

Invoice # 071640

Acct. # 026974

Work Order # E 7498

PY-593 (REV. 8-85)

W.O. # E-7498

NOTE

$ 261.37 San Diego, California June 28 19 88

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of two hundred sixty-one 37 DOLLARS with interest from 8-28-88 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME Richard Pitts SIGNATURE Richard Pitts

ADDRESS 8065 Chippewa Reno, NV 89506

~~CALIF~~ Nevada. DRIVERS LIC. # 449-54-1803

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E-7498

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 CEA PORTEE	Female	July 27, 1914	June 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	Marsha Bynes - Daughter 4085-49th Street San Diego, California 92115

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mort.: San Diego, California	1329

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, CAlifornia		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Cloth Covered 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 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 JUN 27 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Conrad, M.D. mtm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/6/2/1 6/28/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Roy M. 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

№ 36333

Date: 6/27/88 19

From: Mary L. Kellough Address: 5621 Zircon St SD 92114
Five Hundred and no/100 Dollars ($ 500.00)
In Depositt Payment of For interment of and for Minnie Portee - dec

Lot 21 Grave 6 Row — Section 2 Division Block 11

Invoice No.
Acct. No.
W.O. E 7498
BALANCE DUE 461.37

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 30 1988

ISSUED BY [signature]

CREDIT	67007	50 00
20% Sales Care	77184	200 00
80% Sales of Lots	100 77184	250 00
Opening/ Closing	100 77181	
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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 36338

Date: 6-28 19 88

From: Richard Pitts Address: 8065 Chippewa Ave Reno, NV

Two hundred 00/100 Dollars ($ 200.00)

In Payment of Minnie Porter's Service

Lot 21 Grave 6 Row Section 2 Division Block 11

Invoice No.

Acct. No. E-7498

W.O.

BALANCE DUE 261.37

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

86

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 30 1988

ISSUED BY Linda L. Ward

CREDIT 20% Sales Care	67097 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	170	00
Burial Containers	100 77182	30	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

Special

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/24/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Kienert - (P.A - Spind)

in a Gravel Pocket. (Vault/Liner) Funeral, date, time Monday 6/27 - 1PM

Church, Chapel, Graveside Del. Only ; Featherngill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 135 Grave 9 Row ~~Lower Level~~ on bottom Section 1 Division ~~Block~~ 12

Grave space & Care Fund	55.00
Additional spaces and care fund ... None	
Opening/Closing & Setup	320.00
Burial Container	
Handling Fees ... Gravel Pock - Labor	40.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	
Total Due	450.00
Paid receipt number 36336	450.00
Balance due	0

Ck from Mortuary - P.A.

I hereby certify I am the Telephone Call - OK. Dad of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 7499

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

№ 36336

Date: 6-27, 1988

From: Fathergill Address: 6322 El Cajon

Four hundred fifty Dollars ($ 450.00)

In Payment of Mary Hebert

Lot 135 Grave 9 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-7444

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

7420

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JUN 30 1988

ISSUED BY Sandra Wiles

CREDIT	67007	11	00
20% Sales Care	77184	44	00
80% Sales of Lots	100 77184	320	00
Opening/ Closing	100 77181		
Burial Containers	100 77192	40	00
Handling Fee	100 77185	35	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	450	00

E_7499

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 Kunert	Female	June22 1900	June21,1988

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 Rd. San Diego, Ca 92123

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 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: On bottom — Greycloth China flat top	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 4 Handles		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID: $4.00 / DATE PERMIT ISSUED: JUN 24 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Cameron M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/27/88 (ENTER DATE) 135/9/1/12 - Lawn Crypt	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stetter	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-24-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernesto Sedesma Pajaro WS 129

in a _____ Vault/Liner Funeral, date, time ~~Sat 6/28~~ 1pm

Church, Chapel, Graveside _____ Pacific Beach Bob Mortuary.

All Funeral cars must 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 ~~135~~ 128 Grave 8 Row F Section 1 Division/~~Block~~ 12 Bottom

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	

BA, 05 4327

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 071648

Acct. # 00952

Work Order # E 7500

PY-583 (REV. 8-86)

E_7500

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ERNESTO LEDESMA PAJARO AKA: JOHN DOE	MALE	UNKNOWN	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
ENCINITAS	SAN DIEGO	SAN DIEGO COUNTY CORONER 5555 OVERLAND AVENUE SAN DIEGO, CA 92123

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
4710 CASS ST. PACIFIC BEACH MORTUARY-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 Cardboard Box	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A On second level on bottom E-7500		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE 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	JUN 29 1988	▶ Donald L. Parmet, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 6/29/88 (ENTER DATE) 128-8-1-12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.